

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: October 22, 2017

Auditor Information			
Auditor name: David Haasenritter			
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Email: davidkhaasenritter@gmail.com			
Telephone number: 540-903-6457			
Date of facility visit: August 7-9, 2017			
Facility Information			
Facility name: Moshannon Valley Correctional Center			
Facility physical address: 555 GEO Drive, Phillipsburg, PA 16866			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 814-768-1200			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: S. M. Kuta			
Number of staff assigned to the facility in the last 12 months: 315			
Designed facility capacity: 1,878			
Current population of facility: 1,774			
Facility security levels/inmate custody levels: Low/In			
Age range of the population: 20-78			
Name of PREA Compliance Manager: Deann Cribbs		Title: Case Management Coordinator/ PREA Compliance Manager	
Email address: dcribbs@geogroup.com		Telephone number: 814-768-1200	
Agency Information			
Name of agency: The GEO Group Inc			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton Florida 33487			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
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 Coordinator	
Email address: pmoreland@geogroup.com		Telephone number: 561-999-5827	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Moshannon Valley Correctional Center was conducted on August 7 - 9, 2017 by Mr. David Haasenritter. The announcement of the audit was posted on June 29, 2017. Approximately three weeks prior to the audit, the auditor received the Pre-Audit Questionnaire and additional documents through a secure thumb drive. The documents and questionnaire were well organized and highlighted. Documents included examples from 2015, 2016, and 2017. The night before the audit the facility provided a roster of all inmates housed at the institution; lists of inmates for specific categories to be interviewed; and a list of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

The auditor contacted Just Detention International (JDI) about any information previously submitted by inmates at the Moshannon Valley Correctional Center and reviewed both the GEO website and Bureau of Prison (BOP) prior to the audit. The GEO website is one of the easiest to find PREA information of all agencies this auditor has audited. GEO PREA page is very informative and has general PREA information on: agency zero tolerance policy; how for staff, inmates, and third parties to report PREA allegations; information on investigations; and where questions and inquiries can be forwarded to the PREA Coordinator (phone number, email, and mailing address). It also has several links to include: PREA standards; GEO basic and investigative PREA policies; GEO facility PREA audit reports; and GEO's current annual PREA Report. The BOP website provides PREA information.

Following the entrance meeting with staff, the auditor toured the facility on August 7, 2017 and went back to certain areas in the institution on August 7 - 9, 2017. While touring, random inmates and staff were informally interviewed (not counted in interview count) and questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and inmates informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. During the tour, the auditor reviewed staffing logs; physical plant; sight lines; camera coverage; tested the inmate phone system for reporting allegations and for emotional support services; and observed institution operations.

Following the initial tour, the auditor began the formal interviews, review of investigations, checking of cameras, and random checks of personnel, medical, and training records. Some of the review of staff and inmate records were scanned for review after the on-site audit. The auditor conducted 45 staff interviews (15 random, 30 specialized). The GEO PREA Coordinator and Agency head representative was previously interviewed by this auditor during the audit cycle. Staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. GEO has continued to build a culture of zero tolerance.

A total of 51 inmates were formally interviewed: 51 random interviews and 22 specialized interviews (LGBTI (4), who disclosed sexual victimization during screening (8); who reported sexual abuse while confined (1), and limited English (9)). The auditor also interviewed two inmates who wrote letters to the auditor prior to the audit. A third inmate who wrote a letter asking to be interviewed on the first day of the audit, was no longer confined at the facility (transferred to another facility). Majority of the inmates interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and inmate's handbooks) in a language they understand outlining the agencies zero tolerance policies towards sexual abuse; knew the reporting procedures; and reported staff of the opposite gender announced when entering a housing area. All inmates who were asked stated they felt safe at the institution. The auditors found the inmates aware of PREA.

Review of the PREA investigation tracking log showed six PREA allegations in the last 12 months; and 17 in last 24 months. Prior to the audit, the facility provided the auditor one PREA case from 2015, and 2016. During the on-site and interim report writing period the auditor requested and reviewed ten (10) specific cases (all of 2017, four from 2016). All the cases were referred to the appropriate investigative agency, and investigations were properly conducted.

Of the 10 cases reviewed by the auditor: four staff-on-inmate sexual abuse unsubstantiated; three staff-on-inmate sexual abuse unfounded; one inmate-on-inmate sexual harassment unsubstantiated; one inmate-on-inmate sexual harassment unfounded; and one inmate-on-inmate sexual abuse unfounded. One case of staff-on-inmate sexual abuse that was unsubstantiated did find the staff member substantiated of unprofessional conduct. Four of the ten cases reviewed were from medical exams.

When the on-site audit was completed (39 hours), the auditor conducted an exit meeting at 6 p.m. on 9 August. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked GEO and Moshannon Valley Correctional Center staff for their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

GEO operates the Moshannon Valley Correctional Center to house Bureau of Prisons inmates. It is located in Philipsburg, Pennsylvania. Initially constructed in November 2014 as 1,495 bed facility; it was expanded in September 2012 to 1,820 bed facility. The modification included remodeling the existing housing units to hold additional inmates, a new 54 bed special housing unit, and modification of the medical unit and inmate dining room to service the increase in capacity. The count on the first day of the audit was 1,802 inmates. The site consists of 196.35 acres of which 31.13 are behind the wire, and approximately 243,111 gross square feet of building areas. The design of the facility is a campus style arrangement in which the facility's support and housing buildings are within a secure compound. There are four general population housing unit buildings (A, B, C and D), one housing control center in each unit, six pods within each of the four housing units; four pods house 78 inmates in each (312) and two pods house 72 inmates in each (144), for a total of 456 inmates per housing unit (1824 bed capacity). The dayrooms are immediately adjacent to living areas and include steel tables/seats microwave ovens, and four televisions. The Special Housing Unit (SHU) building Z houses up to 184 administrative, disciplinary, or protective custody segregation inmates and is divided into three wings separated by the SHU control center; there are 91 double bunk cells and two handicap single bunk cells. Segregation cells include a toilet and washbasin. In addition to the housing units inside the compound, there are areas for recreation, vocational tech building for education, religious services, and library; and a support building for programs, kitchen and dining room, laundry, commissary, security offices, receiving and discharge, property and medical infirmary. Outside the perimeter fence, there is an administration building/armory, training center, warehouse/maintenance building, and pump house.

