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

☐ **Interim** ☒ **Final**

Date of Report May 25, 2019

Auditor Information

Name: Barbara King	**Email:** Barbannkam@aol.com
Company Name: Click or tap here to enter text.	
Mailing Address: 1145 Eastland Ave	**City, State, Zip:** Akron, Ohio 44305
Telephone: 330-618-7456	**Date of Facility Visit:** April 16 - 17, 2019

Agency Information

Name of Agency: **The GEO Group, Inc.**		**Governing Authority or Parent Agency** *(If Applicable)*: Click or tap here to enter text.	
Physical Address: 4955 Technology Way		**City, State, Zip:** Boca Raton, Florida 33487	
Mailing Address: Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
Telephone: 561-999-5827		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ 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 to GEO's care.

Agency Website with PREA Information: www.geogroup.com 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: Phebia L. Moreland	**Title:** Director, Contract Compliance, PREA Coordinator
Email: pmoreland@geogroup.com	**Telephone:** 561-999-5827
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	**Number of Compliance Managers who report to the PREA Coordinator** 108: 56 US Corrections; 41 Reentry Services; 8 Youth Services; and 3 Lockups

Facility Information

Name of Facility:	**Bronx Community Reentry Center**			
Physical Address:	2532 and 2534 Creston Ave, Bronx, New York 10468			
Mailing Address (if different than above):	Click or tap here to enter text.			
Telephone Number:	718-561-4156			
The Facility Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit	
☐ Municipal	☐ County	☐ State	☐ Federal	
Facility Type:	☒ Community treatment center	☒ Halfway house	☐ Restitution center	
	☐ Mental health facility	☐ Alcohol or drug rehabilitation center		
	☐ Other community correctional facility			

Facility Mission: "It is the policy of the GEO Group, Inc. and the Bronx Community Reentry Center to manage, operate, and maintain non-secured community corrections facilities and protect the public and provide residents with employment, the skills training and aftercare treatment programs designed to provide a positive transition back into their respective communities as law abiding, self-sufficient citizens while reducing the overall rate of recidivism."

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

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

Director

Name: Dr. Kristila Brace	**Title:** Facility Director
Email: kbrace@geogroup.com	**Telephone:** 646-477-8170

Facility PREA Compliance Manager

Name: Dr. Kristila Brace	**Title:** Facility Director

Email: kbraace@geogroup.com	**Telephone:** 646-477-8170

Facility Health Service Administrator	
Name: N/A	**Title:** Click or tap here to enter text.
Email: Click or tap here to enter text.	**Telephone:** Click or tap here to enter text.

Facility Characteristics	
Designated Facility Capacity: 198	**Current Population of Facility:** 129 (the day of the audit)

Number of residents admitted to facility during the past 12 months	635
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	610
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	635
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0

Age Range of Population:	☒ Adults 21-78	☐ Juveniles Adult facility only	☐ Youthful residents Adult facility only

Average length of stay or time under supervision:	179 days
Facility Security Level:	Minimum
Resident Custody Levels:	Minimum
Number of staff currently employed by the facility who may have contact with residents:	26
Number of staff hired by the facility during the past 12 months who may have contact with residents:	4
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0

Physical Plant	
Number of Buildings: 2	**Number of Single Cell Housing Units:** 0
Number of Multiple Occupancy Cell Housing Units:	99 – Double Occupancy Rooms
Number of Open Bay/Dorm Housing Units:	0

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 sixty-nine (69) internal cameras and twenty (20) exterior cameras. The interior camera coverage in this facility covers all areas of the hallways and lobby/dayrooms. Each hallway has a minimum of three (3) cameras. The exterior covers the outdoor recreation area, fire escapes, and the exterior surroundings of the building. The cameras are monitored at the control center. The recording capacity is six (6) days.

Medical

Type of Medical Facility:	N/A. The facility utilizes local hospitals and community facilities/services for medical and mental health services.
Forensic sexual assault medical exams are conducted at:	Local hospital: Mount Sinai Institute for Advanced Medicine

Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	1 volunteer
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111 agency-wide 0 facility

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Bronx Community Reentry Center (BCRC) in Bronx, New York, a facility under the operation of the GEO Group, Inc. was conducted on April 16-17, 2019 by PREA Auditor Barbara King. The audit process began with communication between the agency's Director of Contract Compliance/PREA Coordinator and the Auditor in February 2019. The Auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with residents and staff.

The Audit Posting was sent to the facility by the auditor on March 4, 2019. The facility acknowledged receiving the audit posting and the postings were placed throughout the facility on March 5, 2019. The agency's PREA Coordinator emailed photos of the postings for verification on March 28, 2019 with an email chain from the Facility Director indicating the audit notification postings were posted throughout the facility on March 5, 2019. The Auditor observed the postings during the tour of the facility.

On March 26, 2019, the auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency. The thumb drive contained five files: a master folder of supporting documentation for the PREA standards, BCRC average daily population report, corporate resources, floor plan with camera locations, and GEO mission statement. The master folder contained relevant policies and procedures, the Pre-Audit Questionnaire, and supporting documentation to demonstrate compliance. On April 10, 2019, after the review of the Pre-Audit Questionnaire and documentation, the auditor emailed the agency and facility requesting further documentation for clarification and review on various standards. Some of this information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit. The auditor reviewed the PREA Annual Reports for 2015, 2016, and 2017 plus the PREA information on the GEO Group, Inc. website under the Social Responsibility Section - PREA (/www.geogroup.com) prior to the audit. Prior to the on-site visit, contact was made with the agency's PREA Coordinator, Contract Compliance Manager, and the Facility Director to discuss the audit process and set a tentative time schedule for the on-site audit.

The policies utilized for the policy and procedure review and documentation were:
Agency Policies:

- 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jail and Community Confinement Facilities
- 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

Facility Policies:

- 2019-1 PREA Staffing and Facility Requirements
- 2019-2 PREA Intake and Orientation
- 2019-3 PREA Screening/Admission
- 2019-4 Resident Searches, Viewing, and Contraband
- 2019-5 Grievance Process
- 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Also on April 10th, the auditor requested the following information be provided the first day of the audit: daily population report (use April 15), staff roster to include all departments (include title, shift, and off days), resident roster by housing unit and alpha listing, list of staff who perform risk assessments, list of contractors and volunteers (include times available during audit), list of residents with a PREA classification (who have screened for risk or abusiveness), list of lesbian/gay/bisexual/transgender/intersex (LGBTI) residents, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of residents that reported sexual abuse, list of disabled and limited English proficient residents, list of the first responders from the reported allegations, and list of how the allegations were reported (i.e. verbal to staff, hotline, grievance). This information will be utilized to establish interviews schedules. The facility provided the requested information the night prior to the on-site audit; including an alpha and housing listing of all residents housed at the facility, lists of staff by duty position and shifts, lists of residents for specialized categories to be interviewed, list of staff who perform risk assessments, and a list of volunteers on site during the audit. Additional information in the packet included the daily population reports. This information was utilized for the random selection of residents and staff to be interviewed (random and specialized).

Before the start of the audit, the Auditor met with agency and facility staff. The Senior Management Contract Compliance-Youth Services opened the entry briefing at 8:00 A.M. on the first day of the on-site visit. In attendance were: Facility Director, Social Services Coordinator, Security Manager, and one of the Senior Manager Contract Compliance- Youth Services. Brief introductions were made and the detailed schedule for the audit was covered. The Auditor provided an overview of the on-site audit process and methodology used to demonstrate PREA compliance. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to ascertain whether such policies and procedures are reflected in the knowledge and day-to-day practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour and on-site, additional onsite documentation provided for review, and conducting both staff and resident interviews. It was shared that no correspondence was received from a resident, outside individual, or staff member. It was established that the auditor would meet with the Facility Director/PREA Compliance Manager, Senior Management Compliance Manager- Youth Services, and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. Key facility staff during the audit included the Facility Director/PREA Compliance Manager, Senior Management Compliance Manager- Youth Services, Social Services Coordinator, and Security Manager.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

A facility tour was completed after the opening meeting with the key staff. The housing areas, dayroom areas, restrooms, program areas, and service areas were toured by the Auditor. All areas of the facility where residents are afforded the opportunity to go or provided services was observed by the Auditor. During the tour, the Auditor made visual observations of the program, service, and housing areas including bathrooms, staff sight lines, and camera locations. The audit notice postings were printed on colored paper and readily available to all residents through the posting in each housing unit, dayrooms, and shared spaces. Each housing unit has a sign posted on the entry door to the housing unit that states: “Opposite sex must announce before entering.” Sight lines were closely examined; as was the potential for blind spots throughout the areas where the residents are housed or have accessibility. The Auditors spoke to random staff and residents regarding PREA education and facility practices during the tour. Review of the housing unit logbooks was conducted to verify staff rounds for security staff and supervisors. All facility staff were very cooperative and informative during the audit process.

During the tour, the Auditor identified blind spots in the facility. Areas that need to be addressed in Building 2534 are the front hallway foyers on each floor, stair landings, and the stair landing and stairs to the roof. Areas to be addressed in Building 2532 are the end of the hallways. The blind spots existing in the backyard located behind both the buildings are the right back corner, building 2 middle, and the front corner walkway. Residents have accessibility to pay phones within the facility that allows for toll free calls and are not monitored. The pay phones at the facility are not monitored or require a pin number. The Auditor was unable to test the phones for reporting. The resident phone system was inoperative during the on-site visit. The facility provided emails documenting they had contacted the phone company for repair. Each resident is provided a cell phone through a government program which provides the residents a method to call reporting agencies.

All required facility staff and resident interviews were conducted on-site during the two-day audit. Twenty-two (22) formal resident interviews were conducted and four (4) residents were informally interviewed during the facility tours, (20% of the 129-resident population). Residents were selected randomly by the Auditor from each housing unit and from the lists provided for the specialized interviews. There was only one specialized resident interview; a bisexual resident was interviewed. Interviews were not conducted for Residents with Disabilities and Who Reported Sexual Abuse. The facility did not have any residents housed that were in these categories. The facility is an adult facility only and does not house juvenile residents. The residents interviewed acknowledged they had been screened during the intake process, education was provided which began at intake, and they knew how to report. Residents also indicated they felt safe at the facility, acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting. The facility also has monitoring responsibility for home confinement residents, which on the day of the audit was 62. The audit only focused on the residential program and residents.

A total of twenty-seven formal staff interviews were conducted with seventeen (17) staff and additional five (5) informal staff interviews were also conducted during the facility tours (84% of the 26 staff who may have contact with residents). Several staff have multiple roles within the facility for PREA functions and these staff members were interviewed for multiple specialized interviews. Staff were randomly selected from each of the three shifts: resident supervisors (7) and non-security facility staff (4). Additionally, specialized staff interviews conducted were the Facility Director (1), PREA Compliance Manager (1), Administrative/Human Resources (1), Volunteer (1), Investigator (1), Staff Who Perform Risk Screening (3), Intake staff (2), Incident Review Team (3), Staff Charged with Monitoring Retaliation (1), and SANE Staff (1). Written interviews of the Agency Director and PREA Coordinator were provided from the agency. Interviews were not conducted for Contract Administrator, Staff who Conducted Cross Gender Strip Searches, Medical and Mental Health, and First Responders. The facility does not contract for housing for their residents, no cross-gender strip searches occurred, medical and mental health services are provided by outside agencies, and there were no first responders since the facility had no allegations during the audit period. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responded to all allegations. The auditor also interviewed a representative from Mount Sinai Institute for Advanced Medicine regarding the Morning Side Clinic and medical treatment including forensic exams conducted by SANE staff.

