

## Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

Date of Report    May 31, 2018

### Auditor Information

Name: Barbara Jo Denison	Email: denisobj@sbcglobal.net
Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: May 1-2, 2018

### Agency Information

Name of Agency: The GEO Group, Inc.		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: One Park Place, Suite 700, 621 Northwest 53rd Street		City, State, Zip: Boca Raton, FL 33487	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 561-999-5827		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** 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 in GEO's care.

**Agency Website with PREA Information:** <https://www.geogroup.com/PREA>

### Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561-999-5827

### Agency-Wide PREA Coordinator

<b>Name:</b> Phebia Moreland	<b>Title:</b> Director, Contract Compliance, PREA Coordinator
<b>Email:</b> pmoreland@geogroup.com	<b>Telephone:</b> 561-999-5827
<b>PREA Coordinator Reports to:</b> Daniel Ragsdale, Executive Vice President, Contract Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 111

### Facility Information

<b>Name of Facility:</b> Long Beach Community Reentry Center			
<b>Physical Address:</b> 2233 E. 69th Street, Long Beach, CA 90805			
<b>Mailing Address (if different than above):</b> SAA			
<b>Telephone Number:</b> 562-663-0711			
<b>The Facility Is:</b>		<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Federal			
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

**Facility Mission:** To be the leading provider of innovative, outcome-based, rehabilitative and technology enable services designed to support our public sector partners.

**Facility Website with PREA Information:** www.geogroup.com (Social Responsibility Section)

**Have there been any internal or external audits of and/or accreditations by any other organization?**  Yes  No

### Director

<b>Name:</b> Tisha McAfee	<b>Title:</b> Acting Facility Director
<b>Email:</b> tmcafee@geogroup.com	<b>Telephone:</b> 562-663-0711, ext. 112

### Facility PREA Compliance Manager

<b>Name:</b> Tisha McAfee	<b>Title:</b> Acting Facility Director
<b>Email:</b> tmcafee@geogroup.com	<b>Telephone:</b> 562-663-0711

### Facility Health Service Administrator

<b>Name:</b> N/A	<b>Title:</b> N/A
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Email: N/A		Telephone: N/A	
<b>Facility Characteristics</b>			
Designated Facility Capacity: 112		Current Population of Facility: 109	
Number of participants admitted to facility during the past 12 months			298
Number of participants admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of participants admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			298
Number of participants admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			298
Number of participants on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 21-73	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful participants N/A
Average length of stay or time under supervision:			6 months
Facility Security Level:			Low
Resident Custody Levels:			Low
Number of staff currently employed by the facility who may have contact with participants:			17
Number of staff hired by the facility during the past 12 months who may have contact with participants:			4
Number of contracts in the past 12 months for services with contractors who may have contact with participants:			0
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		15	
Number of Open Bay/Dorm Housing Units:		10	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The facility has 25 cameras with one DVR that retains data for up 60 days.			
<b>Medical</b>			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		Kendren Medical Center, Lakewood Regional Medical Center	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with participants, currently authorized to enter the facility:			0

**Number of investigators the agency currently employs to investigate allegations of sexual abuse:**

**111 agency-wide**

# Audit Findings

## Audit Narrative

The PREA on-site audit of the Long Beach Community Reentry Center was conducted May 1-2, 2018, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. The Long Beach Community Reentry Center is a 15,000 square foot one-level structure located at 2233 E. 69<sup>th</sup> Street, Long Beach, CA, in an industrial area. The facility is owned and operated by the GEO Group, Inc.

### PRE AUDIT

Pre-audit preparation included a thorough review of agency policy, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. During this review period questions were answered by Tisha McAfee, Administrative Assistant, who at this time is designated as the Acting Facility Director and the facility's PREA Compliance Manager. The facility was provided with facility notices in English and Spanish informing participants of the upcoming audit dates with my name and address if they wished to send correspondence and where informed that correspondence to me would be handled as legal mail. The notices were posted in the front entrance near the Control Station on 3/20/18. The facility provided me with copies of those notices verifying the date posted. No PREA-related correspondence was received from participants of the Long Beach Community Reentry Center.

Prior to and after the audit visit, repeated attempts were unsuccessful in attempting to contact the Director of Sexual Assault Crisis at the YWCA of Greater Los Angeles. Contact was made with the SART Coordinator who explained the process if a participant victim of sexual assault called the crisis hotline number. If the assault were alleged to have occurred within 120 hours, the victim would be referred to the Santa Monica Rape Treatment Center for a forensic exam. Prophylactics for sexually transmitted diseases would be administered. At this time, the YWCA does not offer support groups for men, but the victim would be informed that they can go on line to access *1 and 6.org*, a free online support group for men who have been victimized by sexual assault. The SART Coordinator provided the name and phone number of the Vice President of Empowerment Services who the facility may be able to discuss entering into a Memorandum of Understanding with this agency.

Per the suggestion of the SART Coordinator, the Vice President of Empowerment Services of the YWCA of Greater Los Angeles was contacted. She was not aware the facility was attempting to secure an MOU with the agency. She requested that the draft of that MOU be forwarded to her for her review. This request was forwarded to the Acting Facility Director/PREA Compliance Manager, the PREA Division Coordinator and the Program Performance Managers of the Eastern and Western Regions.

The YWCA Harbor Area is another agency that the Long Beach Community Reentry Center has attempted to enter into an MOU with. Contact was made with the Program Coordinator of this agency who reported the YWCA Harbor Area does not provide advocacy services.

### ONSITE AUDIT

On the first day of the audit, a brief entrance meeting was held with Tisha McAfee, Acting Facility Director/PREA Compliance Manager, Tracy Stevens, Program Performance Manager Eastern Region and Dragan Spiroski, Program Performance Manager Western Region attending. Those in attendance of the

entrance meeting accompanied me on a site review of the facility. During the review, the location of cameras and mirrors, room layout including shower/toilet areas and placement of PREA posters and information was observed.

*Resident Reporting Options* posters in both English and Spanish were posted throughout the facility in common areas, in all housing areas and by the pay phones located in the main entrance by the Control Station. *Third Party Reporting Posters* were posted throughout the facility in areas visible to staff and visitors. The *Resident Reporting Options* poster directs participants to inform a staff member or the PREA Compliance Manager in person or in writing.

The *Reporting Options* posters gives participants the phone number and mailing address to the California Office of the Inspector General and to the Office of Internal Affairs. They are also provided with the number for the RAINN National Hotline Network where advocates are available 24 hours a day, seven days a week. The toll-free number for the California Office of the Inspector General (1-800-700-5952) and the RAINN National Hotline Network were called on a pay phone. The RAINN National Advocacy (1-800-656-4673) was found to be forwarded to an advocate at the YWCA of Greater Los Angeles.

The number for the Office of Internal Affairs (909-466-1052) is not a toll-free number, but when called a recording stated that I had reached the California Department of Corrections Sexual Misconduct Line. I left a message and received a return call from a Special Agent from the PREA Ombudsman Office. The Special Agent stated that callers to this number could remain anonymous if they wish. He further stated that if they receive an anonymous call, at a minimum, they have to be provided with the facility name before they can contact the facility informing them that a call was received. The Administrative Officer of the day is required to check the messages to this number four times a day. If a call is received, the Administrative Officer will contact the facility's PREA Coordinator and then follows up with an email of this notification. A second call is made to the facility inquiring about the action the facility took concerning the allegation.