Most of the employees are full time GEO employees who provide secure care and program services at the facility. Moshannon Valley Correctional Center contracts with Keefe for commissary services, Nittany Cleaning Services for janitorial services in the administrative area, two religious providers and a few medical specialists.

GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.

The Mission Statement of the Moshannon Valley Correctional Center mission is to maintain a safe and secure environment for both the incarcerated offender and the staff responsible for them; provide an environment making available and encouraging inmate participation in all aspects of programming; provide programs and activities that are conducive to the beneficial re-entry into the community by incarcerated persons as prescribed by the sentencing jurisdiction and contract in authority; and provide GEO with sufficient revenue sources to, at a minimum, offset the cost of operations.

SUMMARY OF AUDIT FINDINGS

On August 7-9, 2017, the on-site visit was completed. All correction action were completed and standards met on August 18, 2017. The final results of Moshannon Valley Correctional Center PREA audit is listed below:

Number of standards exceeded: 5

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO has very good written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The main PREA policies are GEO Policy 5.1.2, Sexual Abuse Behavior Prevention and Intervention Program (PREA); GEO Policy 5.1.2-A, Sexual Abuse Behavior Prevention and Intervention Program (PREA for Adult Prison, Jail, and Adult Community Confinement Facilities); and GEO Policy 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA). Other agency policies supplement these main PREA policies. Moshannon Valley Correctional Center Policy 021.01 Sexual Abuse Behavior Prevention and Intervention Program (PREA) and is the facility supplement to implement PREA. The supplement is approved by both GEO and Bureau of Prisons. Agency and facility policies and procedures were very well organized. It is clear to the auditor that the Prison Rape Elimination Act is part of the GEO fabric. Moshannon Valley Correctional Center also follows BOP Program Statement 5324.11 Sexual Abuse Behavior Prevention and Intervention Program.

Ms. Phebia Moreland is GEO agency-wide PREA Coordinator. She is very knowledgeable of PREA standards and is one of the top PREA Coordinators I have met. Ms. Moreland has the authority to develop, implement, and oversee PREA compliance. She oversees 117 total facilities (60 Corrections Facilities; 49 Reentry Services Facilities; and eight (8) Youth Services Facilities). She is very active in coordinating PREA, consistently sending updates to facilities, especially as FAQs are posted on the PREA website. She conducts training and meetings to keep unit PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO's PREA program. The GEO organization chart demonstrates Ms. Moreland is in a position of authority. The auditor has observed her develop, implement and oversee compliance during this and other audits the auditor conducted. She indirectly supervises 117 compliance managers (Prisons and Jails, Community Corrections, Lockups, and Juveniles) through three regional corrections coordinators, one community corrections coordinator, and one juvenile coordinator. She often goes directly to the compliance managers to coordinate changes, provide updates, conduct training, and on-site during audits. Ms. Moreland was present during the audit, assisting both the facility and the auditor during the audit.

Ms. Deann Cribbs is the Moshannon Valley Correctional Center PREA Compliance Manager, who reports to the Associate Warden for PREA. She also has access to the GEO PREA Coordinator, which she does contact as questions and issues arise. She was knowledgeable of PREA standards and was actively involved in PREA activities. She claimed to have enough time to perform her PREA duties. She coordinates and conducts training, provides information at staff calls, contacts the GEO PREA Coordinator for clarification and guidance. Review of Moshannon Valley Correctional Center organizational chart and interviews demonstrated she had the authority to coordinate the facility's efforts to comply with PREA.

Standard 115.12 Contracting with other entities for the confinement of inmates

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

GEO is a private provider and does not contract with other agencies for the confinement of inmates. GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA for Adult Prison and Jail and Adult Community Confinement Facilities) states GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adapt and comply with the PREA standards. The contract for confining Bureau of Prison inmates was renewed in 2017. Bureau of Prison conducts annual PREA inspections, the auditor reviewed the last inspection results in 2016.

Standard 115.13 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO ensures each institution it operates develops, documents, and make its best efforts to comply on a regular basis with the staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse by monitoring and reviewing the staffing plans. GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 establishes procedures to develop and monitor staffing plans uses the criteria found in standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan. GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 addresses an annual review of the staffing plan to include video monitoring; and procedures for intermediate and higher level unannounced rounds.

The auditor reviewed the Moshannon Valley Correctional Center staffing plan; and 2015 and 2016 annual review. The staffing plan is reviewed annually by the facility, GEO Corrections Division, and PREA Coordinator. The plan follows generally accepted correctional practices. All components of the facility's physical plant are considered and the staffing plan review was thorough. Cameras are included in the staffing plan review. There is also a weekly camera check of all cameras for serviceability. Moshannon Valley Correctional Center had 210 cameras. The signature of the PREA Coordinator on the Annual Review confirmed that this was done in consultation with her.

By policy the facility documents all deviations to the plan and it is reported to GEO. Per the Pre-audit questionnaire and interview of the Warden and PREA Compliance Manager; and review of manning sheets; there were no deviations from the plan. The facility uses overtime to fill all its positions in the plan.

Throughout the site review, the auditor saw evidence that intermediate and higher-level supervisors conduct and document unannounced rounds on all shifts to deter and identify staff sexual abuse and sexual harassment. PREA unannounced rounds are documented in housing unit logs, and duty officer report. The duty officer report documents checking for: PREA signs/posters; did opposite gender staff announce their presence when entering housing units; and questioning of both staff and inmates on PREA information. Examples of those documents were provided prior to the audit, and the auditor reviewed logs and 12 consecutive weeks of duty officer reports. Staff and inmate interviews further confirmed the unannounced rounds by supervisors.