There were no allegations reported during the audit period. The facility has had an allegation during the three-year period since the last PREA audit in October 2015.

The Auditor also reviewed staff personnel records, staff training records, and resident files. The Auditor was unable to observe a resident intake, risk screening, and classification. There were no intakes during the on-site audit.

An exit briefing was conducted by the Auditor at the completion of the on-site audit. The following employees were in attendance: Facility Director, Social Services Coordinator, agency's Investigator, Senior Management Contract Compliance-Youth Services, and by phone the agency's PREA Coordinator. While the Auditor could not give the facility a final finding per standard, the Auditor did provide a preliminary status of the findings. There were seven (7) outstanding issues at the end of the site visit; standards 115.213, 115.216, 115.221, 115.232, 115.233, 115.251, and 115.252. Standard 115.213, the blind spots need to be resolved to allow supervision of the areas. Standard 115.216 needs to be expanded to provide procedural direction on providing residents with disabilities PREA information in a manner they understand and to provide the copy of the Language Line contract for documentation. Standard 115.221, the facility needs to provide documentation of requesting the outside law enforcement agency to follow the requirements of the standard during an investigation. Standard 115.232, the facility needs to provide information to the residents to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws and to what extent communication is monitored and confidential. Standard 115.233, the facility needs to expand policy and procedural direction on providing residents with disabilities PREA education in a

manner they understand. Standard 115.251, the facility needs to determine if the agency for outside reporting (Safe Horizons) will report resident allegations to the facility. Standard 115.252, the facility needs to expand the policy for the procedural actions staff should take including documenting, if a resident declined to have a third-party request processed on his/her behalf. Mirrors were ordered prior to the close of the on-site audit. The Facility Director provided a copy of a purchase order for mirrors to address the blind spots in the facility.

The Auditor made recommendations to the facility administration. Recommendations made were that unannounced rounds need to be documented for the whole facility, not just certain floors; the victim advocacy MOU needs to be expanded to include victim services that the agency provides; continue to try to obtain a memorandum of understanding (MOU) with Safe Horizons; provide staff refresher training updates on who conducts sexual abuse investigations, dynamics of sexual abuse in a confinement setting that inmates can report through a third party; and actions to be taken when a resident is at imminent risk for sexual abuse. The Auditor suggests the facility continue to expand their written operating policies and procedures to provide detail procedural direction for staff of the practices outline and demostrated throughout the audit. The policies are mostly policy statements of the standards than procedures. The Auditor also recommended to the facility to conduct exercise drills/table-top scenarios for sexual abuse first responder duties and incident review process. Since the facility has not had an allegation, the drills/scenarios would allow the staff to practice the processes of responding to a sexual abuse incident and the coordinated response team roles which would provide staff familiarity with the procedural directions.

The Auditor shared with those in attendance the appreciation of the hospitality received and for the professionalism provided by all staff during the visit. The Auditor observed constant interactions between staff and residents in a positive manner throughout the on-site audit. Those interviewed clearly understood PREA and knew the methods in place to report incidents of sexual abuse/harassment, if needed. The Auditor shared with the Facility Director and the agency's administration feedback from the resident population; the residents stated they felt safe at the facility and felt staff would be responsive if an allegation was made. Also, the Auditor shared the positive interviews with staff, and the professionalism demonstrated by staff during the audit. The Auditor thanked Bronx Community Reentry Center, the Facility Director/PREA Compliance Manager, and all the facility staff for their hard work and commitment to the Prison Rape Elimination Act.

Updated policies and directives were forwarded to the auditor by the agency's PREA Coordinator that documented compliance with the outstanding standards 115.216, 115.233, and 115.252 on April 27, 2019. Also provided on that date was attempts for MOUs with the New York Police Department for investigations and Safe Horizons providing documentation for compliance with 115.221 and 15.251. The Facility Director also provided information from Safe Horizons that their agency will only report a resident allegation back to the facility if the resident agrees. Safe Horizons will encourage the resident to make a report at the facility. Documentation of new PREA Reporting posters that inform the resident that calls to RAINN, Safe Horizons, and Westchester Community Opportunity Program are confidential and will not be monitored by the facility demonstrating compliance with 115.253. Photographs documenting the installation of mirrors to

eliminate the blind spots was provided on May 2, 2019 documenting compliance with 115.213. No further action was necessary.

The auditor based the decision of standard compliance on: data gathering; review of documentation; observations during the tour of the facility; sampling techniques for interviews with staff, residents, and files; interviews; and the facility's policy and practices.

Facility Characteristics

The Bronx Community Reentry Center is located at 2534 and 2532 Creston Ave., Bronx, New York. The Bronx Community Reentry Center is a residential, community release program that contracts with the Federal Bureau of Prisons (BOP) to house and provide services to assist residents as they reenter the community. The residents are of minimum custody level that are released from prison to the resident facility. The facility's focus is the transition of the resident from an institutional setting to an independent living in the community. The resident first completes the residential component then moves to the home confinement component where the resident is living in the community. The residential program provides skills and resources to the residents to lead them to responsible community living. Employment is the primary focus of the program. The available resident programs address substance abuse treatment, sex resident treatment, and transitional skills focusing changing one's thinking. The average length of the residential stay is 179 days.

The facility consists of two five story brick buildings that at one time was apartment buildings. It has a housing capacity for 198 residents consisting of 99 double occupancy rooms. Both buildings have an identical layout. They are connected on the first floors through a hallway. The first floor of building 2534 houses the operations/security office (control room), security manager's office, staff lounge, computer lab/library, female housing rooms, and a multi-purpose area which is used for food service and dining, a dayroom, group room, and visiting area. The first floor of building 2532 contains administrative offices, conference room, and non-ADA male housing rooms. Each building has housing rooms located on all five floors. Each floor has a north and south section, each section is considered a housing unit. Each housing unit contains double occupancy housing rooms, phones, dayroom space, and two bathrooms that contain a wash basin, shower, and toilet. There are separate housings units for the male and female residents.

To enter the facility is through a common front entrance for both buildings. The entrance has about seven steps to the entry door, the facility also has a lift for handicap individuals. The basement is entered from the outside on one side of the building. It is basically ground level. The maintenance office, storage for clothing and bedding, office supplies and archived records are in the basement. There is an outside recreation area located behind the two buildings.

The facility has three (3) shifts: 7:00 am to 3:30 pm; 3:00 pm to 11:30 pm; and 11:00 pm to 7:30 am. Each shift has a minimum of one shift supervisor and two resident monitors who are

the primary security staff members. The control/operations center is located on the first floor adjacent to the front entrance. The center/operations center is responsible for monitoring cameras, monitoring the resident movement in and out of the facility through a log in/out sheet, and general entrance into the facility through the front entrance door access. Security cameras are positioned throughout the facility to monitor residents' movements and activities in living and program areas as well as the outside entrance, fire escapes, and outdoor recreation area. Resident supervisors issue keys, conduct rounds, supervise cleaning, perform searches, and provide transportation. Resident monitors make hourly rounds in each housing unit. The facility's eight (8) case managers provide coverage in the facility from 8:00 am to 4:30 for normal hours. Each case manager is assigned a late night that includes coverage up to 10:00 pm and one evening till 11:30 pm. There is also a vocational counselor and assistant vocational counselor. Facility administration includes a facility director, social services coordinator, security manager, home confinement supervisor, maintenance supervisor and two office support specialists.

The facility does not have medical or mental health services on site. Several staff members are trained to do health screenings which are conducted upon arrival to the facility. All staff are trained in CPR, first aid, and AED usage. Residents in need of medical treatment can make appointments with local doctors and utilize the hospital's emergency room. If there is a medical emergency, 911 would be called. The resident would be transported by the EMS with staff escort. Non-emergency incidents may be transferred by facility staff. The primary hospital is Mount Sinai Institute for Advanced Medicine for medical treatment. The hospital's Morning Side clinic provides program treatment services. Medications are stored and given to residents by Shift Supervisors. Residents are allowed to have approved keep-on-person medications. Mental health, drug abuse, and sex resident treatment services are provided through a Bureau of Prisons contract with a local agency, Tri-Center

All residents are expected to work that are not in programming. Case Managers provide employment services and assist residents in finding employment Once employed, a resident is expected to submit an employer provided work schedule. Employment must be approved by the facility director. The employer must be advised of the resident's legal status and any change in employment must be approved which is coordinated through the case manager.

The facility does not have a kitchen. The facility provides three meals a day through contract services. Residents assigned to meals assist with the serving and the clean-up. Breakfast and lunch foods are delivered by the vendor when the evening meal is delivered.

The facility's mission statement is: "It is the policy of the GEO Group, Inc. and the Bronx Community Reentry Center to manage, operate and maintain non-secured community corrections facilities and protect the public and provide residents with employment, the skills training and aftercare treatment programs designed to provide a positive transition back into their respective communities as law abiding, self-sufficient citizens while reducing the overall rate of recidivism."

Summary of Audit Findings

The PREA Audit of the Bronx Community Reentry Center found forty-one (41) standards in compliance with four (4) of those standards exceeding the requirement of the standard. These standards are: 115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator; 115.231 Employee Training, 115.232 Volunteer and Contractor Training, and 115.233 Resident Education. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in this report.

Number of Standards Exceeded: 4

115.211, 115.231, 115.232,115.233

Number of Standards Met: 37

115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 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, 115.288, 115.289, 115.401, 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

There were seven (7) outstanding issues at the end of the site visit; standards 115.213, 115.216, 115.221, 115.232, 115.233, 115.251, and 115.252. Standard 115.213, the blind spots need to be resolved to allow supervision of the areas. Standard 115.216 needs to be expanded to provide procedural direction on providing residents with disabilities PREA information in a manner they understand and to provide the copy of the Language Line contract for documentation. Standard 115.221, the facility needs to provide documentation of requesting the outside law enforcement agency to follow the requirements of the standard during an investigation. Standard 115.232, the facility needs to provide information to the residents to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws and to what extent communication is monitored and confidential. Standard 115.233, the facility needs to expand policy and procedural direction on providing residents with disabilities PREA education in a manner they understand. Standard 115.251, the facility needs to determine if the agency for outside reporting (Safe Horizons) will report resident allegations to the facility. Standard 115.252, the facility needs to expand the policy for the procedural actions staff should take including documenting, if a resident declined to have a third-party request processed on his/her behalf. Mirrors were ordered prior to the close of the on-site audit. The

Facility Director provided a copy of a purchase order for mirrors to address the blind spots in the facility.