During the tour, I spoke informally to participants questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. On the first day of the audit, the population totaled 109 participants. The facility provided a housing roster and names of participants with special designations. From these lists, 20 participants were formally interviewed. Included in that number there was one participant who self-disclosed being gay, who was screened at risk for victimization, one with a physical disability, one hard of hearing, one with low reading skills, one limited English proficient (Spanish) and one who reported a PREA allegation. There were no participants housed at the facility who self-disclosed being bisexual, transgender or intersex. There were none that were blind, had low vision, deaf, or with cognitive deficits.

All staff that were scheduled to work during the audit were interviewed for 14 staff interviews. That number included seven random staff and seven specialist staff. The facility does not utilize the services of contractors and does not have any volunteers. The Acting Facility Director/PREA Compliance Manager serves multiple roles (Acting Facility Director, PREA Compliance Manager, Incident Review Team, Investigator, and responsible for HR duties and risk screening assessments). She was asked questions as they relate to the responsibilities of each of those roles. All staff interviewed were knowledgeable of their responsibility to prevent, detect, respond and report incidents of sexual abuse, sexual harassment and retaliation. They all confirmed completing PREA refresher training online annually. The agency's PREA Coordinator and the Executive Vice President Continuum of Care & Reentry Services (agency head designee) were both interviewed at an earlier date by telephone.

I reviewed the files of 11 employees to determine compliance with background check procedures. All files revealed that employees had criminal background checks as an applicant and that one employee who was promoted in the past 12 months had a criminal background check when considered for the promotion.

Documentation of annual PREA training for all employees was reviewed to determine compliance with the requirements of annual PREA training. Files were found to be complete with documentation of PREA training maintained by Acting Facility Director/PREA Compliance Manager a binder.

Fifteen resident files were reviewed to determine compliance with screening requirements and the requirements for PREA education for participants. *PREA Risk Screening* forms and *PREA Vulnerability Reassessment Questionnaires*, as well as referral forms for participants who screened at risk for victimization or abusiveness were found to be maintained in binders filed alphabetically and maintained by the Acting Facility Director/PREA Compliance Manager in individual file folders. Also contained in the binders were the *Acknowledgement of Receipt of PREA Education Manual* forms and another form acknowledging review and understanding of the zero-tolerance policy and viewing the *PREA: What You Need To Know* video.

The Long Beach Community Reentry Center does not have trained facility investigators. An investigator assigned by GEO conducts administrative investigations of PREA allegations. In the 12 months preceding the audit, there was one allegation of staff-on-inmate sexual abuse and one allegation of staff voyeurism. Both allegations are being investigated by GEO and are ongoing.

The facility does not employ medical or mental health staff. The Kendren Medical Clinic is the primary provider for forensic exams, but participants requiring forensic exams are transported to any hospital in the area that has availability. The Providence Little Company of Mary Sexual Assault Response Team in collaboration with local hospitals ensures forensic examinations are provided to victims of sexual assault.

At the conclusion of the audit, an exit meeting was held with Tisha McAfee, Acting Facility Director/PREA Compliance Manager, Tracy Stevens, Program Performance Manager Eastern Region and Dragan Spiroski, Program Performance Manager Western Region. Steve Farugie, Senior Area Manager and Jonathon Dressler, PREA Division Coordinator attending via telephone. Audit observations and findings were discussed. The Acting Facility Director/PREA Compliance Manager was complimented on her dedication to the many roles that she is responsible for and achieving compliance to all PREA standards. The facility was informed of the process that would follow the on-site visit and GEO's responsibility to post the final report on their website.

### **POST AUDIT**

Following the onsite audit visit, all documentation obtained during the onsite audit visit and documentation received prior to the onsite visit was reviewed. Observations made during the site review and information gathered through interviews of participants and staff was reviewed. Through this Post Audit review, a determination was made of compliance to the PREA standards.

## **Facility Characteristics**

The Long Beach Community Reentry Center is located at 2233 E. 69<sup>th</sup> Street, Long Beach, California. The facility was opened in 2004 and operates a Male Community Reentry Program (MCRP) for individuals referred from the California Department of Corrections and Rehabilitation (CDCR). In April 2017, the GEO Group purchased the Long Beach Community Reentry Center from the Community Education Center. The California Department of Corrections and Rehabilitation (CDCR) contracts with GEO to house their male offenders and to provide individualized reintegration services in compliance with the MCRP contract. The rated capacity of the facility is 112. On the first day of the audit, the population was 109 and age range of the population was 21-73 years of age.

The goal of the program at the Long Beach Community Reentry Center is to help participants successfully reenter into the community and reduce recidivism by offering treatment for substance abuse, job readiness and other cognitive and thinking skills training. All participants must complete a minimum of 25 hours of individual and group sessions each week, in addition to six hours of supplemental programming.

The Long Beach Community Reentry Center is 15,000 one-level structure located in an industrial area. The main entrance of the facility is on the side of the building where there is a gated staff parking area. When entering the building there is a Control Station where visitors and participants sign in and out of the facility. Security Monitors man the Control Station with a CDCR Correctional Officer assigned a desk in the Control Station opposite camera monitors. There is one CDCR Correctional Officer assigned to the facility on all three-security shifts and two Parole Officers and a Correctional Counselor III assigned Monday-Friday.

Participants are pat searched when they return from work or outside programming or leisure activities in view of cameras outside of the Control Station. There are three pay phones for participants' use with *Resident Reporting Options* posters in both English and Spanish displayed as well as *Third Party Reporting* posters for visitors entering the facility. A locked door behind the Control Station provides access to an administration area where there is the Facility Director's Office, a conference room and access to the CDCR offices.

A large multi-purpose room opposite the Control Station is used to conduct groups and as a day room and visitation room. There is a television, vending machines and bookcases in the multipurpose room. A computer lab with three computers used by participants for job searches and Program Counselor Offices are located adjacent to the multipurpose room.

At the time of the onsite visit, a participant restroom and a staff restroom were not in use due to a problem with mold. The mold was removed and the area was partitioned off with plastic barriers awaiting renovations to be completed.

The Long Beach Community Reentry Center has two dormitories that are partitioned off with into eleven multiple occupancy rooms or cubicles that are referred to as areas with open doorways to enter each cubicle. Doors leading to Dormitory #1 and Dormitory #2 had signs reminding female staff to announce their presence when entering the living areas. North of the multi-purpose room there is a dining area with a an adjacent kitchen and a door that leads to Dormitory #2 that has two cubicles with fourteen beds in each cubicle. There is a maintenance room and an alarmed door that leads to an outside recreation area. There are raised garden beds in the recreation area where participants care for vegetable plants. Also in the recreation area, there are picnic tables, a basketball hoop, weights and weight benches. A gated sally port on this side of the building leads to an intake area where CDCR Correctional Officers process new arrivals to the facility.

Double doors lead to Dormitory #1 located in the center of the facility. Dormitory #1 is partitioned off into nine cubicles with one cubicle used as a living room with couches, a television, an exercise bike and a treadmill. Six of the cubicles have nine bed in each; one has 19 beds and other cubicles have 11 beds. All living areas have lockers and a small table with chairs. *Resident Reporting Options* posters were displayed in the entrance of each cubicle. Beds and lockers in all cubicles were arranged to allow visibility of the entire room when entering the doorway and all cubicles were found to be neat and clean.