Standard 115.14 Youthful inmates

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Non-Applicable

Moshannon Valley Correctional Center is not contracted to house youthful offenders; therefore, this standard is not applicable. GEO policy 5.1.2.A does cover all parts of the standards for GEO facilities that do confine juveniles.

Standard 115.15 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01, review of GEO training material, interview of staff and inmates, and observation it was determined the facility limits cross-gender viewing and searches. Moshannon Valley Correctional Center does not conduct cross-gender strip searches or cross-gender visual body cavity searches, and staff is prohibited and does not search transgender or intersex inmates to determine inmates' genital status. There was a facility log book example showing documentation of PREA announcement of opposite gender entering living units. Review of training curriculum on Cross-Gender Viewing and Searches addressed the training requirements of this standard. Strip searches logs from Release and Discharge showing male staff conducted searches of male inmates. Moshannon Valley Correctional Center has not had any incident of cross-gender strip searches or visual body cavity searches during this review period. Moshannon Valley Correctional Center does not house female inmates.

Based on review of GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01, review of training material, and interview of staff and inmates; inmates are able to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks (115.15(d)). Most inmates interviewed stated they could shower and change clothes without being observed by opposite gender staff. Observation during the audit identified inmates were not able to perform bodily functions in the observation (suicide) cell through viewing of the camera. The facility corrected the camera view on the second day of the audit as verified by the auditor when rechecking the cameras prior to the end of the on-site audit. The modifications were done professionally and was not rushed to simply meet a standard. Moshannon Valley Correctional Center was found to be compliant with the standard.

Based on review of GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01, review of training material, interview of staff and inmates, review of logs, and observation it was determined female staff do announce their presence when entering a male inmate housing unit. Staff and inmate interviews did identify that female staff announcing each time they enter the housing unit changing the gender of supervision did not begin till May 19, 2017. The auditor determined 90 days from then would be August 16, 2017 and that would be sufficient time to find the facility compliant with the standard if it was maintained. The auditor through interviews confirmed female staff continued to announce.

Review of training records and lesson plans demonstrated staff had been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. 2016 and 2017 PREA training have emphasized proper search techniques. All staff interviewed defined transgender

and intersex inmates and described or performed the proper pat search procedures of a transgender inmate correctly. The Bureau of Prisons does not transfer identified transgender or intersex inmates, but through review of training documents and interviews Moshannon Valley Correctional Center staff are trained to conduct pat searches of transgender and intersex inmates properly.

Standards 115.15 b and part of c does not apply as Moshannon Valley Correctional Center is a male only facility.

Standard 115.16 Inmates with disabilities and inmates 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 ensure inmates with disabilities and who are limited English proficient have access to PREA information and programs. GEO and Moshannon Valley Correctional Center has taken appropriate steps to ensure that inmates who are limited English proficient or disabled have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Five staff are designated as Spanish translators, who provide foreign language translation and assistance. The auditor used the designated staff translators (Spanish) and the language line services (Mandarin Chinese) for some inmate interviews. PREA handouts and inmate handbooks are in English and Spanish. English and Spanish PREA posters are posted throughout the institution for inmates, staff, and visitors to see. The PREA Reporting Hotline is in both English and Spanish. Staff and inmates interviewed stated inmates are not used as interpreters when addressing sexual abuse and sexual harassment allegations. Based on staff and inmate interviews no inmate interpreters had been used.

Informational and educational materials for inmates with physical and mental disabilities are provided in ways that will enable the inmate to understand the GEO zero tolerance policy and related material and be able to make a claim of sexual abuse or sexual harassment, if necessary. For inmates who are hearing impaired, the facility has a Teletype (TTY) machine available for inmates who are hearing impaired. Provisions can be made for inmates who may be visually impaired, though those with limited vision are assisted by some of the posters and handouts having been printed in larger print. For inmates with a mental disability, staff spend time to ensure they understand the PREA basics of definitions and reporting. The auditor observed some PREA information in Braille.

Standard 115.17 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 outlines policy and procedures to ensure staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile

institution, or other institution; 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 been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 also requires the institution to consider 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 inmates. Prior to and during the audit, the auditor reviewed employee application packets and contractor packets. Through review of staff and contractor records and staff interviews it was determined Moshannon Valley Correctional Center and contractors are not hired or promoted if they have engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; 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 been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated GEO and the facility considers 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 inmates. The auditor reviewed two staff application and promotion packets and one contractor packet before the audit and randomly reviewed four new hire packets during the on-site audit and interim report writing period.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires background checks for staff; and 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. Prior to the audit, the auditor reviewed one background check of an employee. During the audit, 31 additional background checks and employee application packets and background check spreadsheet that demonstrated background checks were done prior to employment were reviewed, and none had a background check more than five years old. Interviews of Human Resource staff and employees, and review of application packets also demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background checks include checks through ACCURATE Inc, though GEO recently changed the contract to AURICO LLC to do the background checks.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires criminal background records check before enlisting the services of any contractor who may have contact with inmates. The auditor reviewed one contractor background check prior and two during the audit. Interviews of Human Resource staff and contractors, and review of contractor packets demonstrated background checks were conducted.

GEO policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 establishes the procedures to conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates. During the audit, the auditor reviewed 33 background checks conducted on employees (31) and contractors (2). All had a background check less than five years old. Interviews of Human Resource staff demonstrated the process of conducting background checks every five years were in place.

GEO policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 states shall ask all applicants and employees who may have contact with inmates directly about previous sexual misconduct as described in PREA standard 115.17 (a) 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; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. GEO policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires information be provided 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.

Any individual promoted must complete a PREA Disclosure and Authorization and successfully complete a new background check. All employees in are required to complete a PREA Disclosure annually. The PREA Disclosure must be completed as part of the employee's annual performance evaluation. Prior to the audit, the auditor received two staff applications, two promotion packets, and one annual review demonstrating they addressed previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Both of these policies were confirmed through interviews and review of additional personnel documents to include examples of employee annual affirmation during the audit. During the audit 31 additional employees' files that demonstrated employees who may have contact with inmates directly are asked about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications and written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct were reviewed. Only one employee of the 31 files reviewed did not have two consecutive reviews.