Updated policies and directives were forwarded to the auditor by the agency's PREA Coordinator that documented compliance with the outstanding standards 115.216, 115.233, and 115.252 on April 27, 2019. Also provided on that date was attempts for MOUs with the New York Police Department for investigations and Safe Horizons providing documentation for compliance with 115.221 and 15.251. The Facility Director also provided information from Safe Horizons that their agency will only report a resident allegation back to the facility if the resident agrees. Safe Horizons will encourage the resident to make a report at the facility. Documentation of new PREA Reporting posters that inform the resident that calls to RAINN, Safe Horizons, and Westchester Community Opportunity Program are confidential and will not be monitored by the facility demonstrating compliance with 115.253. Photographs documenting the installation of mirrors to eliminate the blind spots was provided on May 2, 2019 documenting compliance with 115.213. No further action was necessary.

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*)

The agency policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jail and Community Confinement Facilities and the facility policy 2019-1 PREA Staffing and Facility Requirements mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policies outline the agency's and facility's approach to preventing, detecting, reporting, and responding to sexual abuse and harassment. The policy provides definitions of sexual abuse and general PREA definitions. Through observation of bulletin boards, posters, educational handouts and materials, review of the PREA Educational Manual for Residents, and interviews with staff and residents it was apparent that the agency and the facility is committed to zero tolerance of sexual abuse, sexual assault, and sexual harassment. Each staff member also carries an informational card, PREA Staff Responsibility Card that outlines staff responsibilities, zero tolerance, and the first responder requirements. The zero-tolerance policy is publicly posted on the agency's website.

The facility exceeds the standard with the staff who are responsible to oversee the sexual abuse prevention and intervention policies, procedures, and practices. GEO employs a corporate level PREA Director/PREA Coordinator that oversees the company's PREA compliance throughout all company facilities. Under the agency's PREA Coordinator supervision are Regional PREA Coordinators for the East, West, and Central regions. Their roles vary from conducting mock audits, assisting facilities with technical assistance, and assisting the agency PREA Coordinator with various other PREA related tasks upon request. The corporate PREA office also contains one PREA Senior Contract Compliance Manager, two PREA Contract Compliance Managers, and one Data Specialist. The Data Specialist is responsible for collecting and analyzing PREA data and preparing required reports.

At the facility level, the PREA Compliance Manager (also the Facility Director) is responsible to oversee that policies and procedures relative to the PREA and ensure facility compliance. The PREA Compliance Manager stated she coordinates the facility's efforts by providing PREA training for all staff, reviewing policies and procedures for compliance, incident review team duties, staff training on how to conduct risk assessments, maintain all PREA files, review risk assessments, conducting rounds, and keep logs for at risk residents and LGBTI. During the interview with the PREA Compliance Manager, she was knowledgeable of the facility's PREA policies and procedures and her responsibilities for coordinating the facility's efforts to comply with the PREA standards.

Through observation of bulletin boards, posters, review of resident and staff handouts, and interviews with staff and residents it was apparent the agency and facility are committed to zero

tolerance of sexual abuse and sexual harassment. An informational poster is posted in each housing unit that indicates the zero tolerance of sexual abuse and sexual harassment. As well as, providing the methods to report. The Auditor determined compliance through the interview with the PREA Compliance Manager, review of agency and facility's policies, facility organizational chart indicating the PREA Compliance Manager's position, and the GEO's organizational chart for the corporate PREA Department.

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*)

The agency/facility does not contract for the confinement of residents with private agencies or other entities, including other government agencies. This was confirmed through interviews with the agency's PREA Coordinator.

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*)

The agency's policy 5.1.2-A and facility policy 2019-1 outlines the requirement of a staffing plan. The facility has developed a staffing plan that is based on the four criteria of this standard to include the physical layout of each facility, the composition of resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The design facility capacity is 198 residents and the staffing plan is based on the full facility capacity of 198. The population during the audit was 129 residents and the average for the last 12 months was 182. A review of the PAQ indicated the facility's staffing levels is 26 staff that may have recurring contact with residents. Security staff work three 8-hour shifts; with at least one shift supervisor and two resident monitors per shift. There is always one female staff on each shift. Sufficient supervision of residents was observed through on-site observations of security and case managers supervising and interacting with residents. The Auditor reviewed the monthly shift roster for all shifts and determined the facility is ensuring staffing levels are being maintained in accordance with the standard. Hourly rounds are being conducted in each housing unit and documented. The shift supervisors are required to conduct unannounced rounds on each shift and document the rounds on the PREA Unannounced Supervisor Rounds Form. The shift supervisor during rounds check for opposite sex announcing, PREA signage, cross-gender viewing areas, appropriate resident to resident interaction, and appropriate employee to resident interaction. The facility conducts eleven (11) counts each day. The Facility Director indicated that all posts are filled daily and there have been no deviations. If there is a staff shortage, coverage is provided through mandatory or volunteer call in overtime and

documented. Video cameras operate 24 hours a day, 7 days a week and are monitored through the control center.

The staffing plan, PREA Facility Assessment, was developed by the leadership of the facility including the Facility Director/PREA Compliance Manager, Social Services Coordinator, and Security Manager with input from the agency's PREA Coordinator. The last Annual PREA Facility Assessment was completed on October 16, 2018 and approved by the agency PREA Coordinator on November 16, 2018. The previous PREA Facility Assessments were completed on June 16, 2017 and October 16, 2016, with both approved through the agency PREA Coordinator. The facility's annual assessment must be submitted to the agency's PREA Coordinator for review annually as determined by each division. The written staffing plan is maintained at the facility with access to all administrative staff and case managers; a copy of the approved staffing plan is also maintained by the agency. The Facility Director stated the staffing level is also dictated by the contract with the Federal Bureau of Prisons. Based on the review of the staffing plan, staffing rosters, and interviews with the Facility Director, and the agency's PREA Coordinator the facility meets compliance with the standard.

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 ☐ NA

- Does the facility document all cross-gender pat-down searches of female residents?
  ☒ Yes ☐ No ☐ NA

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*)

The agency's policy 5.1.2-A and the facility's policy 2019-4 Resident Searches, Viewing, and Contraband address resident pat searches, strip searches, body cavity searches, and the limits to cross-gender viewing and searches. The agency and facility policies prohibit strip searches except in exigent circumstances. The facility does not allow searches of the residents, unless it

is a pat search if staff believe that a resident is attempting to introduce contraband to the facility and residents returning to the facility from work, job search, or other locations outside the facility. A staff member of the same gender will conduct the pat search and document on the Pat Search Log. Female residents are not denied access to regular programming or other outside opportunities in order to comply with this provision. The facility always has male and female staff on each shift. Resident strip and body cavity searches are prohibited. If needed, the Facility Director will authorize to remove the resident from the program and place in close custody through the cooperation with the probation officer. There were no cross-gender strip searches, visual body cavity searches, or pat down searches conducted or logged for exigent situations during this audit period. This was verified through the review of the agency's and facility's policy and procedures and interviews with staff and residents.

The policy also prohibits staff from searching or physically examining transgender and intersex residents for the purpose of determining genitalia status. Interviews with staff confirmed these practices, as well as the review of the policy and training lesson plans reinforcing these policies during the annual training.

The policy and practice allow all residents the opportunity to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing them. Each housing unit has two bathrooms which are single occupancy in which residents are required to change in. The bathrooms have locks on the door. The opposite gender staff can't enter a restroom area until announced and gain verbal assurance from the resident that they are fully clothed. If an opposite gender viewing occurred, the staff member must complete a written report immediately and forward to the Facility Director. This was confirmed by interviews with residents and staff. Residents felt they received a sense of privacy for these functions. They indicated in their interviews that staff announce when arriving on the floor and again announce prior to opening a housing room door. Staff indicated they announce male/female on the floor and knock on a room door prior to entering. This was observed during the audit.

Policy 5.1.2-A and facility policy 2019-4 states that staff shall be trained in conducting pat-down searches, cross-gender pat-down searches, and searches of transgender and intersex residents in a professional and respectful manner. Other than annual training, this training is also part of the initial pre-service training and covered in shift briefings. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training, and review of staff training records. The agency has a lesson plan, Guidance in Cross Gender and Transgender Pat Searches 2016. Training records indicated that all staff had completed the training. When staff were randomly asked how a transgender pat down search would be completed, they indicated the transgender/intersex resident could request the gender of the staff they are most comfortable with to conduct the pat-down search and the pat-down would be conducted using the back or blade of the hand. This search would be documented on the Statement of Search Preference Form.

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*)

The agency's policy 5.1.2-A and facility policy 2019-2 Intake and Orientation has established procedures to provide disabled residents equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires should the resident not understand English or have a disability, the interviewing staff member will obtain a staff interpreter or use external interpreter services to explain the documents to the resident prior to requesting the resident's signature. PREA informational and reporting posters, a PREA brochure Resident Reporting Options, and all PREA educational materials are provided in both English and Spanish. The PREA Education Manual for Residents is provided in both English and Spanish also. A contract with Language Line Services is available for the translation of any other languages. A TTY is available for hearing impaired residents, as well as, the written materials. For residents with visual

impairments, the Manual for Residents is available in large print in both languages and staff would read the information is necessary. If a resident is cognitively or intellectually disabled, staff will verbally present PREA materials at a level the resident can understand. The Agency Head's interview and the agency's policy stated the agency does not use residents as interpreters, readers of other types of resident assistants. The Agency Head indicated the agency/facility would also reach out to community-based resources (i.e. local colleges or organizations) that might be willing to assist. At the time of the audit, there were no residents housed with hearing impairments, visual impairments, low cognitive skills, and no limited English proficient residents.

The facility has a list containing eight (8) bi-lingual staff. Seven staff speak Spanish and one Albanian. There were no instances were interpretation services through the Language Line was utilized during this audit timeframe per memo from the Facility Director.

At the audit close-out, the facility was informed the policy language for standard 115.216 needs to be expanded to provide procedural direction on providing residents with disabilities PREA information in a manner they understand as explained to the Auditor on-site, to give staff written procedural direction. Also, a copy of the Language Line contract was needed for documentation. The policy was updated to provide staff direction on how to provide residents with disabilities PREA information in a manner they understood as noted above in the narrative. Also, a copy of the Language Line contract was provided. The contract has been in place since September 2013. The additional documentation demostrated the facility compliance with the standard.

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*)

Through review of the agency's policy 5.1.2-A and facility policy 2019-1 PREA Staffing and Facility Requirements, it was determined that the facility has established a system for conducting criminal background checks for new employees, contractors, and volunteers who have contact with residents to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement settings; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual in such activity. The job application form requires the employee to answer questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. The agency's employment application was updated in March 2018 with the three questions. These application forms are utilized for new hires and promotions. The Human Resources staff interviewed indicated this information is also checked on all applicants as part of the hiring process during the background check. Four new employees were hired during this audit cycle, background checks were completed on all the individuals.

Policy 5.1.2-A requires a background investigation and criminal background record check for all new hires to ensure the candidate is suitable for hiring. A background and criminal background record check will be repeated for all employees at least every five years. The Human Resource staff interviewed indicated the facility utilizes a third-party company, Career Builder, for initial background checks and the background checks required every five years. The agency's Human Resources office sends out an email to the employee to request the employee submit information through Career Builder to complete the background checks.