The Long Beach Community Reentry Center has 17 employees with vacancies for two Program Counselors, one Program Counselor Supervisor, two Security Monitors and one Facility Director. Security Monitors conduct three head counts per shift and a walkthrough at a minimum of once per hour. CDCR Corrections Officers also conduct facility walkthroughs throughout their shift. The Lead Operations Monitor conducts PREA unannounced rounds one per shift each month. She also reviews random surveillance video to help identify any problems with staff or resident conduct.

## Summary of Audit Findings

The following is the audit findings of the PREA audit for the Long Beach Community Reentry Center:

**Number of Standards Exceeded:** 5

The facility was found to exceed in the requirements of the following standards: 115.211; 115.217; 115.231; 115.233; and 115.288.

**Number of Standards Met:** 36

The facility was found to meet all provisions of the following standards: 115.212; 115.213; 115.215; 115.216; 115.218; 115.221; 115.222; 115.232; 115.234; 115.235; 115.241; 115.242; 115.251; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.287; 115.289; 115.401; and, 115.403.

**Number of Standards Not Met:** 0

There were no standards found to not meet the requirements of the standard.

### Summary of Corrective Action (if any)

There was no corrective action required.

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A and Long Beach Community Reentry Center’s policy 2014-6 are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency’s/facility’s approach to preventing, detecting and responding to such conduct. Both policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. Both policies, upon review, were found to be very comprehensive and to include a thorough description of the agency /facility’s approach to reduce and prevent sexual abuse and sexual harassment of participants, exceeding in the requirements of this standard.

GEO policy 5.1.2-A, pages 6 & 7, section III-B, and facility policy 2014-1, pages 2 & 3, section VI-A, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency not only employs an agency-wide PREA Coordinator, but also employs a PREA Division Coordinator who provides oversight to the agency’s reentry facilities; therefore, exceeding in the requirements of this section of the standard. The PREA Coordinator and the PREA Division Coordinator are extremely knowledgeable and continue to provide facilities with support and assistance for the implementation and enhancement of the agency’s PREA program.

In interview with the agency’s PREA Coordinator at an earlier date and the PREA Compliance Manager during the onsite audit, both stated that they have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards as required.

## Standard 115.212: Contracting with other entities for the confinement of participants

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.212 (a)

- If this agency is public and it contracts for the confinement of its participants with private

agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of participants.)  Yes  No  NA

#### 115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of participants OR the response to 115.212(a)-1 is "NO".)  Yes  No  NA

#### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine participants? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO is a private provider and does not contract for the confinement of its participants; therefore, this standard is not applicable to this facility.

#### Standard 115.213: Supervision and monitoring

##### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect participants against sexual abuse?  Yes  No

- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect participants against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 2014-1, page 3 & 4, section B-1, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect participants against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The staffing plan includes 23 full-time positions. The facility's design capacity is 112 participants and the staffing plan was developed based on that number. The average number of participants in the past 12 months was 100 participants.

The facility makes its best efforts to comply with the approved PREA Staffing Plan. In circumstances where the staffing plan is not complied with, the Acting Facility Director would document and justify all deviations from the plan. In review of documentation provided by the facility and upon interview with the Acting Facility Director, in the past 12 months there were no times that there were deviations to the staffing plan. Per contract, there must be two Resident Managers each shift. Staff vacancies are filled by the use of staff overtime.

The staffing plan is reviewed annually by the Acting Facility Director and documented on the *PREA Annual Facility Assessment* form. This form is then forwarded to the Senior Area Manager, PREA Division Coordinator, Vice President Residential Reentry Centers and the Corporate PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. Based on the *PREA Annual Facility Assessment* completed on 9/26/17, there were no recommendations for changes to the established staffing plan.

Per policy, facility management staff and mid-level supervisors conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. These unannounced rounds are documented on the *PREA Unannounced Supervisory Rounds* form. Employees are prohibited from alerting participants or other employees that these supervisory rounds are occurring.

Review of *PREA Unannounced Supervisory Rounds* forms completed for the month of April showed that the Lead Operations Manager is conducting these rounds on all three shifts as required.

## **Standard 115.215: Limits to cross-gender viewing and searches**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.215 (a)**

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female participants, except in exigent circumstances? (N/A if less than 50 participants)  
 Yes  No  NA
- Does the facility always refrain from restricting female participants' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 participants)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female participants?  
 Yes  No

#### 115.215 (d)

- Does the facility implement policies and procedures that enable participants to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where participants are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex participants for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  
 Yes  No

#### 115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex participants in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on review of GEO policy 5.1.2-A, pages 16 & 17, section I, and facility policy 2014-4, pages 2 & 3, sections on *Offender/Resident "Pat" Searches, Offender/Resident "Strip" Searches and "Body Cavity" Searches*, and *Limits to Cross-Gender Viewing and Searches*, the facility prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

Agency and facility policies require that all cross-gender strip searches and body cavity searches be documented. Based on review of policy 5.1.2-A, resident strip searches and body cavity searches and cross gender pat searches are prohibited at the Long Beach Community Reentry Center. In the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches performed.

Pat searches are conducted in view of a camera whenever participants return to the facility from being in the community and are documented on a *Pat Search/Cubicle/Vehicle Search Log*.

Provision 115.215 (b) is not applicable to this facility. The Long Beach Community Reentry Center is an all-male facility.

In addition to general training provided to all employees, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex participants which is included in the *Guidance in Cross-Gender and Transgender Pat Searches 2016* curriculum that was provided for review. The curriculum was found to instruct staff on how to effectively and professionally conduct cross gender searches of all participants. Staff sign a *PREA Basic Training Acknowledgement* form upon completion of this training. Receipt of this training was verified through interviews with staff and in review of staff training records.

The agency has policies and procedures in place that enable participants to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter resident housing and restroom areas. This practice was observed while onsite and participants and staff interviewed

confirmed that this practice is being followed. Participants shared that they feel they have privacy to shower, toilet and change clothing when staff of the opposite sex are in their housing unit. Each resident room has a restroom with a solid door.

Based on GEO policy 5.1.2-A and facility policy 2014-4, the facility prohibits examining transgender or intersex participants for the sole purpose of determining genital status. If a participant's genital status is unknown, it may be determined during conversations with the participant, by reviewing medical records or by a medical examination conducted in private by a medical practitioner.

Transgender and intersex participants shall be given the opportunity to shower separately from other participants. In the past 12 months, there were no participants who self-disclosed being transgender or intersex housed at the Long Beach Community Reentry Center.

## **Standard 115.216: Participants with disabilities and participants who are limited English proficient**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.216 (a)**

- Does the agency take appropriate steps to ensure that participants with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Participants who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that participants with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Participants who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that participants with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Participants who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that participants with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Participants who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that participants with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Participants who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that participants with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent,

detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No

- Do such steps include, when necessary, ensuring effective communication with participants who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with participants with disabilities including participants who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with participants with disabilities including participants who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with participants with disabilities including participants who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to participants who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

The agency takes appropriate steps to ensure that participants with disabilities and participants that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO policy 5.1.2-A, pages 11 & 12, section E-1 and facility policy 2014-2, page 2, section V, were used to verify compliance to this standard as well as review of participant records. Participants receive a *PREA Education Manual for Participants* during the intake process that is available in English, Spanish and in large print for participants with low vision.

