

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

Interim Final

Date of Report: July 3, 2019

Auditor Information

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Telephone: 956-566-2578	Date of Facility Visit: May 23-24, 2019

Agency Information

Name of Agency: The GEO Group, Inc.		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 561-893-0101		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> (Social Responsibility Section)

Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Rob Walling	Title: Acting PREA Coordinator
Email: rwalling@geogroup.com	Telephone: 561-325-5719)
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 108

Facility Information

Name of Facility:	ADAPPT (Alcohol & Drug Addiction Parole & Probation Program)		
Physical Address:	208 Madison Avenue, Reading, PA 19601		
Mailing Address (if different than above):	SAA		
Telephone Number:	610-478-8800		
The Facility 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
Facility Type:	<input checked="" type="checkbox"/> Community treatment center	<input checked="" 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/prea (Social Responsibility Section)

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

Director

Name: Michael Critchosin	Title: Facility Director
Email: mcritchosin@orgroup.com	Telephone: 570-341-8115, ext. 8165

Facility PREA Compliance Manager

Name: Mark Brady	Title: Assistant Director of Operations
Email: mabrady@geogroup.com	Telephone: 610-478-8800

Facility Health Service Administrator

Name: N/A	Title: N/A
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Email: N/A		Telephone: N/A	
Facility Characteristics			
Designated Facility Capacity: 64		51	
Number of residents admitted to facility during the past 12 months			447
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			98
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			312
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			391
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 21-69	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			60 days
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			30
Number of staff hired by the facility during the past 12 months who may have contact with residents:			16
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			4
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		12 (10 male/2 female)	
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 16 cameras. DVR's retain data for up to 30 days. Magnetic locked doors secure the areas between the male and female housing areas.			
Medical			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		Reading Hospital	
Other			

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	6
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111 (2 at this facility)

Audit Findings

Audit Narrative

ADAPPT - Alcohol and Drug Addiction Parole and Probation Treatment is a community confinement facility owned and operated by the GEO Group, Inc. (GEO). GEO contracts with the Pennsylvania Department of Corrections (PA DOC) to house their male and female offenders and provide inpatient substance abuse treatment services.

Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of agency policies 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jails*, and 5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, as well as the facility policies 2019-6, *Sexual Abusive Behavior Prevention and Intervention Program (PREA)*; 2019-1, *PREA Staffing and Facility Requirements*, 2019-2, *PREA Intake and Orientation*, 2019-3, 2019-4, *Resident Searches, Viewing and Contraband* and 2019-5, *Grievance Process*, Procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. The Assistant Director of Operations, designated as the facility's PREA Compliance Manager, answered questions and provided additional information and documentation as requested.

The facility was provided with facility notices in English and Spanish six weeks prior to the onsite audit visit informing reentrants of the scheduled audit date, which included my name and mailing address if they wished to send me correspondence. Offenders were informed correspondence would remain confidential. I did not receive any correspondence from reentrants of ADAPPT.

The facility has a Memorandum of Understanding (MOU) with SAFE Berks to provide emotional support services to victims of sexual abuse. The Chief Executive Officer of SAFE Berks was contacted to confirm and review the MOU. She confirmed the agency has an MOU with ADAPPT to provide emotional support services to reentrant victims of sexual abuse. SAFE Berks provides reentrants with a 24-hour hotline. The facility would be contacted if the victim consents to anonymously reporting the allegation back to the facility. Victim advocates are on-call to accompany victims through the forensic exam. They are also available to provide court advocacy, group and individual counseling. All services are confidential and at no charge to the victim.

The Pennsylvania Department of Corrections has a Letter of Agreement with the Reading Hospital to provide health care services, including forensic exams, to the reentrants of ADAPPT. The Chair of the SANE Team of the Reading Hospital was contacted to review the terms of the agreement. She reported when a victim of sexual abuse is brought to the emergency department they are medically

cleared before a forensic exam is performed. SANE nurses on staff or one on-call would perform the exam. An advocate from SAFE Berks would be contacted to accompany the victim through the SANE procedure. Female reentrants would be administered the first dose of contraception prophylactic and all victims would be administered the STD prophylactic. All services are confidential and at no cost to the victim.

The PREA Compliance Manager provided lists of security staff and non-security staff scheduled to be on-site during the audit. From this information, staff were selected to be interviewed.

Onsite Audit Phase

The PREA audit of the ADAPPT was conducted May 23-24, 2019. On the first day of the audit, an entrance meeting was held. Information on the audit process and the audit schedule was reviewed. The following persons attended the entrance meeting:

Michael Critchisin, Facility Director
Mark Brady, Assistant Director of Operations/PREA Compliance Manager
Dawn Martin, Assistant Director of Programs
Tony Howerton, Senior Area Manager Eastern Region
Karen Gerak, Quality & Compliance Manager – Youth Services

Following the entrance meeting, a site review of the facility was conducted with the Facility Director, the Assistant Director of Operations/PREA Compliance Manager and the Quality & Compliance Manager – Youth Services accompanying me on the site review. During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility Notices in English and Spanish, provided during the Pre-Onsite Audit Phase, were found displayed in reentrant rooms and in numerous locations throughout the facility with the date posted noted as 5/1/19.

The reentrant reporting option phone numbers were dialed on a reentrant pay phone. The number dialed for SAFE Berks (1-844-789-7233) was not accessible and a message stated the call could not be made from this pay phone. The Assistant Director of Programs contacted GTL, the facility's telephone vendor, and found the number had been blocked by GTL. By the last day of the audit the number was again accessible. The number for the RAINN National Hotline Network (1-800-656-4673) was found to be answered by an advocate from SAFE Berks.

While auditing another GEO reentry facility earlier in the week, it was discovered through a phone call to the PA DOC PREA Coordinator in Harrisburg, PA that the posted telephone number for reentrants to contact this office was not to be used as a reporting number for reentrants. The Primary Investigator for the PA DOC Bureau of Community Corrections came to this facility to further discuss the investigative process of his agency. He explained that the posted number goes to the PA DOC's Management Operations Center, referred to as MOC, and is utilized for facility notifications of PREA allegations as well as other unusual events.

Reentrants or outside parties can send correspondence to the mailing address listed on posted information to report allegations of sexual abuse, sexual harassment and retaliation, which would be forwarded to the PA DOC Bureau of Community Corrections (BCC) and to the Primary Investigator. The allegation would be entered into the PREA Tracking system and the Primary Investigator would conduct an investigation of the allegation. Upon completion of his investigation, the completed investigation would be forwarded to the Bureau of Investigations and Intelligence (BII) for a final review.

The facility was found to have PA DOC posters (Attachment 12-c of DC-ADM 008) informing reentrants of this method of reporting.

During the site review, reentrants were informally questioned about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. The PREA Compliance Manager provided housing rosters an *At Risk Log* and an *LGBTI Log*. On the first day of the audit, there were 51 reentrants assigned to ADAPPT. Eighteen random reentrants were interviewed. During the facility site review, a reentrant asked if she could speak to me and was interviewed. The reentrants interviewed also included two reentrants screened to be at risk for victimization, two screened at risk of both victimization and abusiveness and one reentrant who self-disclosed being bisexual. There were no reentrants assigned to the facility who self-disclosed being lesbian, gay, transgender or intersex. There were no reentrants who were blind, with low vision, deaf, hard of hearing, with cognitive or physical disabilities and none who were limited English proficient.