GEO Policy 5.1.2-A states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination.

GEO Policy 5.1.2-A states GEO will 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. Per interview of Human Resource Staff, Moshannon Valley Correctional Center would 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.

Standard 115.18 Upgrades to facilities and technologies

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through review of GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01; and interviews of the Agency Head representative, PREA Coordinator, PREA Compliance Manager, and Warden it was determined that the GEO considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

During the review of the staffing plan, the video monitoring system is also reviewed to ensure coverage enhances the ability to protect inmates from sexual abuse. Review of the 2016 and 2017 documents showed additional cameras and DVR system was requested. Moshannon Valley Correctional Center had 210 cameras located throughout the facility.

Standard 115.21 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Moshannon Valley Correctional Center Policy 021.01 outline evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals.

Moshannon Valley Correctional Center makes available to the victim a victim advocate from a rape crisis center. MOU with Moshannon Valley Correctional Center and Passage Inc. to provide services that includes: victim advocate services and support through medical exam process and investigator interviews, provide confidential emotional support services, crisis intervention, information, and referrals.

There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The protocols were reviewed and found to be in line with DoJ's National Protocol for Sexual Assault Medical Forensic Examinations. Staff interviewed were very knowledgeable of the evidence protocols, and could explain the protocol for obtaining useable evidence when an inmate alleged sexual abuse. The auditor interviewed one of the Moshannon Valley Correctional Center investigator, who had a good understanding of the investigative procedures and responsibilities and evidence protocols.

GEO Policy 5.1.2-E and Moshannon Valley Correctional Center Policy 021.01 requires all victims of sexual abuse are provided access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate,

by Sexual Assault Nurse Examiners (SANEs) where possible. The agency offers all victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiary or medically appropriate through a MOU with Penn Highland Medical Center Dubois for a Sexual Assault Nurse Examiners (SANEs) to perform the forensic exam. There were no forensic exams in the last 12 months. Review of documentation demonstrated the victims of alleged sexual abuse were offered an appointment with the Qualified Mental Health Professional and offered communication with outside emotional support services. As requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Standard 115.22 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-E, Bureau of Prison Program Statement 5324.11, and Moshannon Valley Correctional Center Policy 021.01 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation by the appropriate authority.

Criminal investigations are conducted by the Pennsylvania State Police. Facility investigator or Bureau of Prisons Office of Professional Responsibility conducts administrative investigations. Based on review of the investigative paperwork, PREA Allegation tracking log, and interview of staff and inmates; an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment. GEO’s Investigative policy is available on the GEO Web site.

Review of the PREA investigation tracking log showed six PREA allegations in the last 12 months; and 17 in last 24 months. Prior to the audit, the facility provided the auditor one PREA case from 2015, and 2016. During the on-site and interim report writing period the auditor requested and reviewed ten (10) specific cases. All the cases were referred to the appropriate investigative agency, and investigations were properly conducted.

Of the 10 cases reviewed by the auditor: four staff-on-inmate sexual abuse unsubstantiated; three staff-on-inmate sexual abuse unfounded; one inmate-on-inmate sexual harassment unsubstantiated; one inmate-on-inmate sexual harassment unfounded; and one inmate-on-inmate sexual abuse unfounded. One case was investigated as staff-on-inmate sexual abuse; was determined unsubstantiated as a PREA case, but the facility did find the staff member substantiated of unprofessional conduct. Four of the ten cases reviewed were from medical exams.

Standard 115.31 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 addresses PREA staff training requirements. Moshannon Valley Correctional Center employees receive PREA training annually through scheduled training and roll call. The PREA training curriculum was reviewed and verified that the training provided to employees is very comprehensive. Review of the lesson plan and slides demonstrated the training covered: zero-tolerance Policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The PREA Coordinator modifies GEO wide PREA training curriculum annually highlighting areas identified as areas needing emphasis. 2016 and 2017 PREA training emphasizes inmate searches. Employees sign an acknowledgement form that they have received and understood the PREA training they received during pre-service training. Staff interviewed were well versed in the GEO zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; evidence preservation, and conducting proper and professional searches to include pat searches of transgender inmates. The auditor reviewed documentation staff acknowledging they understood the 2015, 2016, and 2017 PREA training prior to the audit. The auditor randomly selected 32 staff training records, 31 had documentation that they understood the PREA training in 2016 and 2017, one (1) new employees had documentation for 2017 only.

Standard 115.32 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. GEO policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01, and the PREA training curriculum outline training requirements for volunteers and contractors who have contact with inmates. Prior to the audit, contractor and volunteer PREA training material; and five contractor/volunteer training records and memorandum stating they understood the training from 2015, 2016, and 2017 was provided and reviewed. The PREA Pre-Audit Questionnaire stated 25 contractors and volunteers had received the training during the last 12 months. While on-site the auditor randomly reviewed three contractor/volunteer training records, each have signed they understand the PREA training they received. Interviews of the contractor and volunteer demonstrated their knowledge of PREA, their responsibilities, and the agency zero tolerance policy. The contractors receive the same training as staff.

Standard 115.33 Inmate 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires that all inmates receive PREA information upon arrival; PREA education within 30 days of intake; and the information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The auditor reviewed inmate handbooks, posters and education documents.

Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. The Moshannon Valley Correctional Center inmate handbook (English and Spanish) has a lot of good information to include defining PREA; GEO Zero Tolerance policy; common reactions; reporting; telephone process and address for outside emotional support services; investigation information; what to do if abused; and how to avoid sexual abuse in confinement. The GEO fliers include ways to report, GEO zero tolerance policy, and what actions will occur upon reporting a PREA allegation.

During the tour and interviews most inmates acknowledged the information being provided upon arrival and orientation, and posters displayed throughout the institution. The inmates interviewed definitely knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. Prior to the audit, the auditor reviewed three examples (one from 2015, 2016, and 2017) of an inmate documenting receiving information and receiving comprehensive training; and randomly reviewed 52 additional inmate records onsite and during the report writing period. There was documentation 50 had received information on arrival and comprehensive training during orientation and two inmates were at the facility prior to PREA and they had documentation that they had received training in 2014. The limited English inmates interviewed acknowledged the information was provided in formats that they could be understood.