PREA posters and a *PREA: What You Need to Know* video is available in both English and Spanish. Staff members proficient in the Spanish language provides interpretation to Spanish speaking participants. A contract with Language Line Services, Inc. provides for the translation of any other languages. A TTY is available for participants who are deaf or hard of hearing.

At the time of the on-site visit, there were no participants who were deaf, blind, had low vision or with cognitive deficits. One participant who was limited English proficient (Spanish), when interviewed he reported he received all written PREA information in Spanish and saw the Spanish version of the *PREA: What You Need to Know* video. One participant interviewed was hard of hearing, but when interviewed he stated he wore two hearing aids and had no problem understanding the PREA information presented to him. During the interview, the participant was not wearing his hearing aids and was able to hear questions asked of him and responded appropriately. One participant who had low reading skills reported during interview another participant read the written PREA information to him.

Policy prohibits the use of resident interpreters, resident readers or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties. In interview of Resident Managers, they reported that they knew the policy prohibited using participants in this capacity. Information on the Pre-Audit Questionnaire stated in the past 12 months, there have been no instances where resident interpreters, readers or assistants were used.

## **Standard 115.217: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.217 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with participants who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with participants who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with participants who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with participants who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with participants who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with participants who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

- Does the agency 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 participants?  Yes  No

#### 115.217 (c)

- Before hiring new employees, who may have contact with participants, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with participants, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with participants?  Yes  No

#### 115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with participants or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.217 (f)

- Does the agency ask all applicants and employees who may have contact with participants directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with participants directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, pages 7 & 8, section C-2 and page 16, section H-4 and facility policy 2014-1, page 4, section 2, and review of random employee files were used to verify compliance to this standard. Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with participants and prohibits enlisting the services of any contractor who may have contact with participants who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community.

GEO considers 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 participants.

The agency requires that all applicants and employees who may have contact with participants have a criminal background check and every five years thereafter. Criminal background checks for all potential employees are completed through CDCR Division of Rehabilitative Programs and by Career

Builders. If an applicant's application indicates that they have previously worked at a confinement facility, an internal background check is performed through GEO.

In the past 12 months, four criminal background checks were completed on applicants. The agency also requires that all contractors and volunteers who have contact with participants have criminal background checks. Page 16, section 4 of the agency policy addresses the requirements of criminal background checks for contractors. The facility does not utilize the services of contractors and does not have any volunteers.

For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and a GEO background check is completed. The agency has a procedure that at the time of annual performance evaluations, employees complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation*. That procedure has not been implemented at the Long Beach Community Reentry Center. The facility is waiting for the GEO Corporate Human Resources Department to instruct them to begin this process.

GEO policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct and/or misconduct to the Acting Facility Director.

Unless prohibited by law, GEO Corporate Reentry Services Human Resources Department 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 the individual has applied for work.

Personnel files of 11 random employees were reviewed and found to contain pre-employment criminal background checks by CDCR Division of Rehabilitative Programs and Career Builders. One employee was promoted in the past 12 months and an internal background check through GEO was conducted.

The Acting Facility Director is responsible for ensuring criminal backgrounds checks are performed as required by the PREA standard and the agency policy. When interviewed, she was knowledgeable of the process and kept excellent records.

All employees have two criminal background checks, one by CDCR Division of Rehabilitative Programs and one by Career Builders, as an applicant and when being considered for a promotion or transferring from another facility and were found to exceed in the requirements of this standard.

## **Standard 115.218: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.218 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition,

expansion, or modification upon the agency's ability to protect participants from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect participants from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2014-1, page 4, section 3, and in interview with the agency head designee and the Acting Facility Director and information provided on the Pre-Audit Questionnaire was used to verify compliance to this standard. Per agency and facility policies, the Long Beach Community Reentry Center shall consider the effect any new design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect participants from sexual abuse.

Since the last PREA audit, there were no new facilities or expansions to the existing facility, but there is a substantial modification of the physical plant underway due to the removal of mold in one of the participant restrooms and staff restroom.

The Long Beach Community Reentry Center has installed a few cameras and dome mirrors due to an assessment that was made during a technical assist visit.

In interview with the Executive Vice President Continuum of Care & Reentry Services, he explained that every reentry facility that is acquired or that is planning modifications, an assessment is made by the operations team along with the construction staff taking into consideration the facility's ability to protect participants' sexual safety. He further stated that when installing or updating monitoring technology, a constant assessment is made by the PREA Coordinator and her team assessing for blind spots and cameras to improve the staff's monitoring efforts for the protection of participants from sexual abuse.

## RESPONSIVE PLANNING

## Standard 115.221: Evidence protocol and forensic medical examinations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (c)

- Does the agency offer all participants who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E, pages 6-10, sections D-J outlines the agency's requirements as it applies to this standard. Facility policy 2014-6, page 7, sections 3 & 5-f & h and page 10, section H-6 addresses the requirements of the facility in response to reports of recent sexual abuse allegations. The Long Beach

Community Reentry Center does not have any facility-trained investigators responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. GEO has 111 trained investigators agency wide. When needed, an investigator assigned by GEO would conduct administrative investigations of PREA allegations at the Long Beach Community Reentry Center.

The Long Beach Police Department will conduct all criminal investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

The facility does not house youth; therefore, provision (b) of this standard is not applicable to this facility.

Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. The primary provider for forensic exams is the Kendren Medical Clinic, but participants requiring forensic exams are transported to any hospital in the Los Angeles area that has an opening. The Providence Little Company of Mary Sexual Assault Response Team in collaboration with local hospitals ensures these services. SANE exams and any other related services are provided at no cost to the resident. In the past 12 months, there have been no participants who have required SANE exams.

The facility has attempted to secure Memorandum of Understandings with several community agencies to provide victim advocacy and other support services to resident victims of sexual abuse. Those attempts have been unsuccessful and are ongoing.

Participants are made aware of the confidential emotional support services available to them and how to access them in the *PREA Education Manual for Participants*, page 10, and on the *PREA Resident Reporting Options* posters displayed throughout the facility in both English and Spanish. When interviewed, participants were aware of the confidential emotional support services available to them and how to access them.

## **Standard 115.222: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.222 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### **115.222 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]  Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E, page 5, section III-A-2 and facility policy 2014-6, page 7, sections 2 & 3 outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including participant-on-participant sexual abuse or staff sexual misconduct. CDCR's Department Operations Manual (DOM), chapter 5, article 44, page 8, section 54040.12, outlines CDCR's approach to investigations of sexual abuse and sexual harassment.

Upon receipt of an allegation of sexual abuse, the supervisor receiving the report immediately notifies the Acting Facility Director. The Acting Facility Director will make immediate notification to CDCR verbally and in writing, the PREA Coordinator, the PREA Division Coordinator, the Senior Area Manager and GEO's Office of Professional Responsibility (OPR) (if the allegation involved staff).

The facility initiates an administrative investigation for all allegations. The facility does not have trained facility investigators. GEO has 111 trained investigators agency-wide and would assign an investigator to conduct an administrative investigation as needed. If it is determined that the allegation involved potential criminal activity, a referral is made to the Long Beach Police Department who would conduct a criminal investigation.