Two reentrants who screened at risk of victimization and two screened at risk of both victimization and abusiveness stated they were not offered mental health services when they reported past sexual victimization. The records of these reentrants were reviewed and found they were offered these services, but declined. All reentrants interviewed reported they received written PREA information at intake and viewed the PREA video during orientation. They were all knowledgeable of the methods of reporting available to them and reported feeling safe from sexual abuse at this facility. They also reported opposite gender staff consistently announce their presence when they enter their living areas and rooms.

Eleven specialized staff and ten random staff were interviewed. The contracted Physician and the volunteer were interviewed by telephone. The agency's former PREA Coordinator and the Executive Vice President Continuum of Care and Reentry Services (agency head designee) were both interviewed by telephone at the beginning of this three-year reaccreditation period. Staff interviewed confirmed receiving PREA training as a new employee and completing online training annually. They knew their responsibilities if they were a first responder to an allegation of sexual abuse and whom to report allegations to. All staff carry with them a First Responder Card affixed to their badges reminding them of their first responder duties. Staff who have multiple roles were asked questions as they relate to each of those roles, as well as the random staff questions.

The records of 15 random reentrants were reviewed to determine compliance with screening procedures and the requirements of PREA education for reentrants. Initial screenings were found to be conducted within 24 hours of arrival to the facility and 30-day assessments were timely. Reentrants who self-disclosed prior sexual victimization were offered referrals for mental health services. Documentation showed reentrants receive written PREA information upon arrival and view the PREA video within the first week of arrival to the facility. Documentation was complete for all records reviewed.

The human resource files of 15 random employees and the one contracted Physician to determine compliance with criminal background check procedures. Criminal background check clearances conducted by PA DOC and Career Builders for files of new hires reviewed and Career Builders for those promoted in the past 12 months were reviewed. Eight records reviewed were missing 2017 *PREA Disclosure and Authorization Form – Annual Performance Evaluation* (PREA-101) forms. Since the facility was acquired by GEO in 2017, the use of the PREA-101 forms was not consistent during the

transition to the GEO human resource processes. All employee records reviewed contained 2018 PREA-101 forms and 2019, where applicable.

The facility has one contracted staff and one volunteer. The background clearance for the contracted staff could not be located and the facility started the process to have another criminal background check for the contractor through PA DOC. Documentation showed the contractor had PREA training in 2019, but documentation could not be located for 2017 and 2018 PREA training. The record for the volunteer was complete with a background clearance and documentation of PREA training.

In the 12 months preceding the audit, there were eight PREA allegations reported. A breakdown of those allegations are as follows:

Number	Type of Allegation	Disposition
1	Inmate-on-Inmate Sexual Abuse	Unsubstantiated
1	Inmate-on-Inmate Sexual Harassment	Unsubstantiated
2	Staff-on-Inmate Sexual Abuse	2- Unsubstantiated
2	Staff-on-Inmate Sexual Harassment	1 – Unsubstantiated 1 – Ongoing
1	Determined not to be PREA	Consensual Kissing

Investigative files were found to contain documentation of retaliation monitoring, incident reviews and notice of outcomes as required.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

- Michael Critchisin, Facility Director
- Mark Brady, Assistant Director of Operations/PREA Compliance Manager
- Karen Gerak, Quality & Compliance Manager – Youth Services

Observations and findings during the on-site audit were reviewed. The team was thanked for their cooperation prior to the onsite visit and throughout the audit process and were informed of the process that would follow the onsite audit visit and the responsibility of GEO to post this final report on their website.

Post-Onsite Audit Phase

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and reentrant interviews during the Onsite Audit Phase were reviewed to determine the facility’s compliance to all of the PREA standards.

Facility Characteristics

The Alcohol Drug Addiction Parole & Probation Treatment (ADAPPT) facility located at 208 Madison Avenue, Reading, PA is a residential facility owned and operated by the GEO Group, Inc. (GEO). GEO contracts with the Pennsylvania Department of Corrections to house male and female reentrants who are either on parole or in the State Intermediate Program (SIP).

ADAPPT first opened in February 1992 for use of pre-release and parole community corrections candidates. From May 2007 until April 2017, the facility was owned by Community Education Centers, Inc. GEO acquired ADAPPT from Community Education Centers, Inc. in April 2017. ADAPPT is licensed by the Pennsylvania Department of Drug and Alcohol Prevention to provide chemical dependency, inpatient treatment services. Reentrants assigned to the facility are enrolled in a 60-day intensive program.

The Administrative building, located at 428 Walnut Street, is a three-story building with the first and second floors utilized for administrative offices. The Facility Director and the Office Support Specialist offices are on the first floor. The Business Manager's and two empty offices are on the second floor.

Upon arrival to ADAPPT, reentrants intake is completed in a building referred to as Building 415, located at 415 Walnut Street. Intake is done in one room of the building and the Assistant Director of Operations/PREA Compliance Manager's office is behind the intake room. Reentrants are strip searched in the restroom adjacent to the PREA Compliance Manager's office.

Access to the residential building is electronically controlled from a Control Station. From the point of entry there is a visitor's restroom with a handicap shower a staff restroom to the left and three pay phones on the wall to the right of the entry. The Control Station is enclosed with plexiglass windows allowing a visual to a large open dining area with an adjacent open kitchen. Staff and visitors walk through a metal detector, are wanded and visitors sign a visitor's log. On the right hand side of entry into the building there are three pay telephones on the wall with PREA information posted. The Assistant Director of Programs office is on the right with large windows facing the dining area.

The facility has 12 reentrant rooms (10 male and 2 female). The rooms are located in hallways referred to as clusters, located off of the open dining area. The first male cluster has rooms 8, 9 and 10 and a large common area. Rooms 8 and 9 have four single beds and room 10 has three single beds and a bunk bed.

The second hallway leads to four counselor's offices, with two counselors sharing office space in each. At the end of this hallway, a door leads to the female cluster where there is a common area and two female rooms. Room 6 has four bunk beds and room 7 has three bunk beds. A door between the male and female cluster is secured. The female restroom has three toilet stalls, three sinks and three showers with shower curtains. There is a laundry room adjacent to the restroom with one washer and one dryer.

Another male cluster has rooms 1-5. Rooms 1 and 4 have three bunk beds each, room 2 has three bunk beds and one single bed, room 3 has two bunk beds and two single beds and room 5 has six single beds.

A male restroom with three toilet stalls, four sinks, four showers with curtains and a urinal is located in another hallway and two other male rooms, rooms 11 and 12 and an open meeting room. There is a male laundry in this area with two washers and two dryers. Room 11 has three single beds and an elevated ramp leads to room 12 where there are three single beds. A step-down from this room leads to a medication room and a medical exam room.

Reentrant rooms have dressers, with space shared by reentrants, and chairs. Common areas have couches and TV's and common areas and hallways are monitored by cameras. Mag lock doors restrict access from the female and male clusters. PREA information was displayed in all reentrant rooms and in common areas.