Background checks are also conducted through BOP prior to an employee or contractor being approved for hire or a volunteer approved to provide services. The Auditors randomly selected six employee files and one volunteer file to review for the criminal background checks prior to hiring; all were completed prior to the hiring date. Of the seven files, three employees had the required five-year background check. The other employees and volunteer did not have the length of service for the five-year background checks.

Employees also have a continuing affirmative duty to report. The requirement is to report immediately to the Facility Director who informs the agency and the Bureau of Prisons. The continuing affirmative duty to report is also accomplished annually during the annual performance review of employees. They must complete an acknowledgement form containing the questions prior to the completion of the evaluation. The Auditor randomly selected six employee files to review for the administrative adjudication check (the three questions) on the application form or as part of the hiring process paperwork and the background check prior to hiring. The employee files were in compliance.

The employment application contains a statement indicating the applicant agrees not to falsify or omit information. If the applicant does falsify or omit information, employment can be denied, or the person will be subject to immediate termination. The Human Resource staff interviewed confirmed the wording on the application and that a person would not be hired or terminated for falsifying information. During the review of the employee personnel files, the wording was verified on the employee application forms. The policy 5.1.2-A also states and supports the practice.

Policy 5.1.2-A states the facility shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, unless prohibited by law. The Human Resource staff interviewed stated all information requests, internal and external, are forward to corporate for response. The information will be provided through the corporate office. The agency's Human Resources Section will contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation during an investigation. If contacted by an outside employer, the staff must sign a release of information prior to the agency disclosing information to the requesting employer.

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*)

The agency policy 5.1.2-A indicates the facility will take into effect any design planning, modifications or expansions to protect residents from sexual abuse. The facility has not made a substantial expansion or modification to the existing buildings. The facility updated the bathrooms since the last PREA audit. The facility's 2016 PREA Annual Assessment Report identified the need for DVR replacement. In 2017, the DVR system was repaired; and the two DVR was added to the facility system. The upgrade was also confirmed through the interview with the Facility Director.

The facility has sixty-nine (69) internal cameras and twenty (20) exterior cameras. The interior camera coverage in this facility covers all areas of the hallways and lobby/dayrooms. Each hallway has a minimum of three (3) cameras. The exterior covers the outdoor recreation area, fire escapes, and the exterior surroundings of the building. The cameras are monitored at the control center. The recording capacity is six (6) days.

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*)

The agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection and facility policy 2019-6 Sexual Abusive Behavior Prevention and

Intervention (PREA) outlines the investigative process and the uniformed evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. The facility begins an administrative investigation immediately following an allegation. The allegations are also reported to the BOP who may also conduct an investigation. If determined criminal, the New York Police Department is contacted for the criminal investigation. Policy 5.1.2-A outlines the facility's evidence and investigation protocols of the allegation. The agency utilizes the Department of Justice (DOJ's) National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition for the uniform evidence protocol as indicated by the policy. The protocols are incorporated into the agency's and facility's Coordinated Response Plan. The Coordinated Response Plan provides an extensive guideline for staff to follow for investigations and/or referring an allegation for investigation. The Facility Director indicated any PREA allegations would be investigated by a specialized trained agency investigator. The facility does not have an investigator on staff. There were no allegations since the last PREA audit. The facility does not house juvenile residents.

All alleged victims of sexual assault who require a forensic exam are taken to Mount Sinai Institute for Advanced Medicine Health for completion of the forensic exam and emergency medical healthcare with no cost to the resident. All hospitals in New York State are required to provide care to victims of sexual assault in their emergency rooms. The facility has a Linkage Agreement with Mount Sinai. Services are available through the emergency department 24-hours a day 7 days a week. The hospital staff coordinator interviewed indicated all resident victims would be transported to the emergency room where SANE staff are always on duty. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The Coordinator confirmed the medical services including forensic exams and treatment would be provided by the hospital. There were no sexual abuse allegations since the last PREA audit.

Policy 5.1.2-E and facility policy 2019-6 indicates residents who allege sexual abuse shall be provided access to outside victim advocates and make accessible specific contact information for victim advocacy or rape crisis organizations. The facility has attempted to obtain a memorandum of understanding (MOU) agreement with Safe Horizons, the community rape crisis center and victim advocacy services. The last attempt was made on April 17, 2019. Advocacy services are available through the RAINN National Hotline Network, the Safe Horizon Program, and the Westchester Community Opportunity Program/Victims Assistance Services. Services provided through these agencies include counseling, crisis intervention and victim advocacy. This information is provided to the residents upon intake to the facility and posted throughout the facility. When victim advocacy services are provided through the forensic exam and investigatory interviews, the victim's consent is obtained prior in writing or on audio tape for documentation. The interview with the PREA Compliance Manager indicated that the services are free of charge to the resident and the hotline is available 24-hours a day for the residents. The hotline number and victim advocacy services are provided to the residents on a poster in the housing units. The PREA Compliance Manger confirmed the practice for forensic exams and victim advocacy services.

All allegations of sexual abuse that include penetration or touching of the genital areas are referred to an outside law enforcement agency per policy 5.1.2-E. The outside law enforcement agency responsible for criminal investigations for this facility is the 52nd Precinct of the New York City Police Department. A MOU has been attempted by the facility. The facility has requested the investigation agency to follow the requirements of the standard in their investigations. All allegations of staff sexual abuse are referred to the agency's Office of Professional responsibility and to the BOP.

There were no allegations of sexual harassment or sexual abuse since the last PREA audit.

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*)

The agency's policies 5.1.2-A and 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection and facility policy 2019-6 Sexual Abusive Behavior Prevention and Intervention (PREA) outlines the procedures for investigating and documenting incidents of sexual abuse. Policies 5.1.2-A and 5.1.2-E state all allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations. A staff member will report the allegation to a supervisor who will make the required notifications which begins the investigation process. The facility will document all investigation referrals. The facility begins an administrative investigation immediately following an allegation. The allegations are also reported to the BOP who may also conduct an investigation. If determined criminal, the New York Police Department is contacted for the criminal investigation. The facility had no allegations since the last PREA audit. The PREA Compliance Manager and the Investigator indicated that their roles is to assist as requested during an investigation by an outside entity.

On the agency's website, www.geogroup.com/PREA, is a page dedicated to PREA under the Social Responsibility tab. The webpage contains the company's policies 5.1.2-A and 5.1.2-E for public information. The page also contains the zero-tolerance policy, how to report sexual abuse or sexual harassment, and how an employee may report sexual abuse or sexual harassment. There is a paragraph that explains the investigation process that states if the allegation potentially involves criminal behavior, GEO will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The policy 5.1.2-E also provides the protocols for sexual abuse investigations.

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 confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ 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 ☐ N/A

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*)

The facility's policy 5.1.2-A and training curriculum Sexual Abuse and Assault Prevention and Intervention (PREA) address all the PREA requirements and outlines the training requirements. Training records, staff interviews, and the training curriculum review indicated the training includes the zero tolerance policy; definitions and examples of prohibited and illegal sexual behavior; right of residents and staff to be free from sexual abuse and from retaliation for reporting of prohibited and illegal sexual behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents; and requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. The initial training occurs at the academy, each staff member attends the academy pre-service training prior to being assigned to the facility. The training is also provided annually through the annual in-service training for all staff conducted by the Facility Director/PREA Compliance Manager. The Social Services Coordinator is the back-up for training. Each employee is required to attend in-service annually. Additional training occurs during staff meetings and security briefing with different PREA topics refreshers. Staff during interviews acknowledged the numerous methods they received training and understood their responsibilities for preventing, detecting, and responding to allegations of sexual abuse. The Pre-Audit Questionnaire indicated all staff had completed training. After interviews with the Facility Director/PREA Compliance Manager and staff interviews, it was determined all facility staff have received training. A selection of six staff training records was reviewed; all had completed the pre-service training and annual in-service.

Staff document the completion of training through a signature on the PREA Basic Training Acknowledgement Form which is also signed by a witness. Each staff member is provided and must carry the PREA Staff Responsibility Card; that outlines general PREA information and first responder duties. The facility exceeds the training standard by requiring all staff to complete annual training instead of the standard's two-year requirement, refresher training at staff meetings and briefings, and the PREA informational card carried by staff.

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*)

All contractors and volunteers who have contact with residents receive PREA training prior to assuming their responsibilities. Policy 5.1.2-A states all volunteers and contractors shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. The training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed of how to report such incidents. The facility does not have contractors. An interview was conducted with

a volunteer. The volunteer stated the training occurred at the facility in which he had a PREA packet to review. Then the packet was reviewed with him by the Social Services Coordinator. He had to take a test after the training. The volunteer was knowledgeable on PREA, the responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. He indicated if he was informed of an incident, he would take the victim to operations office for safety and make a report to the operations shift supervisor and/or the Facility Director. Training records were reviewed and confirmed the volunteer's training. The facility only has one volunteer that provides programming and no contractors.

The agency policy 5.1.2-A states training for volunteers and contractors will be held annually. This was confirmed through the interview with the volunteer and review of the training file. The training file contained the policy acknowledgement of Sexual and Workplace Harassment Policy, document completion of training through a signature on the Basic Training Acknowledgement Form, and the quiz both which occurred on April 24, 2018 prior to assignment. The facility exceeds the standard by providing annual training and refresher training as needed to all volunteers and contractors.

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*)

The facility provides a comprehensive PREA education to the residents beginning at intake into the facility. The agency's policy 5.1.2-A and facility's policy 2019-2 Intake and Orientation address the PREA education requirements for residents at intake. At intake into the facility, the case manager provides residents information through the PREA Education Manual for Residents (available in English and Spanish), Resident Reporting Options handout, the What You Need to Know Video (available in English and Spanish), and verbally explained during processing. During the intake process, the What You Need to Know video is playing that covers the PREA information. The case manager stated the case managers witness the residents viewing the video. The PREA Educational Manual for Residents provided to the resident includes what is sexual abuse; cross gender pat-searches, examples of sexual abuse; consensual sexual

relationships are not permitted; prevention; reporting and investigation; what to expect after you report; sexual abuse grievances; emergency grievances; and reporting options and resources. The case manager interviewed stated the educational information is provided as soon as the resident arrives at the facility. The resident must sign acknowledging the information received on the Acknowledgement of Receipt of PREA Educational Manual Form which also outlines the zero tolerance, how to report, how to make a confidential report via phone and the right to be free from retaliation.

During the audit period, 635 were admitted to the facility and was noted that all residents received education. The facility did not have a resident transferred from another community confinement facility. If a resident was transferred, the resident would receive the same education as any resident that is admitted per policy 5.1.2-A and 2019-2. The random residents interviewed acknowledged receiving education on the same day as intake into the facility through the video, handbook, and postings on the walls. The Auditor also reviewed six resident files for the education acknowledgement. All residents were provided the education on the day of admission to the facility.