The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are tracked on the *PREA Monthly Incident Outcome Tracking Log*. In the past 12 months, there were was one allegation of staff-on-inmate sexual abuse and one allegation of staff voyeurism. Neither were referred for criminal investigation and are currently being investigated by GEO' OPR.

The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website at <https://www.geogroup.com/PREA> and CDCR's publishes their policy on investigations on their agency website.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.231 (a)

- Does the agency train all employees who may have contact with participants on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with participants on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with participants on: Participants' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with participants on: The right of participants and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with participants on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with participants on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with participants on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No

- Does the agency train all employees who may have contact with participants on: How to avoid inappropriate relationships with participants?  Yes  No
- Does the agency train all employees who may have contact with participants on: How to communicate effectively and professionally with participants, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming participants?  Yes  No
- Does the agency train all employees who may have contact with participants on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

- Is such training tailored to the gender of the participants at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male participants to a facility that houses only female participants, or vice versa?  Yes  No

#### 115.231 (c)

- Have all current employees who may have contact with participants received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO employees receive training on GEO's zero-tolerance policy (5.1.2-A) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on pages 12 & 13, section F-1. Between trainings, the facility has monthly staff meetings where PREA is reviewed and discussed. The *PREA DOJ 2017 Pre Service* and the *PREA 2017 In Service* training curriculums were reviewed and found to address all elements of 115.231 (a) as required by this standard.

The Acting Facility Director/PREA Compliance Manager provides the *PREA DOJ 2017 Pre Service* training to all new hires. Annually all staff complete the *PREA 2017 In Service* training online. Upon completion of this training, staff sign a *PREA Basic Acknowledgement* form (attachment E to policy 5.1.2-A), acknowledging that they have received and understood the training they received. Training includes the *Guidance in Cross-Gender and Transgender Pat Searches 2016* training. The Acting Facility Director/PREA Compliance Manager maintains documentation of annual PREA training for employees. During monthly staff meetings, PREA is reviewed and discussed.

The training is tailored to the male population of the Long Beach Community Reentry Center. Employees will receive additional training if the employee is reassigned from a facility that houses only female participants.

Since the last audit, all Long Beach Community Reentry Center's staff has received annual PREA training. In interview with random staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment.

Based on the level of knowledge of staff interviewed, the excellent training curriculum and documentation of this training being maintained by the facility, the facility was found to exceed in the requirements of this standard.

## **Standard 115.232: Volunteer and contractor training**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.232 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with participants have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### **115.232 (b)**

- Have all volunteers and contractors who have contact with participants been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with participants)?  Yes  No

#### **115.232 (c)**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

All volunteers and contractors who have contact with detainees are trained and have annual refreshers on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, page 14, section G-1 for volunteers and page 15, section H-1, for contractors.

At this time, the Long Beach Community Reentry Center does not utilize the services of contractors and does not have any volunteers; therefore, this standard is not applicable to this facility.

## Standard 115.233: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.233 (a)

- During intake, do participants receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do participants receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do participants receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do participants receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do participants receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

### 115.233 (c)

- Does the agency provide resident education in formats accessible to all participants, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all participants, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all participants, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all participants, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all participants, including those who: Have limited reading skills?  Yes  No

### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

### 115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to participants through posters, resident handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO policy 5.1.2-A, page 12, section E-2 and facility policy 2014-2, pages 4, *Documentation* section, all participants receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Participant PREA education is provided by the upon arrival to the facility in formats accessible to all participants, including those who are limited English proficient, deaf, visually impaired or otherwise disabled or with low reading skills.

In the past 12 months, 298 participants admitted to the facility received written PREA educational material upon arrival to the facility. Participants are provided with a *PREA Education Manual for Residents* and sign an *Acknowledgement of Receipt of PREA Educational Manual form*. As part of the comprehensive PREA education, participants view the *PREA: What You Need to Know* video and sign an acknowledgement form acknowledging they have received required training on the Zero-Tolerance Policy, the Right to Report and Free Medical and Mental Health. Ongoing PREA information is provided on posters, both in English and Spanish, prominently displayed in all resident rooms and in numerous other locations throughout the facility.

The Acting Facility Director/PREA Compliance Manager holds House Meetings at 8:15 a.m. each morning where she sometimes plays a PREA trivia game to reinforce PREA education with participants. Participants with correct answers are rewarded with a piece of candy or a donut.

In review of random participant files, the Acting Facility Director/PREA Compliance Manager is maintaining documentation of PREA training. Participants interviewed acknowledged receiving PREA information upon arrival to the facility and viewing the PREA video. They were knowledgeable of the zero-tolerance policy and knew how to report incidents of sexual abuse and sexual harassment.

Due to the knowledge of participants interviewed and the ongoing education they receive through playing PREA trivia games, the facility was found to exceed in the requirements of this standard.

## Standard 115.234: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO policy 5.1.2-A, page 14, section F-3, in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. In review of the training curriculum, the training includes techniques for interviewing sexual abuse victims, proper use of the 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 referral for prosecution.

The Long Beach Community Reentry Center does not have trained facility investigators. The agency has 111 trained investigators agency-wide who have completed *Specialized Investigation Training* facilitated by GEO's PREA Coordinator. In the event of a report of an allegation, GEO would assign an investigator to conduct an administrative investigation.

### Standard 115.235: Specialized training: Medical and mental health care

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, pages 13 & 14, section 2 , states that each facility will train all full-time and part-time medical and mental health staff to detect signs of sexual abuse and sexual harassment, preserving physical evidence and responding effectively and professionally to victims of sexual abuse and sexual harassment.

The Long Beach Community Reentry Center does not employ medical or mental health staff. All medical and mental health services are provided by referral to offsite providers; therefore, this standard is not applicable to this facility.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.241: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.241 (a)**

- Are all participants assessed during an intake screening for their risk of being sexually abused by other participants or sexually abusive toward other participants?  Yes  No
- Are all participants assessed upon transfer to another facility for their risk of being sexually abused by other participants or sexually abusive toward other participants?  Yes  No

#### **115.241 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### **115.241 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### **115.241 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess participants for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess participants for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess participants for risk of sexual victimization: The physical build of the resident?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess participants for risk of sexual victimization: Whether the resident has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess participants for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess participants for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess participants for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender nonconforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess participants for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess participants for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

- In assessing participants for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing participants for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing participants for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  
 Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  
 Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  
 Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.241 (h)

- Is it the case that participants are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  
 Yes  No

#### 115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other participants?  
 Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 2014-3, pages 2 & 3, section VI-B, all participants placed at the Long Beach Community Reentry Center are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility by Acting Facility Director/PREA Compliance Manager. The *PREA Risk Assessment* form (attachment B to policy 5.1.2-A,) an objective screening instrument, is used for this purpose. The form was reviewed and found to contain all requirements of 115.241 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. Participants may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to the screening form, a thorough review of any available records that can assist in determining risk assessment is completed.

Within a set time period, not to exceed 30 days of the participants' arrival to the facility, participants are reassessed for their risk for victimization and abusiveness by the Acting Facility Director/PREA Compliance Manager using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38). A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. When interviewed, participants reported they were asked questions upon their arrival and remembered being asked some PREA questions after they were at the facility for a few weeks.

When completed, the *PREA Risk Assessment* forms and the *PREA Vulnerability Reassessment Questionnaires* are maintained by the Acting Facility Director/PREA Compliance Manager. To maintain confidentiality, only the Acting Facility Director/PREA Compliance Manager, the Lead Operations Manager and Program Counselors would have access to screening information.