ADAPPT has 27.5 filled positions currently, with vacancies for one Security Monitor I, one Security Monitor II and one Maintenance Technician. There is one contracted physician who performs medical examinations and administers TB testing of new reentrants to the facility and one volunteer who facilitates a Smoking Cessation Program.

The facility has three eight-hour security shifts. Security staff conduct three head counts each shift, security rounds every 30 minutes and perimeter checks once each shift. Shift Supervisors conduct PREA Unannounced rounds.

Reentrants of ADAPPT have had opportunities for community involvement. In March of this year, female reentrants assisted with serving a meal for domestic violence survivors hosted by ADAPPT and SAFE Berks as part of Victim's Advocacy Month. For the past four years, reentrants have been provided with another community service opportunity. Reentrants have cleaned and refurbished a children's city pool. This involves cleaning the pool, painting it and designing, drawing and painting a mural on the bottom of the pool.

Summary of Audit Findings

The audit findings are as follows:

Number of Standards Exceeded: 4

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

Number of Standards Met: 37

The facility was found to meet compliance to all provisions of the following standards: 115.212; 115.213; 115.215; 115.216; 115.217; 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

Summary of Corrective Action (if any) N/A

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*)

115.211 (a): GEO policy 5.1.2-A and the ADAPPT policy 2019-6, are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's/facility's approach to preventing, detecting and responding to such conduct. Facility policy 2019-1, *PREA Staffing and Facility Policy*, and GEO policy 5.1.2-A include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. The agency policy was found to be comprehensive and address all provisions of the PREA standards, exceeding in the requirements of this standard.

115.211 (b): The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts her position within the agency. The PREA Coordinator

oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO policy 5.1.2-A, page 6, section III-B-1 outlines the responsibilities of the agency's PREA Coordinator. The agency also employs a Director, Quality Assurance, Reentry Services who provides oversight to the agency's reentry facilities. Currently, the position of PREA Coordinator is vacant and the Senior Manager, Contract Compliance, PREA is the Acting PREA Coordinator.

115.211 (c): GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the Assistant Director-Operations/PREA Compliance Manager's position within the facility. Pages 6 & 7, section III-B-2 of policy 5.1.2-A, and pages 8 & 9, section 4.1 of facility policy 2019-1 outline the responsibilities of the PREA Compliance Manager. The PREA Compliance Manager reports to the Facility Director and the agency's PREA Coordinator.

In interview with the agency's former 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 residents

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 residents 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 residents.) 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 residents 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 residents? (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 their residents; 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 residents 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 residents 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*)

115.213 (a): Based on GEO policy 5.1.2-A, pages 7, section C-1 and facility policy 2019-1 pages 3 & 4, section B-1-a-e, the facility has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the inmate population and the prevalence of substantiated incidents of sexual abuse, and any other relevant factors in the development of the facility's staffing plan. The staffing plan includes 27.5 allocated positions. Since the last PREA audit, the average daily population of the facility was 61. In interview with the Facility Director and the PREA Compliance Manager, they both confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this provision. The staffing plan was provided for review. To compensate for vacancies of Security Monitors, the facility utilizes overtime and also utilizes Shift Supervisors to help staff shifts.

115.213 (b): According to information provided on the Pre-Audit Questionnaire and on interview with the PREA Compliance Manager and the Facility Director, in the past 12 months there were no deviations to the staffing plan. Documentation provided showed when vacancies occur, staff overtime is approved. In interview with the Facility Director, he reported he ensures compliance to the staffing plan by monitoring daily reports in SecurManage and walking the facility to observe staffing.

115.213 (c): Whenever necessary and no less that annually, the staffing plan is reviewed and documented on the *Annual PREA Facility Assessment – Reentry*. This completed form is submitted to

the Corporate PREA Coordinator and the Vice President, Residential Reentry Centers 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 *Annual PREA Facility Assessment – Reentry* completed in 2017 and 2018, it was noted there were no deviations to the staffing plan and no recommendations for changes to the established staffing plan. In interview with the agency’s former PREA Coordinator, she reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the *Annual PREA Facility Assessments* she reviews and approves for each of the agency facilities annually.

115.213 (d): According to facility policy 2019-1, page 4, section B-1-f & g, ADAPPT has a policy and practice requiring facility management staff and mid-level supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. These rounds are required at a minimum of once a month for each shift and documented on the *PREA Unannounced Supervisor Rounds* form. Employees are prohibited from alerting other employees that supervisor rounds are being conducted, unless such announcement is related to the legitimate operational functions of the facility. In interview with management staff and mid-level supervisors and in review of *PREA Unannounced Supervisor Rounds* for the month March and April 2019, and entries in SecurManage Shift Log, the practices of unannounced rounds is in place and being followed.

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 residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) 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 residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents 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 residents 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 residents 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 residents 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*)

115.215 (a): Based on review of GEO policy 5.1.2-A, pages 17 & 18, section I and facility policy 2019-4, pages 2-6, the agency and facility have policies in place regarding resident searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent

circumstances or when performed by a medical practitioner. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no cross-gender strip or visual body cavity searches conducted.

115.215 (b): The facility does not permit cross-gender pat searches of female reentrants, absent exigent circumstances. Females are not restricted access to regularly available programming or other outside opportunities in order to comply with this provision. In interview with female reentrants, they reported there are always female staff available to pat search them.

115.215 (c): The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, pat-down searches of female reentrants. All strip searches are documented on *Male Strip Search Log* and *Female Strip Search Logs*.

115.215 (d): The agency and facility has policies and practices that allow reentrants to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Opposite gender staff are required to announce their presence when entering housing units or restroom areas. All reentrants are required to change their clothes in the reentrant restroom area to ensure their privacy. Signs posted near the restroom area informs reentrants that the restroom is an authorized changing area. In the event an opposite gender staff observes a reentrant for any reason, the staff member is responsible for making an immediate report of the incident and submit the report to the Facility Director. In interview with reentrants, they all feel they have privacy to shower, toilet and change clothing when opposite gender staff are in their housing or restroom area.

115.215 (e): GEO policy 5.1.2-A, pages 17 & 18, section J and facility policy 2019-4, address searches of transgender and intersex reentrants. Facilities shall not search or physically examine a transgender or intersex reentrant solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. Transgender and intersex reentrants are reviewed by a Gender Review Committee prior to being housed. At the time of the onsite visit, there were no transgender or intersex reentrants assigned to the facility.

115.215 (f): All employees of the ADAPPT receive training on how to conduct cross-gender pat searches and searches of transgender and intersex offenders in a professional and respectful manner. The *Guidance in Cross-Gender and Transgender Pat Searches 2016* lesson plan was provided for review. Staff sign a *PREA Basic Acknowledgement* form acknowledging receiving and understanding the training provided. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually through on-line training in the LMS.

Standard 115.216: Residents with disabilities and residents 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 residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents 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*)

115.216 (a): Based on GEO policy 5.1.2-A, page 12, section E and facility policy 2019-2, page 1, section II, the agency and the facility ensure that reentrants with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff training curriculum addresses reentrants with disabilities. In interview with the Vice-President, Continuum of Care and Reentry Services (agency head designee), he stated PREA education is offered in various formats. Poster, the videos and all PREA education is available in both English and Spanish. He also stated that facilities have contracts with Language Line Services that provide translation and staff interpreters are used for translation. There is a TDD for use of deaf reentrants. At the time of the onsite audit there were no reentrants who were deaf or hard of hearing housed at the facility.