Standard 115.34 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A requires the facility investigator receives specialized training in addition to the general education provided to all employees. GEO PREA Coordinator attended the Moss Group “Train the Trainers Specialized Training; Investigating Sexual Abuse in Corrections Setting” sponsored by the PREA Resource Center. She then tailored the program for GEO investigators and is the instructor for all GEO investigator training. The auditor reviewed the specialized training for investigators, and it covered all requirements of the standard to include: 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 auditor reviewed three training records which documented both annual PREA training and PREA investigator training. The facility maintains documentation that the investigators has received both the general and investigative PREA training. The lesson plans, slides and sign in sheets were reviewed and interview of the investigator demonstrated good understanding of how to conduct a sexual abuse investigation in a confinement setting. The interview of the investigator demonstrated a good understanding of how to conduct a sexual abuse investigation in a confinement setting, and verified his knowledge of conducting PREA investigations and coordinating with outside agencies for criminal investigations.

Standard 115.35 Specialized training: Medical and mental health care

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 outlines the training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. The auditor reviewed three training records prior to audit and the GEO medical training plan used to train medical and mental health staff on specific medical and mental health PREA training. The auditor requested five randomly selected medical training records, all had documentation demonstrating they understood the PREA training in 2016 and 2017; and had previously received medical PREA training. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Each staff member interviewed described their role through each step of the process following an allegation of sexual abuse through follow-up services. Medical staff does not conduct forensic medical examinations; it is conducted at Penn Highlands Medical Center Dubois.

Standard 115.41 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires facilities to: conduct a screening for risks of sexual victimization and abusiveness within 24 hours of arrival; a follow-up screening for risks of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the inmate’s arrival at the facility; and reassesses inmate’s risk level again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. Moshannon Valley Correctional Center uses the GEO PREA screening tool and fills out Bureau of Prisons in processing paperwork to include PREA questions. The auditor reviewed three examples of inmate screening forms (initial screen and follow-up screen) prior to the audit (one each from 2015, 2016, 2017), all screens were done IAW timeline requirements and two had documentation demonstrating was referred to mental health based on the screen identified they had previously been sexually victimized or sexually abused someone.

All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. The auditor randomly selected 52 inmates and reviewed their screens during the on-site and report writing period. Of the 52 initial screening forms reviewed: 49 were screened the day of arrival, one within 72 hours of arrival; and two were confined prior to the implementation of PREA and initial screens were conducted when PREA was implemented. Of the 52 follow-on screening forms: 50 were screened within 30 days; and the two pre-PREA was done within 30 days of their initial screen. Of the 52, 13 was referred to mental health based on the screen identified they had previously been sexually victimized or sexually abused someone. An inmate’s risk level is also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. The auditor reviewed some reassessment screens. The screening instrument is objective in determining if the inmate is at risk for victimization or abusiveness. During inmate interviews, most inmates who arrived within the last 12 months remembered receiving the PREA screen.

The auditor had three staff who conduct the screens perform the screen of the auditor to demonstrate the process of filling out the screening form. The process was done very professionally. Some information is provided through asking the inmate questions, others through review of inmate records. All the criteria referenced in the standard are on the form; and the GEO policy states that inmates will not be disciplined for refusing to answer or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d) (7), (d) (8), or(d) (9) of the standard. Staff and inmate interviews confirmed they are not disciplined for not answering questions on the screen. Staff who perform the screens make their own assessment of whether the inmate is gender non-conforming; majority of the screeners interviewed did know the definition of gender nonconforming.

Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates.

Standard 115.42 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center policies 021.01 and 027.06 Intake Screening, outlines the use of the screening form to include: using the information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each inmate. GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 states the agency shall consider on a case-by-case basis whether to assign a transgender or intersex inmate to an institution for male or female inmates, housing and programming assignments, based on the inmate’s health and safety, inmate’s own views with respect to his or her own safety, and whether the placement would present management or security problems; reviewing twice a year placement and programming assignments for each transgender or intersex inmate to review any threats to safety experienced by the inmate; allowing transgender and intersex inmates the opportunity to shower separately from other inmates; and not placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Bureau of Prisons has not designated any transgender or intersex inmates to Moshannon Valley Correctional Center.

Through a review of screening forms, housing and program decisions, inmate and staff interviews, it was determined Moshannon Valley Correctional Center uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. The decisions are made on a case-by-case basis using information from the screen, assigned PREA classification, and good correctional judgment. The process is clearly defined in the policies and implemented in the use of PREA and classification forms.

Inmates interviewed who identified as bisexual or gay acknowledged they were treated with respect; and were not housed in a dedicated housing unit. Review of housing unit assignments of all bi-sexual and gay inmates documented they are not placed in a designated housing unit.

Standard 115.43 Protective custody

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers; if placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; that the facility shall document any access to programs, privileges, education, or work opportunities that was restricted, duration of restriction and why; and that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. Interviews of the Warden, PREA Compliance Manager, and segregation staff verified inmates at high risk of sexual victimization would not be placed in involuntary segregation unless other measures have been assessed. Other measures included moving housing areas or facilities. It was confirmed through Pre-Audit Questionnaire; investigative paperwork; and during interviews with the Warden, staff who supervise segregated inmates, and inmates; that no inmates at high risk for sexual victimization had been placed in involuntary segregated housing during the past 12 months prior to the audit. GEO documents any review of alternatives using a form that addresses possible alternatives reviewed prior to placing inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing.

Standard 115.51 Inmate 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Moshannon Valley Correctional Center inmate handbook, PREA handouts, and posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Inmates can report a PREA allegation: verbally or in writing to staff; calling the PREA reporting hotline to PREA investigator; write to Office of the Inspector General (outside agency), Passage, GEO Regional Director, and through a third party; and file a grievance. Interviews of inmates and staff and review of investigations verified inmates knew of and used multiple internal and external ways to report incidents of abuse or harassment, and retaliation. Auditor tested the PREA reporting hotline while on site from the inmate phone system. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are promptly documented any verbal reports.