Staff during interviews explained the steps that would be taken to effectively communicate with disabled residents when necessary. Residents who are deaf or hard of hearing would be provided the handbook which they could read and if needed access to interpreters who can interpret effectively, accurately, and impartially. Residents who have limited reading skills or blind would have staff read the materials to them. They would also be able to listen to the What You Need to Know video. The facility also provides the written materials and video to residents with intellectual disabilities and staff would explain and ensure that the resident comprehends the information. The What You Need to Know video is available in Spanish and English. The facility has a contract with Language Line Services Inc. for translation services. The Agency Head's interview and the agency's policy stated the agency does not use residents as interpreters, readers of other types of resident assistants. The Agency Head indicated the agency/facility would also reach out to community-based resources (i.e. local colleges or organizations) that might be willing to assist. At the time of the audit, there were no residents housed with hearing impairments, visual impairments, low cognitive skills, and no limited English proficient residents. The facility has a list containing eight (8) bi-lingual staff. Seven staff speak Spanish and one Albanian. There were no instances were interpretation services through the Language Line was utilized during this audit timeframe per memo from the Facility Director.

The residents have continuous and readily available PREA education through posters and the PREA Educational Manual for Residents provided to each resident at admission. The PREA informational posters are posted in English and Spanish throughout the facility.

Random residents interviewed and during discussion with residents on the facility tour, residents acknowledged they have received PREA information upon arrival at the facility and the information was reinforced during the orientation video. They were able to explain how to report an incident and were aware of the zero-tolerance policy. There were no new intakes during the on-site audit for the auditor to observe the education process.

At the audit close-out, the facility was informed the policy language for standard 115.233 needs to be expanded to provide procedural direction on providing residents with disabilities PREA information in a manner they understand and a copy of the Language Line contract for documentation needed to be provided. The policy was updated to provide staff direction on how to provide residents with disabilities PREA information in a manner they understood as noted above in the narrative. Also, a copy of the Language Line contract was provided. The contract has been in place since September 2013. The additional documentation demostrated the facility compliance with the standard.

The facility exceeds the standard with the numerous ways the resident receives education from the intake into the facility and throughout their stay. The residents were knowledgably of the reporting methods and the information provided in the PREA Educational Manual for Residents.

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*)

Policies 5.1.2-A and 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection state all allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations. The facility begins an administrative investigation immediately following an allegation. The allegations are also reported to the BOP who may also conduct an investigation. If determined criminal, the New York Police Department is contacted for the criminal investigation.

The agency's policy and lesson plan PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialized training lesson plan including sections on identifying how trauma can affect a victim's cooperation in an investigation; forensic medical exam process; role of the victim advocates; best practice and policy requirements on evidence collection in confinement settings; understanding of Miranda and Garrity; techniques for interviewing and interrogating during investigations of sexual abuse; criteria required for administrative action and prosecutorial referral; and what a final investigative report should contain. The facility has no investigators on staff. There are two agency specialized trained investigators assigned to the facility; who have completed the general PREA training and the required specialized training for investigators. The specialized training is a four-hour training block with a test. Both investigators attended the specialized training in April 2017. The specialty training was verified through the interviews with the PREA Compliance Manager and the Investigator and review of the training certificates and training attendance records with signatures.

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 ☐ N/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 preserve physical evidence of sexual abuse? ☒ Yes ☐ No ☐ N/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 respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No ☐ N/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 and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No ☐ N/A

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 ☒ N/A

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 ☐ N/A

- 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*)

The facility does not have medical and mental health staff. All residents are referred to the outside local medical providers for medical care and mental health services.

The agency does have a policy that addresses specialized training for medical and mental health practitioners, policy 5.1.2-A states all full-time medical and mental health practitioners who work regularly in the facility shall receive specialized training in addition to the general training mandated for employees. The healthcare staff will receive specialized training for sexual abuse and sexual assault, through the lesson plan GEO Specialized Medical and Mental Health PREA Training. The lesson plan Specialized Medical and Mental Health PREA Training outline that training will include detecting signs of sexual abuse and assault; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse; and proper reporting of allegations or suspicions of sexual abuse and assault. The specialized training is an on-line course. GEO healthcare staff do not conduct forensic exams.

All alleged victims of sexual assault who require a forensic exam are taken to Mount Sinai Institute for Advanced Medicine Health for completion of the forensic exam and emergency medical healthcare with no cost to the resident. All hospitals in New York State are required to provide care to victims of sexual assault in their emergency rooms. The facility has a Linkage Agreement with Mount Sinai. Services are available through the emergency department 24-hours a day, 7 days a week. The hospital staff coordinator interviewed indicated all resident victims would be transported to the emergency room where SANE staff are always on duty. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The Coordinator confirmed the medical services including forensic exams and treatment would be provided by the hospital. There were no sexual abuse allegations since the last PREA audit.

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*)

The screening process for the risk of victimization and abusiveness is outlined in the agency policy 5.1.2-A and facility policy 2019-4 Screening/Admission. This screening occurs at intake into the facility with the use of the PREA Risk Assessment Tool. The risk screening is to be conducted within twenty-four (24) hours. Staff that are trained to complete risk assessments are the case managers, Social Services Coordinator, and the Facility Director. The staff interviewed indicated that the risk screening will occur within 24 hours but usually within hours of arrival. The facility had 635 residents admitted during the audit period, the PAQ indicated that risk screening was completed on all residents. The auditor reviewed six (6) resident files and all residents were screened on the day of arrival to the facility. The residents interviewed stated the risk screening was conducted the first day before a housing assignment was made. Staff interviewed stated that residents are asked about housing placement and if they have a concern for their safety. If the resident is identified at high risk of sexual victimization or a potential sexual abuse victim, the resident is referred to the Social Services Coordinator to determine housing.

At the arrival to the facility, the case managers review the Pre-Sentence Investigation (PSI) and completes the PREA Risk Assessment Tool as part of the intake paperwork process. The PREA Risk Assessment Tool conforms to the PREA standard requirements. The screening forms includes questions regarding mental, physical, and developmental disabilities; age of the resident; physical build of the resident; whether the resident has been previously incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions against an adult or child; whether or not the resident has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously experienced sexual victimization; and the residents own perception of vulnerability. The intake screening also considers prior acts of sexual abuse, prior convictions of sexual abuse, and history of prior institutional violence or sexual abuse. This case managers interviewed stated the review also includes the PSI, progress report, and the resident's institutional record for the risk factors. The risk screening tool is scored based on the number of yes responses. In section one for At Risk of Victimization, if a resident has three or more yes responses or yes to predetermined questions; the resident is identified for risk of victimization. In section two for At Risk of Abusiveness, if a resident has three or more yes responses or yes to predetermined questions; the resident is identified for risk of abusiveness. The resident signs the tool

acknowledging the answers are correct. A resident that scores at risk for victimization or risk for abusiveness are referred to Social Services Coordinator. Residents who are identified as being potential victims are tracked on a PREA At-Risk – Victimized log and residents who are identified from screening to be a potential abuser are tracked on a PREA At-Risk Log – Abuser log. During the random resident interviews, most residents indicated they remember being asked these questions on the day of their arrival. The Auditor reviewed the PREA Risk Assessment Tools within the resident files and found all files compliant and risk assessments completed within the appropriate timeframes.

The case managers interviewed stated the Social Services Coordinator reassess the resident's risks of victimization and abusiveness within 30 days from the date of the initial assessment and any other time when warranted based on any additional, relevant information or following an incident of abuse or victimization. This is supported by agency policy 5.1.2-A and facility policy 2019-3 that states a reassessment is to be conducted by a staff member within 30 days. The reassessment is conducted using the GEO PREA Vulnerability Reassessment Questionnaire. The average time in custody is 179 days for residents. Of the six residents' files reviewed, three residents were held for a timeframe that required a reassessment. The reassessments were completed within the appropriate timeframes. The PAQ indicated that 610 residents were reassessed of the 610 residents that had a length of stay of over thirty days.

Through review of policy 5.1.2-A, facility policy 2019-3, and confirmed through staff interviews, disciplining residents for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The case managers and PREA Compliance Manager stated the resident does not have to answer questions and can refuse. The information will try to be obtained through other means and they will encourage the resident to answer by explaining it is help determine housing placement to protect them.

Agency policy 5.1.2-A, facility policy 2019-3, and staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other residents. The case managers and PREA Compliance Manager interviewed indicated the Risk Assessment Tool and the Vulnerability Reassessment Questionnaire is maintained in the resident file locked in the Facility Director/PREA Compliance Manager's office. Other than case managers, the only other staff with access is the Social Services Coordinator, and Security Director. The PREA Coordinator stated the access to the information is only to those who need to know in making housing, work, and programming decisions; which also includes the PREA Compliance Manger.

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*)

The agency's policy 5.1.2-A and facility's policy 2014-3 Screening/Admission address the assessment process and the use of the screening information to determine housing, recreation, voluntary work, and other activities to ensure the safety of the resident. If the resident is identified at high risk of sexual victimization or a potential sexual abuser, the resident is referred to the Social Services Coordinator and PREA Compliance Manager for determination of housing placement. The PREA Compliance Manager maintains a PREA At-Risk of Being Victimized log for residents who are identified as being potential victims and a PREA At-Risk for Abusiveness Log for residents who are identified from screening to be a potential abuser. The PREA Compliance Manager stated the logs will include current housing locations and will be used to assist in making housing placements. The interviews with the case managers and PREA Compliance Manager indicated that housing and program assignments are made on a case by case basis with consideration of the PREA risk factors. In review of completed risk assessments in the resident files, the Auditor determined the facility is utilizing collected data, such as the residents physical characteristics (build and appearance), age, whether the resident has mental,

physical or development disability, previous assignment in specialized housing, alleged offense and criminal history, whether the resident is perceived to be Lesbian/Gay/Bi-Sexual/Transgender/Intersex (LGBTI) or is gender non-conforming to determine housing, recreation, work, and other activity decisions. The case managers interviewed stated that potential victims and potential abusers are housed on separate floors; the first floor is utilized for potential victims which has more staff observation and the potential abusers are house on the third floor. Through staff interviews and review of resident files, it was determined that the facility addresses the needs of the resident consistent with the security and safety of the individual resident. At the time of on-site audit, the facility had seven (7) residents on the PREA At-Risk of Being Victimized log, no residents on the PREA At-Risk for Abusiveness log, and ten (10) residents on the PREA At-Risk of being both Victimized and At Risk of Being an Abuser. The residents interviewed stated they felt safe in the housing environment of the facility

The agency's policy 5.1.2-A and facility's policy 2019-3 indicates that staff shall consider the resident's gender self-identification and make housing assignments for a transgender and/or intersex resident on a case-by-case basis based on the resident's health and safety and whether the placement would present management or security problems. When a resident self-identifies during the intake process, the resident's views of his/her safety is given serious consideration in housing assignment. The case manager will meet with and reassess the transgender resident every six months utilizing the PREA Vulnerability Reassessment Questionnaire. At the time of the on-site audit, there were no transgender or intersex residents housed.