In review of random participant files and upon interview with the Acting Facility Director/PREA Compliance Manager risk screenings are being completed timely.

## Standard 115.242: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those participants at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those participants at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those participants at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those participants at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those participants at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident?  Yes  No

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female participants, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns participants to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex participants, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.242 (e)

- Are transgender and intersex participants given the opportunity to shower separately from other participants?  Yes  No

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex participants, does the agency always refrain from placing: lesbian, gay, and bisexual participants in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex participants, does the agency always refrain from placing: transgender participants in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex participants, does the agency always refrain from placing: intersex participants in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating participants at high risk of being sexually victimized from participants with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident.

GEO policy 5.1.2-A, page 10, section D-3 and facility policy 2014-3, page 3, section 2, explains the use of PREA screening information. On interview with the Acting Facility Director, she explained how the facility utilizes screening information for this purpose.

Participants who score at risk of victimization or abusiveness are referred to Kendren Mental Health, Long Beach Mental Health or to the MLK Jr. Hospital for further evaluation using the *Long Beach Community Reentry Center Resident Referral Verification* form. Participants have an option of refusing these services. Those identified to be at risk are tracked on an *At Risk Log*. According to the Acting Facility Director/PREA Compliance Manager, participants screened to be at risk for victimization are housed in front cubicles and those screened at risk for abusiveness are housed in cubicles away from potential victims.

In making housing and programming assignments for transgender or intersex inmates, the facility will consider on a case-by-case basis whether the placement would present management or security problems. GEO does not place lesbian, gay, bisexual, transgender or intersex participants in dedicated units or wings solely based on such identification. Transgender and intersex inmates are given the opportunity to shower alone. Participants who self-disclose being lesbian, bisexual transgender or intersex are tracked on an *LGBTI* log.

In the past 12 months, there have been no participants who self-disclosed being transgender or intersex inmates assigned to the Long Beach Community Reentry Center. On interview with a participant who self-disclosed being gay, he reported that he was not placed in any special housing area because of his sexual orientation.

## REPORTING

### Standard 115.251: Resident reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.251 (a)

- Does the agency provide multiple internal ways for participants to privately report: Sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for participants to privately report: Retaliation by other participants or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for participants to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.251 (b)

- Does the agency also provide at least one way for participants to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

#### 115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of participants?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, page 18, section L-1 and facility policy 2014-2, page 4, last paragraph outline the agency's options for resident reporting methods. The agency provides multiple ways for participants to privately report sexual abuse and sexual harassment, retaliation by other participants or staff for reporting sexual abuse and sexual harassment and any staff neglect or violation of responsibilities that may have contributed to such incidents.

Participants are made aware of methods of reporting available to them through the *PREA Education Manual for Residents* (page 10), provided to them upon intake and on the *Resident Reporting Options* posters posted in all participant cubicles and in common areas throughout the facility.

Participants are made aware that they can verbally inform any staff member or the Acting Facility Director/PREA Compliance Manager verbally or in writing. Staff are document verbal reports immediately, prior to the end of their shift. Participants are informed they can call the RAINN National Hotline Network (1-800-656-4673), The Office of Internal Affairs (909-466-1052) or the California Office of the Inspector General (1-800-700-5952). Participants are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Participants are also informed that a third party can make a report for them.

Participants can also file a grievance and facility policy 2014-5, pages 4 & 5 addresses sexual abuse grievances and emergency grievance procedures. Participants can submit a grievance to the Acting Facility Director/PREA Compliance Manager, the California Office of the Inspector General or toe GEO's Senior Area Manager. Participants are informed of the grievance process on page 7 of the *PREA Education Manual for Residents*.

The agency's policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and promptly document verbal reports. Information concerning the identity of resident victim's report of sexual abuse or sexual harassment is limited to those who need to know only.

Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for resident and staff reporting can be found on the GEO website (<https://www.geogroup.com/PREA> (Social Responsibility Section) and on staff reporting posters. Page 4, section I of the *Employee Handbook* informs employees of their responsibility of reporting sexual abuse and sexual harassment. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting.

Participants and staff interviewed were well versed in the methods of reporting available to them.

## Standard 115.252: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

### 115.252 (b)

- Does the agency permit participants to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by participants in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (e)

- Are third parties, including fellow participants, staff members, family members, attorneys, and outside advocates, permitted to assist participants in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of participants? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her

behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)

Yes  No  NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)

Yes  No  NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In review of GEO policy 5.1.2-A, pages 19 & 20, section K-2, and facility policy 2014-5, pages 4 & 5, there is a procedure in place for participants to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided on page 7 in the *PREA Education Manual for Residents*.

There is no time limit when a resident can submit a grievance regarding sexual abuse. Participants are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission. Participants have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Grievances involving the Acting Facility Director are submitted directly to the California Office of the Inspector General. If a third party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.

Emergency grievances may be filed if a resident feels he is at substantial risk of imminent sexual abuse. A final decision will be issued on the merits or portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. A participant can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the participant filed the grievance in bad faith.

The Acting Facility Director/PREA Compliance Manager receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. She reported that in the past 12 months, there have been no grievances filed related to sexual abuse, sexual harassment or sexual activity.

## **Standard 115.253: Resident access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.253 (a)**

- Does the facility provide participants with access to outside victim advocates for emotional support services related to sexual abuse by giving participants mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between participants and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.253 (b)**

- Does the facility inform participants, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide participants with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, page 24, section N-8 and facility policy 2014-6, page 11, section H-6, addresses the agency's policy on providing participants with access to outside victim advocates for emotional support services related to sexual abuse. The facility has made multiple attempts to secure MOU's with local agencies to provide victim advocacy and other victim support services. The facility provided drafts of MOU's that were sent to the YWCA of Greater Los Angeles and the YWCA Harbor Area. To date these attempts have not been successful and are ongoing.

Participants are informed on page 8 of the *PREA Education Manual for Residents* that they can call 1-800-656-4673 and be connected to the RAINN National Hotline Network or they can obtain a list of victim advocate organizations from the PREA Compliance Manager. On page 10 of the *PREA Education Manual for Residents* and on *Resident Reporting Options* posters displayed throughout the facility, in both English and Spanish, participants are also given the telephone number to the RAINN National Hotline Network (1-800-656-4673), where advocates are available 24 hours a day, seven days a week. Participants are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

When interviewed, participants were aware of the outside confidential support services available to them, but reported not knowing the names of them.

### Standard 115.254: Third party reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO policy 5.1.2-A, page 20, section N-3, the agency has a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Information on third party reporting is found on facility staff postings and is made available on the GEO website at [http://www.geogroup.com/PREA \(Social Responsibility-PREA Certification Section\)](http://www.geogroup.com/PREA (Social Responsibility-PREA Certification Section)). Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. Participants and staff interviewed were aware of this method of reporting.

On information provided on the Pre-Audit Questionnaire, during the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against participants or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?

Yes  No

#### 115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform participants of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's requirement on staff reporting duties can be found on page 20, section N-4 of GEO policy 5.1.2-A and on pages 5 & 6, section VII-B of facility policy 2014-6. Staff must take all allegations of sexual abuse and sexual harassment seriously.