GEO Employees reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the GEO Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the Internet at www.reportlineweb.com/geogroup or at the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Director directly at (561) 999-5827.

Standard 115.52 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed GEO Policy 5.1.2-A, Moshannon Valley Correctional Center policies 021.01 and 009.12 Administrative Remedy Procedures; Inmate Handbook, and grievances. Moshannon Valley Correctional Center does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; ensures that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint; and issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. The auditor reviewed two PREA grievances. There were no emergency grievances. The auditor interviewed one of the inmates who filed a PREA grievance.

Moshannon Valley Correctional Center may discipline an inmate for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith.

Standard 115.53 Inmate 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A, states inmates shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations; and the facilities shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Moshannon Valley Correctional Center has a MOU with Passage, Inc. for outside confidential support services. The inmates can coordinate a phone call through the PREA Compliance Manager or Mental Health staff or write to Passage Inc. One inmate admitted to contacting Passages to the auditor during his interview. He explained how the Psychologists coordinated the calls, and believed the calls were confidential. The auditor reviewed the Passage Victim Contact log which documents the dates of calls to Passages for victims. The inmate who regularly talks to Passage Inc. Victim Advocates by phone was very complimentary of the services provided stating they were very helpful in his situation. The auditor contacted Passages Inc and was impressed with the professionalism and willingness of Passages Inc to provide assistance.

Standard 115.54 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. GEO websites outlines GEO methods to receive third party reports of sexual abuse and sexual harassment. GEO website provides a number and mailing address. Throughout the facility to include visitation there are PREA fliers with third party reporting information posted for visitors, staff and inmates to see. Interviews with inmates demonstrated they knew how third-party reporting could be accomplished.

Standard 115.61 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A, Moshannon Valley Correctional Center Policy 021.01, and employee handbook require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Health practitioners during interviews stated they are required to report sexual abuse and to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services. Review of investigative files; and interviews of staff verified staff immediately report to the facility’s designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility’s designated investigator. Moshannon Valley Correctional Center had not received any reports of abuse from anyone considered vulnerable under the Pennsylvania Vulnerable Person Statute.

Standard 115.62 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Pre-Audit Questionnaire reported no cases of inmates at substantial risks of imminent sexual abuse in the last 12 months, memorandum from the facility stated none in 2015, 2016, or 2017. GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Investigator, PREA Compliance Manager and Warden. Per the interview with the PREA Compliance Manager and Warden, no inmate has reported substantial risk of imminent sexual abuse. Inmate interviews did not identify a time where an inmate was subject to substantial risk of imminent sexual abuse.

Standard 115.63 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires when an allegation that an inmate was sexually abused while confined at another institution, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation; that all sexual abuse allegations reported by another institution regarding any inmate that was confined at the Moshannon Valley Correctional Center be fully investigated. The auditor reviewed a 2017 PREA allegation which an inmate during the screen notified the staff of an allegation that happened at another GEO Federal Facility and the Warden emailed the Warden of the other facility that day; and a 2015 case of an incident that occurred at a Pennsylvania County Jail and the Warden documented two phone calls and messages left for the Superintendent, which a Captain per request of the Superintendent returned the call on the second day to receive the information. In 2016, Moshannon Valley Correctional Center was notified of an allegation made by one of its former inmates while confined at another facility, Moshannon Valley Correctional Center provided the other facility a copy of the investigation which was previously done. Interviews with the Warden, PREA Compliance Manager, and investigator confirmed their knowledge of the policies and responsibilities to report any allegations by an inmate they had alleged to have happened at another facility and investigate any allegations that may have occurred at Moshannon Valley Correctional Center that was reported by another facility.

Standard 115.64 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 outlines procedures to respond to an allegation of sexual abuse for both security and non-security staff. There is a GEO Incident Checklists to be used when responding to sexual abuse or sexual harassment. Staff have a card they carry that describes the steps a first responder would take. The PREA First Responder card helps the employee with their duties and responsibilities in regards to PREA. The PREA training curriculum covers the first responder duties. Random interviews with security and non-security staff confirmed both security and non-security staff were very knowledgeable what to do

upon learning an inmate was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence. Based on staff and inmate interviews, and review of policy and investigations; the first security staff member to respond to an allegation that an inmate was sexually abused shall: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. There was no case in 2015, 2016, and 2017 where a forensic exam was conducted.

Standard 115.65 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires facilities to develop 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. The Moshannon Valley Correctional Center PREA Coordinated Response Plan coordinates actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan includes a checklist which is used during PREA incidents. Interviews with staff (first responders, medical and mental health practitioners, investigators, and institution leadership), and review of investigative files confirmed staff were very knowledgeable about the PREA plan and the coordinated duties and collaborative responsibilities. The plan also has a section for steps to take for sexual harassment allegations and sexual activity not PREA. Staff has also been issued a card with first responder information.

Standard 115.66 Preservation of ability to protect inmates from contact with 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A addresses collective bargaining units and states in every case remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. Moshannon Valley Correctional Center Policy 021.01 states in every case remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation.

Moshannon Valley Correctional Center has two unions: The International Union Security, Police and Fire Professionals of America (SPFPA) Local 502; and International Brotherhood of Teamsters Local 110. The Union agreements does not prohibit GEO or Moshannon Valley Correctional Center from removing alleged staff sexual abusers from contact with inmates pending the outcome of the investigation. Review of investigations demonstrates that Moshannon Valley Correctional Center will separate the victim from the accused staff member in both sexual abuse and harassment usually by placing the staff member in a position where there would be no contact with the inmate.

Review of PREA allegation investigations demonstrated the staff involved in the PREA case was initially moved to a post away from the inmate, usually non-housing unit post, so there would be no contact with the inmate; and inmates alleged victims are separated from alleged abusers. In one case the contractor was removed pending the investigation.