115.216 (b): The facility takes steps to ensure that reentrants who are limited English proficient have access to PREA information that they can understand. All written and posted information is provided in both English and Spanish. Reentrants receive a *PREA Education Manual for Residents*, available in English and Spanish and in large print for reentrants with low vision. A contract with Language Line Solutions provides translation of any language. At the time of the audit, there were no reentrants who were limited English Proficient.

115.216 (c): Agency and facility policies prohibit reentrants to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective

interpreter could compromise the reentrant's safety. The use of reentrants under these circumstances must be justified and documented in a written investigative report. In information provided by the facility, in the past 12 months reentrants have not been used for this purpose. Staff interviewed knew reentrants were not to be used for this purpose.

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No

- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes 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 residents? 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 residents 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 residents 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 residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes 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*)

115.217 (a): GEO policy 5.1.2-A, page 8 section C-2 and facility policy 2019-1, page 4, section 2, interview with the Office Support Specialist 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 reentrants and prohibits enlisting the services of any contractor who may have contact with reentrants 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. Page 16, section 4 of GEO policy 5/1/2-A, and page 4, section 3 of facility policy 2019-1, address the requirements of hiring contractors.

115.217 (b): GEO and the facility 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 residents.

115.217 (c): The agency requires all applicants and employees who may have contact with residents have a criminal background checks. NCIC criminal background checks for all potential employees are completed through the Pennsylvania Department of Corrections (PA DOC) and through a contract with Career Builders. For those considered for promotions or who transfer from another facility, an internal background check through GEO, is requested on the *Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer* form (HR-104), and a Career Builders background check is conducted. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers is requested through Career Builders. From information provided on the Pre-Audit Questionnaire, in the past 12 months, 16 criminal background checks were completed.

115.217 (d): The facility performs criminal background checks through the PA DOC before enlisting the services of any contractor or volunteer. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were four criminal background checks conducted for contractors.

115.217 (e): NCIC criminal background checks are conducted through the PA DOC every five years.

115.217 (f): The agency asks all applicants and employees who have contact with offenders directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions*. Annually at the time of performance evaluations, employees sign a *PREA Disclosure and Authorization – Annual Performance Evaluations*.

115.217 (g): GEO and the facility 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.

115.217 (h): Unless prohibited by law, GEO's Reentry Services Corporate Human Resource 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.

Random human resource files of 15 employees were reviewed and were found to be complete with documentation showing adherence to standard and agency policy requirements.

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

115.18 (a) & (b): GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2019-1, page 4, section 4, state that the facility will consider the effect of new or upgraded design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect offenders from sexual abuse.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit the facility has not acquired any new facility, expanded or modified the existing physical plant. The Facility Director reported there have installed a magnetic lock door to secure the hallway between the male and female housing area since the last PREA audit.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee) at an earlier date he explained that every facility that is acquired or designed has an

assessment made by the operations team along with the construction team. He also stated there is a constant assessment being made at the facilities and by the PREA Coordinator and her group for blind spots and cameras to improve the monitoring efforts for the protection of inmates 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 residents 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*)

115.221 (a): GEO policy 5.1.2-E, pages 7 & 8, sections D and facility policy 2019-6, page 7, section 3 and 5-f outline the agency/facility's requirements as it applies to this standard. The policy addresses the requirements of the facility in response to reports of sexual abuse allegations. The agency/facility is responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes.

115.221 (b): The agency and the facility follows a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

115.221 (c): Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. The PA DOC has a Letter of Agreement with Reading Hospital to provide reentrant victims with forensic exams. In information reported on the Pre-Audit Questionnaire, in the last 12 months there were no residents referred for a forensic exam.

115.221 (d): An MOU with SAFE Berks provides emotional support to victims of sexual abuse. Reentrants are made aware of the confidential emotional support services available to them and how to access them on page 9 of the *PREA Education Manual for Residents* and on *Resident Reporting Options* posters displayed throughout the facility in both English and Spanish. PA DOC posters inform reentrants of the mailing address for the Pennsylvania Coalition Against Rape (PCAR) where they can request emotional support services. When interviewed, reentrants knew how to access information if needed.

115.221 (e): The terms of the MOU with SAFE Berks provides advocates to accompany and support the victim through the forensic medical exam process and the investigatory process, individual and group therapy and a 24-hour hotline.

115.221 (f): The PA DOC BCC conducts investigations of all allegations of sexual abuse. Criminal investigations are conducted by the Pennsylvania State Police. It is the responsibility of PA DOC BCC and the Pennsylvania State Police to conduct investigations and ensure all forensic evidence is collected and preserved and follow they a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence.

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*)

115.222 (a): GEO policy 5.1.2-A, page 5, section III-A-2, GEO policy 5.1.2-E, page 4, section III-A-1 and facility policy 2019-6, page 6, sections 2 & 3, address the agency's policy and procedures for investigating and documenting incidents of sexual abuse and sexual harassment. The PA DOC *Prison Rape Elimination Act Procedure Manual*, policy BCC-ADM 008 outlines the requirements of investigations of allegations of sexual abuse and sexual harassment. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he explained that administrative and criminal investigations are required by the corporate and local policies.

Sometimes contract compliance may require differences on who can investigate allegations of sexual abuse and sexual harassment.

115.222 (b): GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. The PA DOC BCC is notified of all allegations. An MOU with the Pennsylvania State Police provides for criminal investigations of sexual abuse and sexual harassment. In the past 12 months there were eight allegations of sexual abuse/sexual harassment reported. All allegations were investigated by PA DOC BCC.

All allegations are documented and tracked on the *Monthly PREA Tracking Log*. Interview with PREA Compliance Manager confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <https://www.geogroup.com/prea>.

115.222 (c): Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.

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 residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents 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 residents 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 residents 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 residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents 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*)

115.231 (a): 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. The agency's requirement of this training is found on pages 13 & 14, section F-1 of policy 5.1.2-A. The *PREA DOJ 2017 Pre-Service* and the *PREA 2017 In-Service* training curriculums were reviewed and found to address all elements of this provision of this standard as required. Staff also receive *Guidance to Cross-Gender and Transgender Pat Searches* training at pre-service and annually. Staff receive classroom training facilitated by the GEO corporate staff onsite during pre-service and annually complete training online through the LMS.

115.231 (b): ADAPPT houses adult male and female reentrants. The training provided is tailored to meet the needs of both genders.

115.231 (c): In information provided in the Pre-Audit Questionnaire and in review of random staff training records, employees of the ADAPPT receive PREA education as required annually. In the past 12 months all employees assigned to the facility completed PREA training. Between trainings, the facility has monthly staff meetings and where PREA issues or concerns are discussed.

115.231 (d): Upon completion of PREA pre-service and annual in-service training, staff sign a GEO *PREA Basic Acknowledgement* form acknowledging receipt and understanding of the training received. Documentation of annual PREA training for employees is maintained and recorded electronically on individual training records in LMS.

Review of 15 random employee training records confirmed training is being completed and documentation of this training being maintained by the facility. In interview with 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. The facility was found to exceed in the requirements of this standard. In interview of random employees they reported PREA is discussed and reviewed quite often.