Transgender and intersex residents have the opportunity to shower separate from other residents. Interviews with the case managers and PREA Compliance Manger noted that transgender/intersex residents may shower in the bathroom on the housing unit. Each bathroom is an individual bathroom that contains a wash basin, toilet and shower. The bathroom door can be locked; and the shower has a shower curtain that provides further privacy. The facility policy only allows one resident at a time in a bathroom. Residents interviewed indicated they have privacy for bathroom functions including showering.

The agency does not place LGBTI residents in housing units solely based on their sexual orientation which was confirmed through an interview with a bi-sexual resident. The agency's policy 5.1.2-A and facility's policy 2019-3 indicates that lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents shall not be placed in housing units solely based on their identification as LGBTI; unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such residents. In the past 12 months, there have been no self-disclosed transgender or intersex residents house at Bronx Community Reentry Center.

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*)

The facility has established procedures allowing for multiple internal and external ways for residents to report sexual abuse, retaliation, staff neglect, and violations of responsibilities that may have contributed to such incidents. PREA allegation reporting methods are shared with residents at intake through the PREA Education Manual for Residents (available in English and Spanish), Resident Reporting Options handout, the What You Need to Know Video (available in English and Spanish), and verbally explained by the case manager during processing. Reporting information is also available on PREA informational posters in English and Spanish throughout the facility viewed by the Auditor during the tour. Residents can report verbally and in writing to facility staff; report through the grievance process; utilize third party reporting; verbally or written to the probation officer; calling the Safe Horizons toll-free hotline; and calling or writing the BOP New York Residential Reentry Management Office; and the local hotline for Westchester Community Opportunity Program/Victim Assistance Services. The resident may report outside the agency by calling Safe Horizons, the BOP New York Residential Reentry Management Office; and Westchester Community Opportunity Program/Victim Assistance Services. Calling any of the toll-free numbers allows residents to remain anonymous upon request. During the formal resident interviews the residents acknowledged receiving information on how to report at intake, in the PREA Educational Resident Manual, and on posters. They were able to identify reporting methods including telling a staff member, call the hotlines, writing a grievance, and/or telling family or friend. Also, during the informal interviews with residents while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to a staff member. Residents have accessibility to pay phones within the facility that allows for toll free calls and are not monitored. The pay phones at the facility are not monitored or require a pin number. The Auditor was unable to test the phones for reporting. The resident phone system was inoperative during the on-site visit. The facility provided emails documenting they had contacted the phone company for repair. Each resident is provided a cell phone through a government program which provides the residents a method to call reporting agencies. These reporting methods were demonstrated through review of policies and procedures, PREA Educational Manual for Resdients, posters throughout the facility, and interviews with residents and staff.

Although the residents were aware of the numerous reporting methods available to them, most residents during their interviews indicated they would not report an incident. When asked why they would not report, the residents stated if they report they would be transferred back to the BOP facility for the investigation process. With the fear of being transferred back to the BOP custody, this appears to be a deterrent for the resident to report any allegation.

Staff indicated through interviews they were aware of the methods available to residents to report sexual abuse and sexual harassment. Staff were also knowledgeable on the multiple ways residents could report to staff and their responsibility in the process. They indicated they would report immediately to a supervisor. After verbal reporting, a written report would be completed and forwarded to the supervisor. Staff can privately report by calling the employee hotline, through the internet to www.reportonline.com/geogroup; or contacting the agency PREA Coordinator. Staff were aware of the methods to privately report sexual abuse. This information

is also posted on the agency website. The reporting requirements and process is provided to staff through training, policy 5.1.2-A, and the PREA Staff Responsibility Card.

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*)

The agency's policy 5.1.2-A and facility policy 2019-5 Grievance Process outlines the administrative procedure for resident grievances regarding sexual abuse. The facility provides the residents information of the grievance procedures at admission in PREA Education Manual for Residents. The facility does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse. A resident can file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or compliant. The PREA Education Manual for Residents states there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Residents are informed if the allegation involves the Facility Director, the grievance may be submitted directly to the BOP Residential Reentry Manager, GEO PREA Manager, and/or GEO Residential Reentry Services Regional Director. The policies state the resident have a right to submit grievances to someone other than the staff member who is the subject of the compliant and such grievance is also not referred to a staff member who is subject of the compliant.

A copy of all grievances related to sexual harassment, sexual abuse, and/or sexual activity shall be forwarded to the Facility Director who will forward for investigation. The resident will be informed in writing that due to nature of the grievance; it will be forwarded for investigation and upon conclusion of the investigation, a written notice of outcome will be provided. Policies state the facility shall 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 and the computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. The facility may claim an extension of time to respond, of up to 70 days, if the normal time-period for response is insufficient to make an appropriate decision; the facility shall notify

the resident in writing of any such extension and provide a date by which a decision will be made. 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, the resident may consider the absence of a response to be a denial at that level. Third parties on behalf of a resident may also submit grievances.

The agency's and facility's policies provide written procedures and timeframes for handling time-sensitive grievances that involve an immediate threat to resident health, safety, or welfare related to sexual abuse. If the grievance is a substantial risk of imminent sexual abuse to the resident, it is handled as an emergency grievance. The grievance is forwarded to the Facility Director for immediate corrective action to protect the potential victim. Emergency grievances will be given top priority and will be investigated and an initial response provided within 48 hours of the date of receipt. A final decision will be provided within five calendar days. The agency policy states the resident may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith.

During the audit exit briefing the auditor informed the facility standard 115.252, does not address the actions staff to take including documenting, if a resident declined to have a third-party request processed on his/her behalf. The updated policy was forwarded to the auditor by the agency's PREA Coordinator on April 27, 2019 that documented compliance with the standard.

There were no grievances within the audit time period.

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*)

The agency's policy, 5.1.2-A and facility policy 2019-6 Sexually Abusive Behavior Prevention and Intervention (PREA) Program states the facility shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. Policy 5.1.2-E and facility policy 2019-6 indicates residents who allege sexual abuse shall be provided access to outside victim advocates and make accessible specific contact information for victim advocacy or rape crisis organizations. The facility has accomplished this with a partnership with Safe Horizons. The facility has attempted to capture the partnership in a MOU agreement with Safe Horizons, the community rape crisis center and victim advocacy services. The last attempt was made on April 17, 2019. Advocacy services are also available through the RAINN National Hotline Network and the Westchester Community Opportunity Program/Victims Assistance Services. Services provided through these agencies include counseling, crisis intervention and advocacy. This information is provided to the residents upon intake to the facility and posted throughout the facility. When victim advocacy services are provided through the forensic exam and investigatory interviews, the victim's consent is obtained in writing or on audio tape for documentation. The interview with the PREA Compliance Manager indicated that the services are free of charge to the resident and the hotline is available 24-hours a day, 7 days a week for the residents. The hotline number and victim advocacy services are provided to the residents on a poster in the housing units.

The facility provides residents information about local and national organizations that can assist residents who have been victims of sexual abuse through the PREA Education Manual for Residents. Victim advocacy service information is provided to the residents on the Resident Reporting Options posters throughout the facility. Most residents interviewed were not aware of outside support services available to them. However, the facility provides this information in

multiple ways to the residents. The Resident Reporting Options posters inform the residents that calls to RAINN, Safe Horizons, and Westchester Community Opportunity Program are confidential and will not be monitored. Also, calls and mail to the BOP New York Residential Reentry Management Office are not monitored.

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*)

The agency's policy 5.1.2-A states that third-party reporting information will be posted publicly on the agency's website. The website provides information regarding reporting sexual abuse. The website states "to report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program or if you were previously housed in a GEO facility or program and need to report an allegation of sexual abuse/harassment, you may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our Locations page for each facility's contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator." A phone number and address are provided. The information is displayed on The Prison Rape Elimination Act of 2003 posters in the lobby, visitation area, and staff break areas. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect a resident has been sexually abused, sexually harassed, or requires protection. Outside parties can report verbally or in writing to the Facility Director or to the agency's PREA Coordinator. Residents interviewed were aware of this method of reporting. There were no third-party reports this audit period.

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 ☒ N/A

- 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 ☒ N/A

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

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

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

The agency's policy 5.1.2-A and facility policy 2019-6 outlines the reporting requirements of staff which states all employees are required to report immediately in accordance with facility and corporate policy any knowledge, suspicion, or information regarding sexual abuse that occurred in the facility; retaliation against residents or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Employees are required to report to designated supervisors or officials. Reporting requirements are covered in the annual in-service training, pre-service training, and staff meetings for all staff. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Random staff interviewed indicated they would report immediately to their supervisor and the PSA Compliance Manager and then write an incident report. This reporting information is provided on the staff's PREA Staff's Responsibility Card also. Staff can report privately outside the chain of command by utilizing the facility's employee hotline, calling the corporate PREA Coordinator, and reporting to the Facility Director. During the interviews, most staff indicated they would report privately through the hotline or call the corporate PREA Coordinator.

The facility does not employ medical and mental health staff. All medical and mental health services are provided by outside community agencies. However, the agency's policy states unless precluded by federal , state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the victim is under the age of 18 or considered a vulnerable adult to designated state or local services and agencies under applicable mandatory reporting laws. Medical and mental health practitioners are also required to inform individuals in a GEO facility or program of the practitioner's duty to report and the limitations of confidentiality, at the initiation of services.

The policy 5.1.2-A states that staff are not to reveal any information related to a sexual abuse report to anyone other than to supervisors or official. Reporting requirements including confidentiality are covered in the annual in-service training, pre-service training, and staff

meetings. Staff interviewed indicated information would only be shared with the supervisor and other staff on a need-to-know basis.

The agency policy 5.1.2-A state the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymously reports to the designated investigators or outside agency responsible for investigating incidents. The Facility Director/PREA Compliance Manager and the Investigator indicated that all allegations no matter how they are reported are investigated. There were no allegations reported within the audit period.

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*)

The agency's policy 5.1.2-A and facility policy 2019-6 requires that if a staff member has reasonable belief that a resident is subject to substantial risk of imminent sexual abuse, the staff member will take immediate action to protect the resident. Staff interviewed indicated they would take immediate action to protect the resident by separating the resident from other residents and maintain in a safe location. Then report the incident to the supervisor for further action and write an incident report. These responsibilities are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The Facility Director stated a PREA investigation would be assigned, a change in housing may occur, and immediate medical and mental health referrals would be made. All staff interviewed knew the steps to take to protect a resident at risk for sexual abuse; to immediately separate the resident from the area to keep the resident safe and separate from other residents; notify the supervisor; and write an incident report.

During the audit period, no resident reported feeling at imminent risk of sexual abuse or any staff reported that a resident was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement.

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*)

The agency's policy 5.1.2-A and facility policy 2019-6 requires upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director or designee will notify the Facility Administrator or designee of the facility where the alleged abuse occurred. The notifications should take place as soon as possible, but no later than 72 hours after receiving notification. The Facility Director indicated that the notifications would be made immediately to the other facility and an investigation initiated. The notification will be documented and forwarded to the agency PREA Coordinator. The Facility Director also indicated there were no instances this audit period, as noted on the PAQ also. The facility received no notifications of alleged abuse from another facility. If a notification was received, the Facility Director stated an investigation would be initiated.