Standard 115.67 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 require a staff member be designated to monitor for retaliation against staff or inmates who reported or had been sexually abused or harassed; provided multiple protection measures for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; monitoring the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff; and conducting periodic status checks through interviews at least every seven days. Monitoring will occur for at least 90 days following the report of the allegation and may go beyond the 90 days if the monitoring indicates a continuing need. The Psychologist is responsible for monitoring retaliation of inmate; Human Resource Manager for staff. Prior to the audit, the auditor reviewed three examples of monitoring (2015, 2016, 2017) of the inmates. There is a monitoring log form that is used to monitor inmates from retaliation. Interviews of the Warden, PREA Compliance Manager, and inmates demonstrated monitoring of inmates was being conducted. Moshannon Valley Correctional Center uses multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, Moshannon Valley Correctional Center monitors the conduct and treatment of inmates who reported the sexual abuse or harassment mainly through weekly meetings. Per the PAQ and interviews there were zero incidents of retaliation.

Standard 115.68 Post-allegation protective custody

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 states involuntary segregated housing for inmates who have alleged to have suffered sexual abuse may be used only after an assessment of all available housing alternatives has shown there are no other means of protecting the inmate; and use of protective custody to protect alleged victim is only used as a last resort for a very short time. If placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; and that the institution shall document any access to programs, privileges, education, or work opportunities that was restricted and that every 30 days, the institution shall afford each such inmate a review to determine whether there is a continuing need for separation from

the general population. There were no inmates who have alleged to have suffered sexual abuse in protective custody during the on-site audit. Interviews of the Warden, PREA Compliance Manager, segregation supervisor and inmates, there was one instance of using segregation housing to protect inmates who had alleged to have been sexually abused in the last 12 months. An Available Alternatives Assessment was conducted using the form and post allegation protective custody was determined to be the best option. The facility did not restrict the inmates' programs, privileges, work and education opportunities. The auditor also reviewed other Available Alternatives Assessment forms completed on the alleged victim, none of those reviewed resulted in an involuntary segregation placement but rather general population or other protective measures were used.

Standard 115.71 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of GEO policy 5.1.2-E, Bureau of Prisons Program Statement 5324.11, Moshannon Valley Correctional Center Policy 021.01; investigation case tracking log; the 35 PREA investigations reviewed; interviews of Facility Warden, PREA Compliance Manager, and investigator it was determined an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Moshannon Valley Correctional Center conducts its investigations using uniform evidence protocols. Moshannon Valley Correctional Center investigator starts all investigations and conducts administrative investigations. When criminal conduct is suspected, assistance is requested from the Pennsylvania State Police, who has the legal authority to conduct criminal investigations. GEO's Investigative policy is available on the company's Web site.

Review of the PREA investigation tracking log showed six PREA allegations in the last 12 months; and 17 in last 24 months. Prior to the audit, the facility provided the auditor one PREA case from 2015, and 2016. During the on-site and interim report writing period the auditor requested and reviewed ten (10) specific cases. All the cases were referred to the appropriate investigative agency, and investigations were properly conducted.

Of the 10 cases reviewed by the auditor: four staff-on-inmate sexual abuse unsubstantiated; three staff-on-inmate sexual abuse unfounded; one inmate-on-inmate sexual harassment unsubstantiated; one inmate-on-inmate sexual harassment unfounded; and one inmate-on-inmate sexual abuse unfounded. One case of staff-on-inmate sexual abuse that was unsubstantiated did find the staff member substantiated of unprofessional conduct. Four of the ten cases reviewed were from medical exams.

Three investigators had received the GEO specialized training for PREA investigators. This is a very extensive training program.

The investigator stated that he collects the appropriate direct and circumstantial evidence, reviews the video tapes, interviews the alleged victim, suspected perpetrators, and witnesses. He also reviews prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigator also stated that the credibility of the victim, suspect, or witness is always assessed on an individual basis. Polygraphs are not used in PREA investigations.

When conducting administrative investigations, the Investigator always makes a determination whether staff actions or failures to act contributed to the abuse. The auditors reviewed 10 investigation reports and found them to include a description of the incident, the evidence collected, and summaries of interviews.

Investigations are not ended because the victim or the abuser is no longer under the custody of the agency. This would also be the case if the alleged abuser was a staff member and resigned from the facility; the investigation would go on until its conclusion. GEO policy and procedures state that PREA investigation files will retain all written PREA reports for ten years.

Standard 115.72 Evidentiary standard 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of GEO policy 5.1.2-E and Moshannon Valley Correctional Center Policy 021.01 and investigations; and interviews with the investigator and administrative staff confirm the Moshannon Valley Correctional Center has no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the investigator was asked what standard of evidence was used in determining if an allegation is substantiated, the agencies policy was recited confirming compliance with the standard.

Standard 115.73 Reporting to inmates

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires the inmate to be informed as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if investigated by an outside agency, request the outside investigative agency inform the inmate as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate’s unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented.

Prior to the audit, the auditor reviewed copies of notifications to the inmates from 2015, 2016, and 2017. In the 2016 case, the inmate was also notified that the staff member was no longer employed by the facility. The auditor reviewed notifications for all the cases reviewed on-site or during the interim report writing period, and found all notifications were timely and well documented using the GEO form.

Standard 115.76 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per GEO Policy 5.1.2-E, GEO employee handbook, Moshannon Valley Correctional Center Policy 021.01, and interviews with staff: staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The auditor reviewed one case in 2016 where the staff resigned during the investigation; the case was not considered criminal and law enforcement was not notified.