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 residents 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 residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes 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*)

115.232 (a): ADAPPT ensures all volunteers and contractors who have contact with inmates are trained on their responsibilities under the agency and facility’s sexual abuse and sexual harassment policies and procedures prior to their assignment and annually. GEO policy 5.1.2-A, page 14, section G-1 outline the requirements for volunteer PREA training and GEO policy 5.1.2-A, pages 15 & 16, H-1 outlines the requirements for contractor and volunteer PREA training.

115.232 (b): The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with reentrants. The facility has one contractor and one volunteer who have received PREA training.

115.232 (c): In review of the volunteer and the contractor’s training records, documentation of PREA training is being maintained by the facility.

In interview with a volunteer and contractor, they confirmed receiving PREA training and were knowledgeable of the agency/facility’s zero-tolerance policies and of their responsibilities as outlined in the policies. They knew who to report to if a reentrant alleges sexual abuse or sexual harassment to them.

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 residents receive information explaining: The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No

- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents 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 residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, 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 residents 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*)

115.233 (a): Based on GEO policy 5.1.2-A, pages 12 & 13, section E-2 and facility policy 2019-2, pages 3 & 4, *Documentation* section, all reentrants 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. In interview with the PREA Compliance Manager and a Case Manager who provide reentrants PREA education, on the day of arrival, reentrants receive a *PREA Education Manual for Reentrants* and view the *PREA: What You Need to Know* video. On information reported on the Pre-Audit Questionnaire, there were 447 reentrants admitted to ADAPPT in the past 12 months received PREA education.

115.233 (b): Refresher training is provided to reentrants who transfer to the facility from a different community confinement facility. In the past 12 months, 98 reentrants who transferred to the facility received the same PREA education all reentrants receive when assigned to ADAPPT.

115.233 (c): All PREA education provided to reentrants is in formats accessible to all reentrants, including those who are limited English proficient, deaf, hard of hearing, blind, with low vision, otherwise disabled or have limited reading skills. The *PREA Education Manual for Reentrants* is provided in both English and Spanish and in large print for reentrants with low vision. A contract with the Language Line Solutions provides translation of any languages. The facility has a TTY for deaf or hard of hearing reentrants.

115.233 (d): The facility maintains documentation of reentrants' participation in PREA education sessions. Reentrants sign an *Acknowledgement of Receipt of PREA Education Manual* and another acknowledgment form acknowledging training in the zero-tolerance policy, the right to report, and access to free medical and mental health care and viewing the *PREA: What You Need to Know* video. In review of random reentrant files, the facility is maintaining documentation of PREA education.

115.233 (e): In addition to PREA education provided to reentrants, there is posted information in English and Spanish throughout the facility. Every morning before 0800 and every evening between 2030-2130, a Control Station Security Monitor makes an announcement over the PA system. The announcement informs reentrants of the agency/facility's zero-tolerance policy and informs reentrants they can report to allegations to a staff member or to the Bureau of Community Corrections. These announcements are documented in the BCC-716, Security Activity Logbook.

Reentrants interviewed acknowledged receiving written 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. They confirmed the announcement being made daily. The facility was found to exceed in the provisions of this standard. The twice daily announcements give continuous information to reentrants on the zero-tolerance policy and how they can report PREA allegations.

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*)

115.234 (a): 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. All allegations of sexual abuse and sexual harassment are investigated by the PA DOC BCC.

115.234 (b): The facility has two trained investigators who completed *Specialized Training: Investigating Sexual Abuse in Correctional Settings*, facilitated by GEO's PREA Coordinator. The training curriculum was provided for review and found to include 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 prosecution referral.

115.234 (c): The agency maintains documentation that investigators have completed specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files, the facility investigators have completed specialized training, as well as general training provided to all employees, with documentation maintained by the facility.

In interview of the facility investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in this training.

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*)

115.235 (a): Based on GEO policy 5.1.2-A, page 14, section F-2, the agency ensures that all full and part-time medical and mental health practitioners have been trained on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve the physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The agency employees a part-time LPN and a part-time contracted Doctor of Osteopathic Medicine (DO). Documentation provided for review showed both have completed *Specialist Medical and Mental Health Training*. The training curriculum was provided for review and found to contain training on all elements of this provision.

115.235 (b): Medical staff do not conduct forensic exams. Reentrant victims of sexual abuse are transported to the Reading Hospital for SANE exams.

115.235 (c): Medical staff sign a roster upon completion of *Specialist Medical and Mental Health Training*. The facility maintains this documentation

115.235 (d): Medical and mental health staff also receive general PREA training provided to all employees and sign a *PREA Basic Training Acknowledgement* form upon completion of this training. In interview of the DO, he confirmed completing specialist PREA training as well as general PREA training.

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 residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes 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 residents 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 residents 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 residents 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 residents 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 residents 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 residents 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes 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 residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes 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 residents? 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*)

115.241 (a): According to GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 2019-3, pages 2 & 3, section B, all reentrants are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility. On information provided on the Pre-Audit Questionnaire, in the past 12 months, 391 reentrants assigned to ADAPPT were assessed for their risk of victimization or abusiveness upon arrival.

115.241 (b): Intake screening takes place within 24 hours of reentrants' arrival to the facility. The facility exceeds in this provision of the standard exceeding in the standard requirement of intake screening within 72 hours of arrival to the facility. In review of random reentrant files, intake screening is conducted on the day of arrival to the facility.

115.241 (c): Intake risk assessment are conducted by Program Counselors using the *Reentry Facilities PREA Risk Assessment*, an objective screening tool.

115.241 (d): The *Reentry Facilities PREA Risk Assessment* was reviewed and found to contain all requirements of this provision of this standard and allowed the screener to document his/her perception of gender non-conformity.

115.241 (e): The screening includes the screener's thorough review of any available records available to assist with determining the reentrant's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

115.241 (f): Within a set time period, not to exceed 30 days of reentrants' arrival to the facility, reentrants are reassessed by their Program Counselor for their risk for victimization and abusiveness using the *PREA Vulnerability Questionnaire*. In review of random resident files, this process is in place.

115.241 (g): A reentrant's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

115.241 (h): Reentrants are not be disciplined for refusing to answer any questions or for not disclosing complete information.

115.241 (i): The Facility Director, PREA Compliance Manager, Program Counselors, and the Assistant Director of Programs have access to screening information.

In interview with the Program Counselors and the PREA Compliance Manager and in review of random reentrant files, the screening process is in place. .

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 residents 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 residents 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 residents 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 residents 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 residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes 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 residents given the opportunity to shower separately from other residents? 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? 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 residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? 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 residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? 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*)

115.242 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating reentrants at high risk of being sexually victimized from reentrants with those at high risk of being sexually abusive. GEO policy 5.1.2-A, pages 10 & 11, section D-3-a-c and facility policy 2019-3. Page 3, section 2, explains the use of PREA screening information. During my interview with the PREA Compliance Manager and Program Counselors responsible for screening reentrants, they explained how the facility utilizes screening information for this purpose.