During the audit period, there were no allegations received that a resident was abused while confined at another facility or any notification of an allegation of sexual abuse reported at another 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*)

The agency's policy 5.1.2-A and facility policy 2019-6 outlines the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The supervisory staff responding to the incident is required to separate the alleged victim and abuser; conduct a brief inquiry with each resident to ascertain if the sexual behavior was consensual or nonconsensual; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence; and ensure that the Facility Director and other designated individuals are notified. Agency policy states the alleged victim and abuser should be placed in separate dry cells or areas to protect evidence. A staff member of the same sex will be placed outside the cell or area for direct supervision. Through random interviews with staff it was demonstrated that staff was knowledgeable in the steps as a first responder: to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence and contact a supervisor. First responder responsibilities are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The first responder responsibilities are also outlined on the PREA Staff's Responsibility Card carried by all staff. There were no allegations during the audit period. Policies outline that if the first responder is not a security staff member, the staff shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify a security staff member. The random non-security staff interviewed indicated they would contact a shift supervisor immediately and request the resident not to destroy any evidence. They also stated they would remain with the alleged victim until a security staff member arrived.

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*)

The facility has created a written institutional plan to coordinate actions taken by the multidisciplinary team including first responders, medical and mental health care by outside agencies, investigators, and facility leadership in response to an incident of sexual abuse. The

Coordinated Response Plan provides written guidelines to staff responding to allegations and occurrences of sexual abuse, sexual harassment, and sexual activity within the facility. The Coordinated Response Plan includes the actions to take after report of sexual abuse, the initial response, the Facility's Director's role when assuming the control of the incident, crime scene and evidence protection, referral to the designated community facility for medical treatment, notifications required when sexual abuse is alleged, evidence protocol, responsibilities when sexual harassment is alleged, and responsibilities when sexual activity is alleged. Coordination with staff is started through notifications and staff reporting to handle the appropriate activities under their responsibilities. This is supported through policy 5.1.2-A which also states the PREA Compliance Manger is a required participant and the Corporate PREA Coordinator may be consulted as part of the coordinated response. The Facility indicated the Coordinated Response Plan is covered at pre-service and annual in-service. The Facility Director stated the Coordinated Response Plan is part of the policy book which allows all staff to have accessibility to the plan. During staff interviews, staff detailed their responsibilities in their coordinated efforts during an incident.

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*)

The facility does not have a collective bargaining agreement. The agency policy 5.1.2-A state employees, contractor, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring resident contact pending the outcome of an investigation. Any “no contact” orders shall be documented. It also states that GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility’s ability to remove alleged employee sexual abusers from contact with any resident pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The Facility Director stated and the PAQ noted there were no instances where a staff member, volunteer or contractor was removed for allegations of sexual abuse.

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*)

The Agency Head's interview stated that designated staff at each facility are assigned to monitor the individual who reported the allegation for possible retaliation. They meet with the individual in private and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct the issue. The agency's policy 5.1.2-A and facility policy 2019-6 states that that no employees, contractors, volunteers, and residents shall retaliate against any person, including a resident who reports, complains about or participates in an investigation into an allegation of sexual abuse. The facility policy designates the PREA Compliance Manager or Office Support Specialist as the staff member to monitor retaliation. The Facility Director/PREA Compliance Manager indicated she is the person responsible for monitoring retaliation of residents. Facility policy indicates the Office Support Specialist will monitor the conduct and treatment of the employee. The agency policy states the Facility Human Resource staff or the Investigator would monitor staff. Staff is informed of protection from retaliation through training in pre-service and annual in-service.

The policies identify protective measures that can be taken including housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for residents and employees who fear retaliation. The Facility Director/PREA Compliance Manager indicated a review of the situation would occur including interviewing the parties, reviewing cameras, review shift changes, and housing changes. If retaliation is suspected or determined, protective measures would be taken immediately; and an investigation would be started. The Facility Director/PREA Compliance Manager stated any allegation involving a staff member, the staff member would be moved to a non-resident post during the investigation for retaliation. She also expanded that emotional support services are offered to residents and staff. The emotional support services for staff would be through Employee Assistance Program (EAP) and for residents through Safe Horizons.

Policies outline the monitoring timeframes. For residents, the PSA Compliance Manager shall meet weekly with the resident. The meetings will be documented on the Protection from Retaliation Log with any notes or issues discussed. The resident/alleged victim must sign the form acknowledging the monitoring contact. Staff will be monitored every 30 days for at least 90 days and documented on the Employee Protection from Retaliation Log. Once completed, the log will be retained in the investigation file of the corresponding PREA incident. The retaliation monitoring will be for at least 90 days; however, the time frame can be extended if warranted. Monitoring shall terminate if the allegation is determined unfounded.

There were no instances requiring monitoring for retaliation during this audit period.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

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

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

The agency's policies 5.1.2-A and 5.1.2-E and facility policy 2019-6 state all allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. If the investigation is not conducted by an outside law enforcement agency, the facility will complete the investigation by a specialized trained investigator. Upon an allegation reported, the facility will immediately begin an administrative investigation. The policy also states investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. The Investigator and the Facility Director/PREA Compliance Manager both stated that investigations are started immediately as soon as reported and are objective based on evidence.

The facility has no investigators on staff. The Facility Director shall be responsible for immediately referring all sexual abuse and sexual harassment allegations for investigation. The administrative investigations are assigned to an agency's investigator trained to conduct sexual abuse and sexual harassment investigations. The agency has 111 trained investigators. There are two agency specialized trained investigators assigned to the facility; who have completed the general PREA training and the required specialized training for investigators. The specialized training is a four-hour training block with a test. Both investigators attended the specialized training in April 2017. The specialty training was verified through the interviews with the PREA Compliance Manager and the Investigator and review of the training certificates and training attendance record form with signatures.

The investigator stated in the interview that the investigation would start immediately upon receiving a report. Upon initiating the investigation, the investigator will gather physical evidence; conduct interviews with alleged victim, alleged abuser, and witnesses; review video footage; and review residents files involved in the allegation including prior complaints and reports of the sexual abuse involving the alleged abuser.

Policy 5.1.2-E states 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 individual in a GEO facility or program or staff. No agency shall require an individual in a GEO facility or program who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The investigator stated the creditability of individuals are all the same until evidence proves otherwise and an alleged victim is never required to submit to a polygraph exam.

Policy 5.1.2-E contains a section titled Investigative Reports that outline all the items required for investigations as listed in the standard. The policy outlines that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the

abuse and shall be documented in a written report that includes at a minimum a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The investigator stated throughout the investigation consideration is given to whether staff actions or failures contributed to the sexual abuse by reviewing video footage, interviews, and other evidence collection. The investigator stated the investigative report would include a narrative of the allegation, description of evidence collected including interviews, and an outcome of the investigation. The written report must be submitted to the agency PREA Coordinator within 60 days after the allegation occurred. The final determination of the investigation is determined at the agency level. The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, which was supported through policy and the investigator's interview. All written reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than 10 years, per policy 5.1.2-E.

All allegations that are potentially criminal are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, which is the New York Police Department (NYPD). The NYPD would complete the investigation and document in a written report with an outcome of the investigation. The investigator indicated the report would be shared with the facility. The investigator stated it would be the responsibility of the NYPD to refer cases for prosecution. The facility has had no allegations during this audit period; therefore, no cases have been referred to NYPD or for prosecution.

The agency policy 5.1.2-E states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The Facility Director/ PREA Compliance Manager and Investigator shared that the investigation would continue until completion with an outcome.

The agency policy 5.1.2-E and facility policy 2019-6 state the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The facility shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the agency's PREA Coordinator for review and closure. The Facility Director/PSA Compliance Manager and Investigator indicated that their roles are to assist as requested by an outside investigative entity during an investigation. The Investigator stated cooperation would include providing copies of reports, interviews, evidence, and would make residents available for interviews. The Facility Director/PREA Compliance Manager stated she would be the contact with the outside investigative agency to remain informed of the progress of the investigation and the contact would occur at least monthly.

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*)

The Investigator stated the standard of proof for administrative investigations is a preponderance of evidence, 51%. Policy 5.1.2-E confirms that no standard higher than a preponderance of evidence will be imposed in determining allegations of sexual abuse as substantiated.

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*)

The agency's policy 5.1.2-E and facility policy 2019-6 outlines the reporting of investigation outcomes to residents. The resident is notified whether the allegation was determined substantiated, unsubstantiated, or unfounded through a written notification by the facility

administrator or designated staff member on the Notification of Outcome of Allegation Form. The resident receives the original and a copy is maintained as part of the investigative file. The Facility Director/PREA Compliance Manager stated it is her responsibility to inform residents of the outcome of the investigation. The resident would be met with privately and informed of the investigative outcome. The Notification of Outcome of Allegation is completed with the resident signing acknowledging receiving the outcome and the staff issuing the notice would also sign the form with the date of notification. The Facility Director/PREA Compliance Manager stated residents are notified of the investigation outcome if the resident is still in detention.

If the alleged abuser was an employee, the policy requires the victim to be informed of the status of the staff member to include whether the staff member is no longer posted within the resident's housing unit, the staff member is no longer employed at the facility, the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. This notification is also documented on the Notification of Outcome of Allegation. If the allegation was sexual abuse by another resident, the policy requires the victim to be informed whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. This notification is also documented on the Notification of Outcome of Allegation.

The facility will request the outcome of a criminal investigation conducted by an outside law enforcement entity. The resident will be informed of the outcome of the case. An updated notification may be needed at the conclusion of a criminal proceeding, if the resident is still in custody at the facility.

The facility had no allegations during the audit year and made no notifications to residents.

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*)

The agency's policy 5.1.2-E and Employee Handbook cover that staff shall be subject to disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Facility Director stated in the interview that a staff member suspected of sexual abuse would be moved to a non-contact resident post or placed on administrative leave until the investigation is completed. If the case was substantiated, the staff member would be terminated. Policy stated the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Policy 5.1.2-E also directs that the facility shall report all terminations and resignations for such conduct will be reported to law enforcement and licensing bodies, unless the activity was clearly not criminal.

During the audit period, there were no violations by staff of the agency's policies related to sexual abuse or sexual harassment.

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*)

The agency's policies 5.1.2-A and 5.1.2-E details the corrective action for contractors and volunteers who have engaged in sexual abuse. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and reported, unless the activity was clearly not criminal. Substantiated allegations would be reported to local law enforcement, unless the activity was clearly not criminal. All reasonable efforts would be made to report to any relevant licensing bodies. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by a contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility or program. The Facility Director/PREA Compliance Manger noted that action would be immediate with the volunteer's clearance being revoked, allowing no contact with the facility until the investigation is completed. If substantiated, the volunteer or contractor shall be removed from all duties and clearance revoked permanently. The volunteer interviewed confirmed knowledge of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of a resident. Noted by the Facility Director and

the PAQ there were no instances where a volunteer or contractor was removed for allegations of sexual abuse.