Standard 115.77 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-E and Moshannon Valley Correctional Center Policy 021.01 prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Review of investigations and interview of the Warden and investigator demonstrated there have been no substantiated allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

Standard 115.78 Disciplinary sanctions for inmates

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per review GEO Policy 5.1.2-E and Moshannon Valley Correctional Center Policy 021.01; and interviews with Moshannon Valley Correctional Center staff; inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses

by other inmates with similar histories; and considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. Moshannon Valley Correctional Center prohibits all sexual activity between inmates and discipline inmates for such activity. In the 24 months prior to the audit, there have been no substantiated finding and disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires all new inmates receive a PREA screen upon arrival, along with a medical and mental health screen. If any of these identify someone as having experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community, they will be offered a medical and mental health follow-up meeting within 14 days. Prior to the audit, the auditor reviewed three referrals (one who reported prior sexual victimization in 2016; and two who previously perpetrated sexual abuse in 2015 and 2017) within 14 days of the PREA screen. During the audit, through the review of additional PREA screens and medical and mental health records, it was determined inmates who reported prior sexual victimization or previously perpetrated sexual abuse were offered consults with medical and mental health practitioners within 14 days of the screen. Interviews of medical and mental health staff and inmates confirmed inmates were offered referrals. Interviews of medical and mental health staff confirmed any information related to sexual victimization or abusiveness that occurred in the institution is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. Majority of the eight inmates interviewed who previously experienced prior sexual victimization reported they were offered medical and mental health consultation.

Standard 115.82 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment; inmate victims of sexual abuse while incarcerated shall be 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. Qualified medical practitioners are on duty 24 hours. The medical and mental health staff interviewed explained the process to include that the alleged victim is first taken to the facility medical area where they receive life threatening first aid pending transfer to Penn Highland Medical Center Dubois for a Sexual Assault Nurse Examiners (SANEs) to perform the forensic exam. Upon returning from the hospital a nurse evaluates and documents the inmate's health status, and refers the inmate for medical and mental health services. The inmate is prioritized for sick call and if the emergency room does not complete

testing sexually transmitted diseases, testing is done at the facility. Per GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 requires inmate victims of sexual abuse shall receive timely, unimpeded access to outside emergency medical exams without financial costs. The services at no costs are provided regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Forensic exams are done for up to 96 hours since the time of the incident. There has been no forensic exam in the last 24 months. Medical staff was very knowledgeable of the steps and process.

Standard 115.83 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of GEO Policy 5.1.2-A, Moshannon Valley Correctional Center Policy 021.01, and medical and mental health documentation; and interviews with staff and inmates demonstrate Moshannon Valley Correctional Center offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. The auditor reviewed two cases where medical and mental health evaluations and follow-up services and treatment plans were provided. Moshannon Valley Correctional Center provides victims with medical and mental health services consistent with the community level of care. Treatment is at no costs to the inmates and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Based on documentation and interviews of mental health staff, mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse. Per interview of mental health staff, Moshannon Valley Correctional Center does not have a sex offender program but will offer inmates who have been sexually victimized or sexually abused someone general mental health counseling.

Standards 115.83 (d) and (e) are non-applicable as Moshannon Valley Correctional Center is a male only facility.

Standard 115.86 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Moshannon Valley Correctional Center Policy 021.01 identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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 institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor reviewed two incident reviews prior to the audit, and

reviewed three incident reviews on-site that were randomly chosen from within the last 24 months. The review occurs within 30 days of the conclusion of the investigation. The review team includes the Warden, Associate Warden, PREA Compliance Manager, Mental Health, and Chief of Security; and receives input from line supervisors, investigators, and medical or mental health practitioners. GEO has an excellent PREA after action review form that addresses all elements of the standard. The incident review was thorough in determining causes and better policies and practices to better prevent, detect, or respond to sexual abuse. All elements of the standard are reviewed. GEO has an excellent PREA after action review form that addresses all elements of the standard. The PREA Coordinator may be and has been consulted as part of the incident reviews. Incident review team members were interviewed and were very knowledgeable of the process.

Standard 115.87 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A requires the collection of uniform data that provides the minimum 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 collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. GEO facilities provide monthly reports and PREA surveys to GEO headquarters. A monthly PREA Incident Tracking log is used to collect and provide the GEO PREA Coordinator data on sexual abuse and harassment incidents. Per conversation with GEO staff the data is aggregated. Upon request from DoJ, GEO provides the data. The auditor reviewed GEO PREA portal, Moshannon Valley Correctional Center monthly PREA tracking log, GEO 2015 and 2016 annual PREA report, and the Bureau of Prisons 2015 Annual PREA reports all of which included Moshannon Valley Correctional Center data. Moshannon Valley Correctional Center collects uniform data to be used by GEO and Bureau of Prisons.

GEO does not contract its inmates to other facilities (115. 87 (e)).

Standard 115.88 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A requires GEO to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. It is then provided to the agency contracted with, who produces an annual report with comparisons from previous years and corrective actions, and posted on that agency website.

The GEO annual report is very comprehensive in scope, provides data, an assessment of its PREA program and areas of focus, and includes the agency’s progress in meeting the PREA Standards. The GEO home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, and the 2016 GEO PREA annual report. The auditor previously reviewed the GEO 2013, 2014, 2015, and

2016 PREA annual reports. GEO continues to publish one of the better annual reports the audit team has reviewed. The GEO 2016 PREA annual report includes a comparison of 2015 and 2016 data; an assessment GEO's effectiveness of its sexual abuse prevention, detection, and response policies and actions to eliminate sexual abuse and sexual harassment. Actions included policy updates, new corporate data base, additional training for investigators, ad emphasis on transgender searches during annual training. The GEO website PREA tab is easy to find, and is very informative.

The auditor reviewed Bureau of Prisons 2015 Annual PREA reports. The Moshannon Valley Correctional Center data was listed in the report.

Standard 115.89 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)

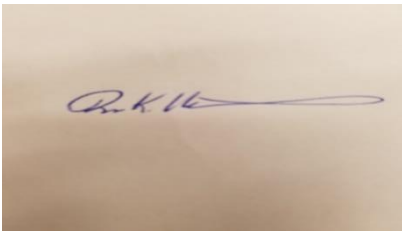
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Review of GEO Policy 5.1.2-A, website, storage of documents at the facility, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All GEO institution data is in the annual report and posted on the website, only the last report is posted. GEO maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the GEO Retention Records Schedule. Before making aggregated sexual abuse data publicly available, GEO removes all personal identifiers.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature

22 October 2017

Date