115.242 (b): Individualized determinations are made about how to ensure the safety of each reentrant. Reentrants who score at risk of victimization or abusiveness are referred off site for further evaluation. Reentrants have an option of refusing these services. Those identified to be at risk of being victimized or abusive are tracked on an *At Risk Log* maintained current by the PREA Compliance Manager. Following an allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the *At Risk Log* pending the outcome of the investigation. If the investigation determines the allegation to be unfounded, the victim may be removed from the *At Risk Log*.

115.242 (c): Guidelines for housing and program assignments and for the management of transgender and intersex reentrants are outlined in GEO policy 5.1.2-A, pages 10 & 11, section D-3-c-g and in facility policy 2019-3, page 3, section 2-b-d. In making housing and programming assignments for transgender or intersex reentrants, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Reentrants who self-disclose being gay, bisexual, transgender or intersex are tracked on a *LGBTI Log*. At the time of the onsite visit, there were no reentrants who self-disclosed being lesbian, gay, transgender or intersex. There was one reentrants who self-disclosed being bisexual. In interview with the former PREA Coordinator, she explained the agency's guidelines for housing and program assignments for the management of transgender and intersex reentrants.

115.42 (d): A transgender or intersex reentrant's housing and program assignments will be reassessed every six months using the *PREA Vulnerability Reassessment Questionnaire* to review any threats to safety experienced by the reentrant.

115.242 (e): A transgender or intersex are offender the opportunity to shower separately from other reentrants.

115.242 (f): GEO does not place lesbian, gay, bisexual, transgender or intersex reentrants in dedicated units or wings solely based on such identification. In interview of the bisexual reentrant, the reentrant stated she did not feel she was housed any differently because of her 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 residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes 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 residents? 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*)

115.251 (a): As stated in GEO policy 5.1.2-A, page 19, section L-1, and facility policy 2019-6, page 2, last paragraph, the facility provides multiple internal ways for reentrants to privately report sexual abuse

and sexual harassment, retaliation by other reentrants or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed in the *PREA Education Manual for Residents*, page 9 they can report to any staff member or report to the facility's administrative office.

115.251 (b): The facility also provides multiple external ways for reentrants to report allegations to a public or private agency that is not part of GEO. Reentrants are informed on page 9 of the *PREA Education Manual for Residents* they can contact the Pennsylvania Department of Corrections PREA Coordinator and are given the mailing address. They are also provided with the telephone number to SAFE Berks and to the RAINN National Hotline Network. This information is also provided to reentrants on *Resident Reporting Options* posters posted in various locations throughout the facility.

115.51 (c): Staff shall accept reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. Staff interviewed were aware of this requirement. All allegations of sexual abuse are to be handled in a confidential manner.

115.51 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for inmate and staff reporting was found on the GEO website (<https://www.geogroup.com/prea>). *Staff Third Party Reporting* posters inform employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the Employee Hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of offenders.

Staff and reentrants interviewed were aware of the internal and external reporting options that are available.

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 residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes 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 residents 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 residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (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*)

115.252 (a): In review of GEO policy 5.1.2-A, pages 19 & 20, section K-2, and facility policy 2019-5, pages 4 & 5, there is a procedure in place for reentrants to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to reentrants on page 8 of the *PREA Education Manual for Reentrants*.

115.252 (b): There is no time limit when a reentrant can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Reentrants are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a reentrant on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no PREA-related grievances filed. Reentrants interviewed were aware they could file a grievance regarding sexual abuse and sexual harassment.

115.252 (c): Based on agency and facility policies, reentrants have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Reentrants may submit grievances to the Facility Director, or to GEO's PREA Coordinator. If a third party files a grievance on a reentrant's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.252 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal.

Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.

115.252 (e): Third parties such as fellow reentrants, family members, attorneys or outside advocates may assist reentrants in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of reentrants. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the reentrant declines to have the request processed on his or her behalf, the agency shall document the reentrant's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

115.252 (f): Reentrants may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Information on the procedure for reentrants to file emergency grievances is found on page 20, section L-2-b, c & d of GEO policy 5.1.2-A, and on pages 4 & 5 of facility policy 2019-5. After receiving an emergency grievance of this nature, the Facility Director or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

115.252 (g): A reentrant can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the reentrant filed the grievance in bad faith.

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

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes 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 residents 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*)

115.253 (a): GEO policy 5.1.2-A, pages 25 & 26, section M-8 and facility policy 2019-6, page 11, section 7, addresses the agency/facility's policies on providing reentrants with access to outside victim advocates for emotional support services related to sexual abuse.

115.253 (b): Reentrants are informed of the telephone numbers and mailing address for SAFE Berks and RAINN, the National Hotline Network, on page 9 of the *PREA Manual for Residents* and on

Resident Reporting Options posters. PA DOC posters inform reentrants they can contact the Pennsylvania Coalition Against Rape (PCAR) in writing to access emotional support services and are given the mailing address. ADAPPT enables reasonable communication between the reentrants and these agencies in a confidential manner.

11.253 (c): The facility has an MOU with SAFE Berks who provide confidential crisis intervention services to victims of sexual abuse. Reentrants interviewed knew how to access information on emotional support services available to them if they became a victim of sexual abuse.

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*)

115.254 (a): Based on GEO policy 5.1.2-A, page 20, section L-3, the agency has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Reentrants are informed of third party reporting on PREA posters displayed in both English and Spanish.

The method for third party reporting procedures is made available on the GEO website at <http://www.geogroup.com/prea> and on *Third Party Reporting* posters. Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. *Third Party Reporting* posters are posted in areas visible to visitors and staff.

In interview with the PREA Compliance Manager, during the past 12 months there have been no reports of sexual abuse or sexual harassment made to the facility by a third party. Reentrants and staff interviewed were aware of this method of reporting.

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 residents 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 residents 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*)

115.261 (a): The agency's requirement on staff reporting duties can be found on pages 20 & 21, section N-4 of GEO policy 5.1.2-A and pages 6 & 7, section III-B of facility policy 2019-6. Reporting duties for volunteers is found on page 15, section G-2 of GEO policy 5.1.2-A and contractor reporting duties on page 16, section H-2 of GEO policy 5.1.2-A. All staff must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against reentrants or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported the Facility Director, PREA Compliance Manager and the PA DOC BCC. In interview with random staff, they knew their reporting duties.

115.261 (b): Apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff interviewed knew this information is to be kept confidential and knew whom to report allegations to.

115.261 (c): Medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) and inform reentrants of the practitioner's duty to report and the limitations of confidentiality, at the initiation of services.

115.261 (d): ADAPPT houses adult male and female reentrants only and does not house reentrants under the age of 18. No offender according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statue; therefore, this provision of this standard is not applicable to this facility. In interview with the Facility Director, he confirmed this information.

115.261 (e): In interview with the Facility Director, ADAPPT reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the PA DOC BCC.

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*)

115.62 (a): When the agency learns that a reentrant is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim according to GEO policy 5.1.2-A, page 21, section M-1 and facility policy 2019-6, page 5, paragraph 2. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive and non-judgmental.

In interview with the Facility Director as well as documentation provided by the facility, during the past 12 months there no times it was necessary for the facility to take immediate action in regards to a reentrant being in substantial risk of sexual abuse.