All staff are required to report immediately to the Acting Facility Director any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against

participants or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, employees are not to reveal any information related to sexual abuse to anyone.

All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to supervisors. The supervisor receiving the report immediately notifies the Acting Facility Director who immediately notifies GEO to assign an investigator to investigate the allegation. If an allegation appears to be criminal, the investigator will contact the Long Beach Police Department who conduct criminal investigations.

For any allegation of sexual abuse and sexual harassment, the facility will make notification to the PREA Coordinator, the PREA Division Coordinator and to CDCR (verbally and in writing). If the allegation involves staff, notification is made to GEO's OPR.

The Long Beach Community Reentry Center does not employ medical or mental health personnel on staff; therefore, 115.261 (c) of this standard is not applicable to this facility.

The Long Beach Community Reentry Center houses adult male participants only, all of whom according to their classified level of care are not considered to be vulnerable adults under the California State Vulnerable Persons Statute; therefore, 115.261 (d) of this standard is not applicable to this facility.

Staff interviewed were knowledgeable of how and whom to report PREA allegations to. They knew that they were not to share information related to sexual abuse to anyone except to supervisors.

## Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident according to GEO policy 5.1.2-A, pages 20 & 21, section M-1 and facility policy 2014-6, page 5, section VI, 2<sup>nd</sup> paragraph. All allegations of sexual abuse are to be handled in a confidential manner.

In interview with the Acting Facility Director/PREA Compliance Manager and documentation provided, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a participant being in substantial risk of sexual abuse. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse. They knew that this information must be immediately reported to their supervisor.

## Standard 115.263: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.263 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, page 24, section 5 and facility policy 2014-6, page 9, section F were used to verify compliance to this standard. Upon receiving an allegation that a participant was sexually abused while confined at another facility, the allegation will be documented and the Acting Facility Director or her designee shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident.

Copies of this documentation will be forwarded to the Acting Facility Director/PREA Compliance Manager and the PREA Coordinator.

In interview with the Acting Facility Director and in review of documentation provided, in the past 12 months, there were no participants of the Long Beach Community Reentry Center that alleged that sexual abuse occurred while confined at another facility.

If a report is received from another facility or agency regarding alleged sexual abuse occurring at the Long Beach Community Reentry Center, the allegation will be reported and investigated according to PREA standards. In interview with the Acting Facility Director/PREA Compliance Manager, in the past 12 months, there were no allegations of sexual abuse received from other facilities.

## Standard 115.264: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, pages 21-23, section L-2 and facility policy 2014-6, pages 6 & 7, section C, outlines the procedure for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone other than staff involved with investigating the alleged incident.

If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. All staff carry with them a Sexual Abuse First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse or sexual harassment and are trained on first responder duties.

Interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and physical evidence. In the past 12 months, there have been no PREA incidents reported that required implementing first responder duties.

## Standard 115.265: Coordinated response

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, page 6, section A-4 and review of the Long Beach Community Reentry Center’s *PREA Coordinated Response Plan* and interview with the Acting Facility Director and with staff were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse and sexual harassment.

The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment* is completed to ensure that all steps of the plan and proper notifications are made. This checklist is filed with the completed investigative packet.

The Acting Facility Director is responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to take in response to an allegation of sexual abuse.

## **Standard 115.266: Preservation of ability to protect residents from contact with abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.266 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any participants pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### **115.266 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, page 5, section III-A-3 was used to verify compliance to this standard. In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Any "no contact" orders will be documented. Facility policy 2014-6, page 8, section 5-e, states that if the suspect is a staff member, the staff member shall be reassigned to a post with no resident contact or placed on administrative leave pending the outcome of an investigation. In all cases, the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment.

The Long Beach Community Reentry Center does not have a collective bargaining unit. Per policy, GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with participants pending the outcome of an investigation. In interview with the Executive Vice President Continuum of Care & Reentry Services, stated that there are no collective bargaining agreements for any of GEO's reentry facilities.

## Standard 115.267: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.267 (a)

- Has the agency established a policy to protect all participants and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other participants or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for participants or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of participants or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by participants or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of participants who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by participants or staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

- In the case of participants, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

GEO has as policy to protect participants who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other participants or staff as outlined in policy 5.1.2-A, pages 25 & 26, section N-2 and in facility policy 2014-6, pages 10 & 11, section H-7-11. The agency has multiple protection measures, such as housing changes or transfers for participants, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for participants or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

The Acting Facility Director/PREA Compliance Manager is responsible for weekly monitoring of participants and monthly monitoring of staff who reported sexual abuse or sexual harassment or who cooperated with sexual abuse or sexual harassment investigations for retaliation for at least 90 days and longer if there is a continuing need. Monitoring is documented on the *Protection from Retaliation Log – Reentry*.

In review of investigative files and in interview with the Acting Facility Director, in the past 12 months, there were no incidents of retaliation that occurred. *Protection from Retaliation Logs – Reentry* were found completed and filed in corresponding investigative files.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

**115.271 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

**115.271 (d)**

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

**115.271 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

**115.271 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

**115.271 (g)**

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

**115.271 (h)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policy on administrative and criminal investigations is outlined in GEO policy 5.1.2-E, pages 4-6, section III-B. An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Long Beach Community Reentry Center, including third party and anonymous reports. All allegations reported are tracked on a *Monthly PREA Incident Tracking Log*. The facility does not have a trained facility investigator. In the event of receipt of an allegation, GEO will assign a trained investigator to conduct an administrative investigate.

The supervisor receiving the report of an allegation of sexual abuse or sexual harassment immediately notifies the Acting Facility Director/PREA Compliance Manager who notifies the PREA Coordinator and the PREA Division Coordinator. If the allegation involves a staff member, notification is made to GEO's

OPR. The client, CDCR, is notified and will determine if GEO or the CDCR will be assigned to investigate the allegation.

The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Long Beach Police Department who conduct criminal investigations pursuant to the requirements of this standard. The facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. In the past 12 months, there was one allegation of staff-on-inmate sexual abuse and one allegation of staff voyeurism reported. Neither allegation was referred for prosecution.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. GEO retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years.

## Standard 115.272: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO policy 5.1.2,-E, page 6, section B-2-d, the agency/facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

## Standard 115.273: Reporting to participants

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes    No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes    No

#### 115.273 (e)

- Does the agency document all such notifications or attempted notifications?  Yes    No

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E, pages 10 & 11, section III-K, facility policy 2014-6, pages 11 & 12, section J and review of investigative files were used to verify compliance to this standard. The policies indicate that following an investigation of sexual abuse of a resident, the resident shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible to present to the resident the *Notification of Outcome of Allegation* form which the resident signs. This form is retained in the investigative file of the corresponding PREA incident.

If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. The policy further states that following a participants allegation that an employee has committed sexual abuse against the participant, the facility is required to inform the participant of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

Following a participant's allegation that he was sexually abused by another participant, the agency shall inform the resident of the outcome of the investigation. The facility's obligation to notify the participant shall terminate if the resident is released from the agency's custody.

In the past 12 months, there were two allegations received, both of which are ongoing. Based on interview with the Acting Facility Director/PREA Compliance Manager, she knew the process of providing notification to participant victims at the conclusion of investigations per policy.