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*)

The agency's policy 5.1.2-E and PREA Educational Manual for Residents outlines the resident disciplinary sanctions. It states a resident who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility or program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. The Facility Director stated the resident would be referred the internal disciplinary process, which includes the input from the BOP. The BOP may remand the resident back to a security facility. The policy also notes that all steps in the disciplinary process and sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the resident to conform with rules and regulations in the future. The Facility Director indicated in the interview that disciplinary sanctions could include restrictions, internal discipline sanctions, transfer to the BOP, and prosecution if warranted. The Facility Director also indicated sanctions are commensurate within the disciplinary process for the level of prohibited act.

Policy 5.1.2-E states the internal disciplinary process shall 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. The Facility Director stated the disciplinary team knows if the resident has mental health disabilities and would take this information into consideration through the disciplinary process. If the facility offers counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate. The Facility Director indicated this counseling would be provided through Tri-Center. Tri-Center provides mental health services for residents through a contract with BOP. The resident would be referred for services, if needed. The case manager would document the participation through a pass and intake form from Tri-Center. The policy also outlines a resident shall not be disciplined for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. 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. The facility may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced, per policy. The PREA Educational Manual for Residents states that consensual relationships are not permitted and against policy.

There were no allegations during the audit period, therefore, no internal disciplinary process was initiated for sexual abuse or sexual activity.

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*)

The facility does not have medical or mental health services on site. The medical and mental health services are available to the resident through community agencies. All alleged victims of sexual assault who require emergency medical care or a forensic exam are taken to Mount Sinai Institute for Advanced Medicine Health for completion of the forensic exam and emergency medical healthcare with no cost to the resident. All hospitals in New York State are required to provide care to victims of sexual assault in their emergency rooms. The facility has a Linkage Agreement with Mount Sinai. Services are available through the emergency department 24-hours a day, 7 days a week. The hospital staff coordinator interviewed indicated all resident victims would be transported to the emergency room where SANE staff are always on duty. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The Coordinator confirmed the medical services including forensic exams and treatment would be provided by the hospital. All staff are trained in CPR, first aid, and AED usage. The Facility Director explained the medical treatment process noted in narrative and confirmed the process within the policy. During the staff interviews, they were knowledgeable in their roles as first responders and the referral to medical services. Most indicated that 911 would be contacted to transport the resident to the emergency room for services.

The agency policy 5.1.2-A and facility policy 2014-6 state victims of sexual abuse in custody shall receive, timely, unimpeded access to emergency medical treatment and crisis intervention services. The services would include offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Following a reported PREA allegation, a Resident Referral Verification Form will be utilized to document the offer for offsite mental health services was made to the resident victim. The form will also document the acceptance or refusal of these services. The policies also state all services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There were no sexual abuse allegations during this audit period.

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*)

The facility does not employee medical and mental health staff. The medical and mental health services are available to the resident through community agencies. Several staff members are trained to do health screenings which are conducted upon arrival to the facility. If the resident reports prior victimization or is scored as a potential abuser, the resident is referred for mental health services. The referral must take place within 48 hours and the shift supervisor must be notified prior to housing. Of the six resident files reviewed, three of the residents were referred for mental health services: two who reported prior victimization and one as a screened potential abuser. All the residents refused services and the refusal were documented in writing in the resident file. The agency policy 5.1.2-A and facility policy 2019-6 states each facility shall offer medical and mental health evaluations and treatment where appropriate to all victims of sexual abuse.

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The program shall help such victims with access to medical and mental health services consistent with the community level of care. Resident victims of sexual abuse while incarcerated shall be provided referrals for tests for sexually transmitted infections as medically appropriate. Staff will also provide residents with requested level of support through assisting with making appointments, transportation needs, and victim advocacy or staff accompaniment. On-going treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall attempt to coordinate a mental health evaluation of all known resident-on-resident abusers who remain in the facility within 60 days of learning of such abuse history and connect abusers with treatment when deemed appropriate by outside mental health practitioners. These health care services will be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable, per agency policy 5.1.2-A. All refusals for medical and mental health services shall be documented.

Residents in need of medical treatment can make appointments with local doctors and utilize the hospital’s emergency room. If there is a medical emergency, 911 would be called. The resident would be transported by the EMS with staff escort. Non-emergency incidents may be transferred by facility staff. The primary hospital is Mount Sinai Institute for Advanced Medicine for medical treatment. The hospital’s Morning Side clinic provides program treatment services. Medications are stored and given to residents by Shift Supervisors. Residents are allowed to have approved keep-on-person medications. Mental health, drug abuse, and sex offender treatment services are provided through a Bureau of Prisons contract with a local agency, Tri-Center

There were no sexual abuse allegations since the last PREA audit.

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*)

The agency policy 5.1.2-A and facility policy 2019-6 outlines the requirement, procedures, and timeframes for sexual abuse incident reviews. Designated staff are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including unfounded. The Facility Director/PREA Compliance Manager stated the team consists of the Facility Director/PREA Compliance Manager, Social Services Coordinator, Security Director, and other staff as deemed necessary. The agency's PREA Coordinator may be consulted as part of the review. The review is completed within 30 days of the conclusion of the investigation. The review team utilizes the PREA After Action Review Report to complete and document the review. The form captures the allegation findings; a short summary of allegation/incident; involved residents; the items reviewed; name of the participants in the after action review by name and title; any recommendations including a change in policy or practice that could better assist in the prevention, detection, and response to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff in the area where the incident allegedly occurred; and whether the actions taken by staff in regards to this incident were reasonable and appropriate based on policy. The form contains a section to make recommendations as a result of the after-action review. The review is forwarded to the agency's PREA Coordinator within ten days after the review. The facility's PREA Compliance Manager is responsible for implementing any recommendation for improvement or document its reasons for not doing so. The After-Action Review Report is maintained in the investigative file.

The Incident Review Team members interviewed identified all the components reviewed in an After-Action Review. There have been no allegations at the facility, so the team have not completed a review. The Auditor suggested the Team complete a scenario to walk through the process to stay familiar with the process and steps to be taken.

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*)

The agency policy 5.1.2-A outlines the procedures for data collection. The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The Facility Director/PREA Compliance Manager stated the she is responsible for compiling data collected on sexual activity and sexual abuse incidents. The statistical report, Monthly PREA Incident Tracking Log, is forwarded monthly to the agency's PREA Coordinator. The Facility Director/PREA Compliance Manager will create and update the PREA Survey in the PREA Portal for every allegation of sexual abuse and sexual activity. The data is secured in a locked file cabinet in the Facility Director/PREA Compliance Manager's office, as observed by the Auditor. The established retention schedule is 10 years for these files. Policy states, upon request, GEO shall provide such data from previous calendar year to the Department of Justice no later than June 30.

The agency does not contract for the confinement of residents.

Policy 5.1.2-A outlines the procedures for conducting an annual review of all sexual abuse investigations and resulting incident reviews. The 2017 Annual Review of Sexual Abuse Investigations and Corrective Action Plan was completed on October 10, 2017. The document is divided into three sections; comparisons of data from 2016 and 2017, findings, and corrective action plan. The Corporate GEO PREA office compiles an annual PREA report for the company which includes breakdowns by facility. This report is available on the GEO website www.geogroup.com/PREA.

The 2015, 2016, and 2017 Annual PREA Reports are available for review on the agency's website. The reports were reviewed as part of the audit process.

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*)

The agency policy 5.1.2-A outlines the procedures for data collection. The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The agency's PREA Division reviews all data collected in order to access and improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, practices, and training including; identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its finding and corrective actions for the facility, as well as, the agency as a whole, per policy 5.1.2-A. The agency's PREA Coordinator stated all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the agency's PREA Coordinator to review. Annually each facility prepares a report of their findings and recommendations from their incident reviews and these reports are reviewed by the agency's PREA Coordinator and the appropriate division head for US Corrections, Reentry (community confinement), and Youth services. Data collected from these reports plus the data from all of

the allegations reported each year are contained in the secure PREA database is aggregated and analyzed to improve the PREA program.

The agency's PREA Coordinator indicated the agency has prepared an Annual Report since 2013. The reports include the total number of allegations received from all our facilities and the outcome of each allegation. Policy 5.1.2-A outlines the procedures for conducting an annual review of all sexual abuse investigations and resulting incident reviews. The 2017 Annual Review of Sexual Abuse Investigations and Corrective Action Plan was completed on October 10, 2017. The document is divided into three sections; comparisons of data from 2016 and 2017, findings, and corrective action plan. The agency's PREA office compiles an annual PREA report for the company which includes breakdowns by facility. The Annual Report is approved and signed by the Senior Vice President of U.S. Corrections and Detention and International Operations and Senior Vice President of GEO Care. The Annual Reports are available on the GEO website www.geogroup.com/PREA. Agency policy notes that GEO may redact specific material from the reports when publications would present a clear and specific threat to the safety and security of a facility; but must indicate the nature of the material redacted. The agency's PREA Coordinator stated the agency only reports numbers and incident types; victims, perps, staff names, and any type of personal identifiable information is omitted for confidentiality purposes.

The 2015, 2016, and 2017 Annual PREA Reports are available for review on the agency's website. The reports were reviewed as part of the audit process.

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*)

The Facility Director/PREA Compliance Manager secures all facility data in locked file cabinets in her office as observed by the auditor and through the PREA Portal for every allegation of sexual abuse and sexual activity. The agency's PREA Coordinator indicated that all data collected from facility reports plus the agency's data from all of the allegations reported each year are contained in the agency's secure PREA database. The data is aggregated and analyzed to improve the agency's PREA program. The data is made readily available through the Annual Report which is posted on the agency's website www.geogroup.com/PREA. Agency policy notes that the agency may redact specific material from the reports when publications would present a clear and specific threat to the safety and security of a facility; but must indicate the nature of the material redacted. The agency's PREA Coordinator stated the agency only reports numbers and incident types; victims, perps, staff names, and any type of personal identifiable information is omitted for confidentiality purposes. The established retention schedule is 10 years for data collected or longer if required by state statue.

The 2015, 2016, and 2017 Annual PREA Reports are available for review on the agency's website. The reports were reviewed as part of the audit process.

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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☒ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

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*)

The agency policy 5.1.2-A states that during the three-year period starting on August 2013, and each three-year period thereafter, GEO Contract Compliance Department shall ensure that each facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice. The review of the agency's website confirms that PREA audits are being conducted on the agency's facilities with audit dates over the last three years. According to agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. This is the second PREA audit for this facility. The first was conducted in October 2015 and posted on the agency's website.

During the audit, the facility and agency provided the auditor full access to all areas of the facility and the auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the auditor requested documents. Private interview space was provided to the auditor for conducting staff and resident interviews. Staff and resident interviews were held in an administrative office located off the lobby. Posted signs advised residents they could send confidential information or correspondence to the auditor. The auditor did not receive any correspondence from residents.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

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*)

A review of the agency's website www.geogroup.com under the Social Responsibilities - PREA Page confirms that the agency publishes PREA final reports and makes them available through the website to the public. The auditor observed on the agency's website final reports of the agency's other facilities. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings.

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 A. King May 27, 2019

Auditor Signature **Date**