The Facility Director stated that if it was suspected a reentrant was at substantial risk of sexual abuse he would call PA DOC MOC and follow their directions. Staff interviewed was aware of their responsibilities if they felt a reentrant was at risk for sexual abuse.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he stated that facilities are required to protect the potential victim from any harm. An individual approach is taken and the facility has the responsibility to separate the potential victim to keep them safe from harm.

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*)

115.263 (a): GEO policy 5.1.2-A, pages 24 & 25, section M-5 and facility policy 2019-6, page 10, section F, were used to verify compliance to this standard. Upon receiving an allegation that a reentrant was sexually abused while confined at another facility, the Facility Director will notify the head of the facility where the sexual abuse was alleged to have occurred. In interview with the Facility Director, he knew his responsibilities of providing notification and knew his responsibilities if he received notification from another facility. He stated he would call the PA DOC to report.

115.263 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

115.263 (c): The facility will document that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Compliance Manager and the PREA Coordinator.

115.263 (d): The facility will ensure that the allegation is investigated in accordance with the PREA standards.

In information reported on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months the facility did not receive any allegations that a reentrant was abused while confined at another facility and no notifications were received from another facility of a reentrant formerly assigned to ADAPPT alleging sexual abuse while assigned to the facility.

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*)

115.264 (a): GEO policy 5.1.2-A, pages 21 & 22, section M-2 and facility policy 2019-6, pages 6 & 7, section C-1, outline the procedures 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.

115.264 (b): 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, stay with the alleged victim and notify security staff.

All staff carry with them a 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 and are trained on first responder duties.

On information provided on the Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, in the past 12 months there were three allegations of sexual abuse reported. It was not necessary to implement first responder duties.

Interviews with security and non-security staff revealed that they knew the policy and procedures to follow if they were the first responder to an allegation of sexual abuse.

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*)

115.65 (a): GEO policy 5.1.2-A, page 6, section A-4, and review of ADAPPT *PREA Coordinated Response Plan* 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 Incident Checklist for Incidents of Sexual Abuse and Harassment* is completed to ensure that all steps of the plan are carried out and proper notifications are made. This checklist is filed with the completed investigative packet.

The PREA Compliance Manager is responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken 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 residents 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*)

115.266 (a): GEO policy 5.1.2-A, pages 5 & 6, section III-A-3, GEO policy 5.1.2-E, pages 4 & 5, section III-A-2 and facility policy 2019-6, page 5, section 5-e, were used to verify compliance to this standard. GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. On information provided for review, ADAPPT does not have a collective bargaining agreement.

115.266 (b): 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. The staff member will be reassigned to a post with no reentrant contact or placed on administrative leave pending completion of the investigation.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he stated 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 residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes 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 residents 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes 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 residents, 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*)

115.267 (a): GEO has as policy to protect reentrants who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other reentrants or staff as outlined in policy 5.1.2-A, pages 26 & 27, section N-2 and in facility policy 2019-6, pages 11 & 12, section H-8-14.

115.267 (b): The agency has multiple protection measures, such as housing changes or transfers for reentrants, victims or abusers, removal of alleged staff or offender abusers from contact with victims and emotional support services for reentrants 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.

115.267 (c): Reentrants who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The PREA Compliance Manager will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of reentrants and staff is documented on the *Protection from Retaliation Log – Reentry* form.

115.267 (d): Monitoring of reentrants also includes periodic status checks.

115.267 (e): If any reentrant or staff who cooperates with an investigation expresses fear of retaliation, the agency will respond appropriately to protect that individual from retaliation.

115.267 (f): Retaliation monitoring will terminate if it is determined that the allegation was unfounded.

In interview with the PREA Compliance Manager and the Facility Director and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred. In review of investigative files one reentrant is being monitored for retaliation by the PREA Compliance Manager, in all other cases, the victims were either transferred to another facility or they absconded.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee) at an earlier dated stated facilities would always look for the best options for reentrants and staff. Reentrants and staff could always be talked to individually and assessed on a case-by-case basis. If there was retaliation identified, immediate action would be taken.

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 (I)

- 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*)

115.271 (a): An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at ADAPPT, promptly, thoroughly and objectively, including third party and anonymous reports. The agency's policy on administrative and criminal investigations as outlined in GEO policy 5.1.2-E, pages 5 & 6, section III-B-1 and BCC-ADM 008, *Responding to Sexual Abuse*, of the Bureau of Community Corrections PREA Procedure Manual. The PA DOC BCC is notified of all allegations of sexual abuse and sexual harassment.

115.271 (b): The facility has two trained investigators and facility investigators have completed specialized training in the investigation of sexual abuse allegations. The facility provided documentation of completion of specialized investigative training completed by facility investigators.

115.271 (c): It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

115.271 (d): When the quality of evidence supports criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors.

115.271 (e): The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff. A reentrant who alleges sexual abuse is not required to submit to a polygraph examination.

115.271 (f): 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.

115.271 (g): 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 from the Pennsylvania State Police.

115.271 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for criminal prosecution. On information provided for review, in the past 12 months, there were three allegations of sexual abuse reported and investigated by PA DOC BCC. Since the last PREA audit, there were no allegations referred for criminal investigation. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for investigation.

115.271 (i): The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.271 (j): The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation.

115.271 (k): Any state entity or Department of Justice component that conduct investigations shall do so pursuant to the above requirements.

115.271 (l): When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the former PREA Coordinator, she reported that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required.

In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation.

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*)

115.72 (a): Based on GEO policy 5.1.2,-E, page 6, section B-2-d the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In interview with facility investigators, they confirmed this practice.

Standard 115.273: Reporting to residents

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*)

115.273 (a): GEO policy 5.1.2-E, pages 11 & 12, section III-K and facility policy 2019-6, pages 13 & 14, section J, were used to verify compliance to this standard. The policies indicate that following an investigation of sexual abuse of a reentrant, the reentrant 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 for presenting the *Reentrant Notification* form (attachment 8-A of BCC-ADM 008 of the Bureau of Community Corrections PREA Procedure Manual) to the victim and a copy is forwarded to the agency's PREA Coordinator.

115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the reentrant.

115.273 (c): Following a reentrant's allegation that an employee has committed sexual abuse against the reentrant; the facility is required to inform the reentrant of the outcome of the investigation. The reentrant is to be informed if the staff member is no longer posted within the reentrant's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.

115.273 (d): Following a reentrant's allegation that he has been sexually abused by another reentrant, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.273 (e): All *Reentrant Notification* forms or attempted notifications are documented and filed in the corresponding investigative file.

115.273 (f): An agency's obligation to report under this standard shall terminate if the resident is released from GEO custody.

In information provided on Pre-Audit Questionnaire and in interview with the Facility Director, the PREA Compliance Manager and facility investigators, and in review of investigative files, notices are being presented to reentrants or are prepared and filed in the investigative file if the victim is no longer assigned to the facility.

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*)

115.276 (a): 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 12, section L-1.

115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.276 (c): Disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

115.276 (d): 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. The *GEO 2013 Employee Handbook*, provided to all staff, pages 16 & 17, explain the agency's zero-tolerance policy for employees and the sanctions that would be imposed for violations of the policy.