**DISCIPLINE**

**Standard 115.276: Disciplinary sanctions for staff**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.276 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

**115.276 (b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

**115.276 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

**115.276 (d)**

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, page 11, section L-1 and facility policy 2014-6, page 13, section M-1. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. In the *GEO Employee Handbook*, provided to all staff, page 18 explains the zero-tolerance policy for employees and informs them that disciplinary sanction up to and including termination would be imposed for violations of that policy.

In the past 12 months, there were no disciplinary sanctions imposed on staff for violation of the agency's zero-tolerance policy. The two PREA allegations lodged against staff members are still under investigation by GEO.

## **Standard 115.277: Corrective action for contractors and volunteers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.277 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with participants?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### **115.277 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with participants?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Based on review of GEO policy 5.1.2-A, page 15, section G-3, (volunteers) and pages 15 & 16 (contractors) any volunteer or contractor who engages in sexual abuse or sexual harassment is prohibited from contact with participants and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

The Long Beach Community Reentry Center does not utilize the services of contractors and at this time does not have any volunteers.

## **Standard 115.278: Interventions and disciplinary sanctions for participants**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.278 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are participants subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### **115.278 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other participants with similar histories?  Yes  No

#### **115.278 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### **115.278 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### **115.278 (e)**

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### **115.278 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between participants to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between participants.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to facility policy 2014-6, page 12, section M-2, the CDCR is the supervising authorities over all participants at the Long Beach Community Reentry Center. If a participant is found guilty of engaging in sexual abuse involving another participant, it will be reported to the CDCR who will determine whether to subject the resident to formal disciplinary sanctions. Participants are made aware of the program rules on pages 34-36 of the *Male Community Reentry Program Long Beach (L3) Participant Handbook*.

Based on GEO policy 5.1.2-E, page 12, section 2, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Sanctions will be commensurate with the nature and circumstances of the abuse committed the individual's disciplinary history and the sanctions imposed for comparable offenses by other individuals with similar histories.

If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. CDCR will determine if the participant will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse.

Disciplining a resident for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. The agency prohibits all sexual activity between participants. Facilities may not deem that sexual activity between participants is sexual abuse unless it is determined that the activity was coerced.

In information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no participants who had disciplinary sanctions imposed related to sexual misconduct.

## MEDICAL AND MENTAL CARE

## Standard 115.282: Access to emergency medical and mental health services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

- Are resident victims of sexual abuse 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?  Yes  No

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 24, section 7 and facility policy 2014-6,

page 7, section 5-h. Resident victims of sexual abuse are referred to the Kendren Medical Clinic or other locations in the Los Angeles area for SANE exams and emergency medical treatment.

Resident victims are offered sexually transmitted infections prophylaxis, where medically appropriate. All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Counseling services would be provided by referral to Kendren Mental Health, Long Beach Mental Health or the MLK Jr. Hospital.

In the past 12 months, there have been no sexual abuse cases requiring emergency medical or mental health services.

## **Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.283 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all participants who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.283 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.283 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### **115.283 (e)**

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### **115.283 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility will offer ongoing medical and mental health care to all the participants of the Long Beach Community Reentry Center who have been victimized by sexual abuse. According to GEO policy 5.1.2-A, pages 25, section N-1 and facility policy 2014-6, page 8, section 5-h, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release consistent with the community level of care.

Victims will also be offered sexually transmitted infections prophylactics. All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Referrals are made to the Kendren Medical Clinic or the Lakewood Regional Medical Center for ongoing medical services.

The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Counseling support, individual and group therapy for victims and abusers are offered by referral to Kendren Mental Health, Long Beach Mental Health or the JFK Jr. Hospital. All refusals for medical and mental health services shall be documented. The facility continues to pursue MOU's with area agencies to provide victim support services.

In the past 12 months, there were no participants who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to GEO policy 5.1.2-A, pages 26 & 27, section N-3 and facility policy 2014-6, page 12, section K, the facility is required to conduct a sexual abuse incident review within 30 days of the conclusion of the investigation of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

The Acting Facility Director/PREA Compliance Manager and the Lead Operations Monitor make up the facility's Incident Review Team. The team meets and the PREA Coordinator may attend via telephone or in person. The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a *PREA After Action Review Report* (attachment J to policy 5.1.2-A) and forwarded to the PREA Coordinator no later than 10 working days after the review. The facility will implement the recommendations for improvement, or document its reasons for not doing so. The Acting Facility Director/PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file.

In the past 12 months, there were two PREA allegations received and both investigations are ongoing. When interviewed, the members of the Incident Review Team knew their responsibilities as they relate to the review of sexual abuse incidents at the conclusion of the ongoing investigations.

## Standard 115.287: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
 Yes  No

### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its participants? (N/A if agency does not contract for the confinement of its participants.)  Yes  No  NA

### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information on data collection is found on page 27, section O-1 of GEO policy 5.1.2-A. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control. The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log* (attachment K of policy 5.1.2-A). In addition to submitting the *Monthly PREA Incident Tracking Log*, the PREA Compliance Manager is to ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal

for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ.

Subsection 115.287 (e) of this standard is not applicable to this facility. The agency does not contract for the confinement of its participants.

## Standard 115.288: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO policy 5.1.2-A, pages 27 & 28, sections O-2 & 3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care for his signature and approval. The report is then made public on the GEO website at <https://www.geogroup.com/PREA>. Before making aggregated sexual abuse data public, all personal identifiers are redacted.

## Standard 115.289: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes    No

#### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes    No

#### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes    No

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to GEO policy 5.1.2-A, page 28, section O-3, the agency ensures that the data collected is securely retained for at least 10 years or longer if required by California state statute.

GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <https://www.geogroup.com/PREA>. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, participants, and detainees?  Yes  No

#### 115.401 (n)

- Were participants permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO policy 5.1.2-A, page 28, section P, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that each facility is audited at least once by a PREA auditor who has been certified through the Department of Justice.

According to GEO's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years.

This audit is the first audit for the Long Beach Community Reentry Center while under the management of GEO. In compliance with the agency policy and the PREA National Standards, this audit was conducted by me, a DOJ Certified PREA Auditor.

During the audit, I was allowed access and I was able to observe all areas of the Long Beach Community Reentry Center. I was permitted to request and receive copies of any relevant documentation, included information that was stored electronically. I was permitted to conduct private interviews with participants and staff ensuring confidentiality to our conversation.

Participants were notified six weeks before the audit on posted facility notices, in both English and Spanish, that they could send confidential correspondence that would be handled as legal mail and

were given my name and mailing address. I did not receive any correspondence from any participants from the Long Beach Community Reentry Center.

I contacted the YWCA of Greater Los Angeles and the YWCA Harbor area, both agencies that the facility continues to attempt to secure MOU's with for victim support services.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In compliance with the National PREA Standards, I certify by my signature in the *Auditor's Certification* Section of this report that no conflict of interest exists with my ability to conduct this audit.

In thorough review of GEO's policies and agency procedures, the agency was found to comply with all relevant PREA standards.

For each PREA standard, I made a determination of a finding of Exceeds Standard or Meets Standard. There were no standards determined to not meet the standard. See page 9 for a summary of audit findings for each of the PREA standards.

This report describes the methodology, sampling sizes and basis for my conclusions as required. I have redacted any personal identifiable resident or employee information, but I can provide such information to GEO or the Department of Justice upon request.

Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<https://www.geogroup.com/PREA>) to be available to the public.

## 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara Jo Denison

May 31, 2018

**Auditor Signature**

**Date**