In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no staff members disciplined for violating the agency sexual abuse or sexual harassment policy

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 residents? 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 residents? 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*)

115.277 (a): Based on review of GEO policy 5.1.2-E, page 12, section L-3, GEO policy 5.1.2-E, page 15, section G-3 (volunteers) and page 16, section H-3 (contractors) and facility policy 17.001, page 17, section I-3 (volunteers) and page 18, section J-3 (contractors), any volunteer or contractor who engages in sexual abuse or sexual harassment is prohibited from contact with reentrants and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal. The facility has one volunteer and one contractor.

115.277 (b): The applicable GEO contracting authority will be notified and appropriate remedial measures will be taken and will consider whether to prohibit further contact with reentrants.

In interview with the Facility and information provided on the Pre-Audit Questionnaire, in the past 12 months the volunteer or contractor were not disciplined for violation of the agency/facility zero-tolerance policies.

Standard 115.278: Interventions and disciplinary sanctions for residents

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 residents 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 residents 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 residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 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*)

115.278 (a): According to GEO policy 5.1.2-E, pages 12 & 13, section L-2 and facility policy 2019-6, pages 15 & 16, section M-2, if a reentrant is found guilty of engaging in sexual abuse involving another reentrant, either through administrative or criminal investigations, the reentrant will be subject to formal disciplinary sanctions. The *Reentrant Program Handbook* outlines violations a reentrant will be disciplined for and the sanctions to be imposed.

115.278 (b): Sanctions will commensurate with the nature and circumstances of the abuse committed, the reentrant's disciplinary history and the sanctions imposed for comparable offenses by other reentrants with similar histories.

115.278 (c): Based on GEO policy 5.1.2-E, page 12, section 2-c, 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.

115.278 (d): 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.

115.278 (e): Disciplining an offender for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

115.278 (f): A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.278 (g): The agency prohibits all sexual activity between reentrants. Facilities may not deem that sexual activity between offenders is sexual abuse unless it is determined that the activity was coerced.

In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no disciplinary sanctions imposed for any reentrants violating the sexual abuse policies.

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*)

115.282 (a): 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 8, section 7 and facility policy 2019-6, page 8, section 4-h.

115.282 (b): All staff first responders are trained to take preliminary steps to protect the victim and the Shift Supervisor will arrange for transportation of the victim to the Reading Hospital where SANE nurses are available to perform SANE exams. Victims are referred to SAFE Berks for mental health services. Any refusal of services shall be documented.

115.282 (c): Victims are offered prophylactics for sexually transmitted infections and female reentrants are offered contraception prophylactics in accordance with professionally accepted standards of care, where medically appropriate.

115.282 (d): 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. In information provided by the facility, in the past 12 months there were no reentrants who required emergency medical or mental health services due to being victimized by sexual abuse.

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 residents 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*)

115.283 (a): The facility offers ongoing medical and mental health care to all reentrants who have been victimized by sexual abuse.

115.283 (b): According to GEO policy 5.1.2-A, pages 26, section N-1 and facility policy 2019-6, page 8, section 4-h, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.

115.283 (c): The facility provides victims with outside community providers for medical and mental health care. Medical services are provided at the Reading Hospital and mental health services by referral offsite to SAFE Berks.

115.283 (d): Female victims of sexually abusive vaginal penetration are offered contraception prophylactics.

115.283 (e): If pregnancy results, female victims will receive timely and comprehensive information about timely access to all lawful pregnancy-related medical services.

115.283 (f): Victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.

115.283 (g): 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.

115.283 (h): 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. Referrals will be made to SAFE Berks. All refusal of services will be documented.

On information provided by the PREA Compliance Manager, in the past 12 months, there were no reentrants 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*)

115.286 (a): GEO policy 5.1.2-A, page 28, section N-3 and facility policy 2019-6, page 14, section K, state the facility is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

115.286 (b): The review is conducted within 30 days of the conclusion of the investigation.

115.286 (c): The review team consists of the Facility Director, PREA Compliance Manager, the Treatment Director and the PA DOC Contract Facility Coordinator, the PREA Coordinator may attend via telephone or in person.

115.286 (d): The review 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 an additional review on the *PREA Sexual Abuse Incident Review* form (attachment 6-A of Bureau of Community Confinement PREA Procedure Manual BCC-ADM 008) with any recommendations for improvement, and forwarded to the PREA Coordinator no later than 10 working days after the review. The PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file, as verified in review of investigative files.

115.286 (e): The facility will implement the recommendations for improvement, or documents the reasons for not doing so.

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 residents? (N/A if agency does not contract for the confinement of its residents.) 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*)

115.287 (a): Information on data collection is found on page 28, 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 incident-based data collected shall include, at 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.

115.287 (b): 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.

115.287 (c): 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).

115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its reentrants.

115.287 (f): Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

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*)

115.288 (a): Based on GEO policy 5.1.2-A, pages 28 & 29, section O-2, 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 by identifying problem areas, taking corrective action on an ongoing basis

and preparing an annual report of its findings. The former PREA Coordinator stated that a database program, monitored by a Data Specialist, is used at the corporate level to maintain the data.

115.288 (b): The PREA Coordinator reviews the data collected and the annual 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.

115.288 (c): The PREA Coordinator forwards the annual report to the Senior Vice President, of GEO Care and to the Senior Vice President, President US Corrections and Detention and International Operations for their signatures and approval. The report is made public on the GEO website at <https://www.geogroup.com/prea>.

115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report.

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*)

115.289 (a): Based on GEO policy 5.1.2-A, page 29, section O-3 and on interview with the PREA Coordinator, GEO ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A (11).

115.289 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <https://www.geogroup.com/prea>.

115.289 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers.

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, residents, and residents?
 Yes No

115.401 (n)

- Were residents 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*)

115.401 (a): Based on GEO policy 5.1.2-C, page 18, section Q, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. The initial PREA audit of ADAPPT was conducted by a DOJ certified PREA auditor September 28-30, 2015, while the facility was under the ownership of the Community Education Centers. This audit, conducted three years after the initial PREA audit, was conducted by a DOJ certified PREA auditor.

115.401 (b): 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.

115.401 (f): I received and reviewed all relevant agency-wide policies and procedures during the onsite audit phase and during the onsite audit.

115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

115.401 (h): During the audit, I was allowed access to all areas of ADAPPT.

115.401 (i): I was permitted to request and received copies of relevant documentation.

115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

115.401 (k): I interviewed a random sample of staff and reentrants during the onsite audit.

115.401 (l): I reviewed camera monitors.

115.401 (m): I was permitted to conduct private interviews with reentrants and staff in an area that ensured confidentiality to our conversation.

115.401 (n): Reentrants were notified six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive any correspondence from reentrants of ADAPPT.

115.401 (o): During the Pre-Onsite Audit Phase I contacted SAFE Berks to confirm and review the MOU the facility has to provide reentrants confidential emotional support services. I also contacted the Reading Hospital who provide SANE exams to reentrant victims of sexual abuse.

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*)

115.403 (a): 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.

115.403 (b): In thorough review of GEO's policies, as well as facility policies and procedures, were found to comply with relevant PREA standards.

115.403 (c): For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page 9, for a summary of audit findings for each of the PREA standards.

115.403 (d): This report describes the methodology, sampling sizes and basis for my conclusions as required.

115.403 (e): I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request.

115.403 (f): 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
Auditor Signature

July 3, 2019
Date