

PREA AUDIT REPORT Interim Final
Community Confinement Facilities

Date of Report: October 8, 2015

Auditor Information			
Auditor name:	Barbara Jo Denison		
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Telephone number:	956-566-2578		
Date of facility visit:	October 6-7, 2015		
Date report submitted:	October 8, 2015		
Facility Information			
Name of facility:	Bronx Community Reentry Center		
Physical address:	2534 Creston Ave. (Main) and 2532 Creston Ave. (New), Bronx, NY 10468		
Facility mailing address: <i>(if different from above)</i>	N/A		
Telephone number:	(718) 561-4155		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Name of facility's Chief Executive Officer:		Title:	
Facility Type:	<input type="checkbox"/> Community Treatment Center	<input checked="" type="checkbox"/> Community-Based Confinement Facility	
	<input checked="" type="checkbox"/> Halfway House	<input type="checkbox"/> Mental Health Facility	
	<input type="checkbox"/> Alcohol or Drug Rehabilitation Center	<input type="checkbox"/> Other	
Number of staff assigned to the facility in the last 12 months: 27			
Designed facility capacity: 168			
Current population of facility: 95 (in house) 94 (home confinement)			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 21 - 75			
Name of PREA Compliance Manager: Katasha Artis		Title:	Facility Director
Email address: kartis@geogroup.com		Telephone number:	(718) 561-4155
Agency Information			
Name of agency:	The Geo Group, Inc.		
Governing authority or parent agency: <i>(if applicable)</i>	N/A		
Physical address:	One Park Place, Suite 700, 621 Northwest 53 rd St., Boca Raton, Florida 33487		
Mailing address: <i>(if different from above)</i>	N/A		
Telephone number:	561-999-5827		

Agency Chief Executive Officer		
Name: George C. Zoley	Title:	Chairman of the Board, CEO and Founder
Email address: gzoley@geogroup.com	Telephone number:	561-999-5827
Agency-Wide PREA Coordinator		
Name: Phebia L. Moreland	Title:	Director, Contract Compliance, PREA Coordinator
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AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Bronx Community Reentry Center was conducted on October 6 - 7, 2015 by this Certified PREA Auditor, Barbara Jo Denison. Prior to the audit the facility provided me with agency and facility policies and supporting documentation related to each standard for review. Prior to the on-site visit the facility provided a list of staff sorted by title and shift, a list of residents sorted by housing unit and lists of residents with special designations. At the time of the audit, there were no residents with hearing or cognitive impairments, no limited English residents and no self-disclosed lesbian, gay, bisexual, transgender or intersex residents housed at the facility. There was one visually impaired resident and there were four residents who self disclosed at intake to be gay who were all on home confinement status.

On the first day of the audit, a tour of the entire facility was completed. Accompanying me on the facility tour was Katasha Artis, Facility Director/PREA Compliance Manager, Charmaine Barnes, Security Manager and Robert Walling, Manager Contract Compliance, PREA. There were no areas of the facility that appeared to have physical barriers or blind spots. Camera locations were noted throughout the tour and camera views were reviewed in the Operations Office. There are a total of 71 cameras which allows for good supervision and monitoring of residents at all times in all locations, excluding the bedrooms and the bathrooms. On each bedroom door there was a sign reminding staff to announce themselves before entering the room. This practice was observed throughout the tour. PREA posters were prominently displayed in both English and Spanish throughout the facility. During the tour, eight residents and five staff were informally interviewed and questioned about their knowledge of PREA.

The population on the first day of the audit totaled 95 in house and 94 on home confinement. A random sample of 29 residents were formally interviewed. Of that number, one was visually impaired, one was identified from PREA screening to be a potential victim, one identified as a potential predator, three identified as both victim and predator and one self-disclosed gay home confinement resident. All residents interviewed were knowledgeable of the agency's zero-tolerance policy and the methods available to them to report sexual abuse and sexual harassment.

Sixteen staff members were interviewed which included nine security staff (three from each shift) and seven specialized staff. The Facility Director/PREA Compliance Manager serves multiple roles at the facility and along with the Facility Director and PREA Compliance Manager questions, she was asked the Retaliation Monitoring questions and the Incident Review Team questions as well. The Social Service Coordinator was asked the PREA Screening questions and the Incident Review questions. Staff

interviewed was well versed in their responsibilities in reporting sexual abuse and sexual harassment and suspected sexual abuse. When questioned about evidence preservation, staff responses reflected agency policies and standard requirements. The PREA Coordinator and the Agency Head were not in attendance at the audit, but were both interviewed at an earlier date. There are no SANE or SAFE at the facility. These services are made available off-site. Two Career Coaches from the Osborne Association were interviewed. They were knowledgeable of the agency's zero-tolerance policy and their responsibilities if they receive an allegation of sexual abuse or sexual harassment.

In the past 12 months, there were no allegations of sexual abuse or sexual harassment reported. At the conclusion of the audit an out briefing was held with the Facility Director/PREA Compliance Manager. There were no standards found not to meet the standard. The process that will follow the on-site audit was explained. The final report will be forwarded to the PREA Coordinator and be made available to the public on the GEO website. The Facility Director and the entire staff were commended for their willingness and exceptional efforts in accomplishing compliance as a team.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Bronx Community Reentry Center is a residential, community release program that contracts with the Federal Bureau of Prisons (BOP) and the United States Probation Office to assist offenders as they reenter the community.

The Bronx Community Reentry Center located at 2534 Creston Ave., Bronx, NY has been occupied as a community reentry facility since 1996. From 1996-2007 the facility was operated by CSC, a private company. In 2007 the GEO Group, Inc. took over the operations of this facility. In February 2012, GEO entered into a lease with the owner of the building to acquire the adjacent building at 2532 Creston Ave. The building was renovated, cameras were installed and a Notice to Proceed was issued on 9/17/15. Residents began occupying the new building on 10/2/15. At the time of the audit only the first and second floors were occupied with a total of 10 residents and access to the other three floors were blocked off. With the expansion, the capacity of the Bronx Community Reentry Center increased from 105 beds to 168 beds. The facility is a five-story brick structure that was formerly an apartment building with the new building layout identical to the existing building. The first floor of the old building houses the operations center, administrative offices, a multi-purpose area used for food service and dining, a dayroom, group room, visiting area, one holding room and one housing unit. Each floor above the first floor is divided into north and south units with appropriate room numbers. The second floor of the old building consists of two housing units – the south side is for women and the north side for men. Program offices and housing units occupy the space on the other floors of both buildings. Each unit has two full bathrooms with one wash basin, one tub with shower and one toilet. Each room houses two residents.

The basement is entered from the outside on one side of the building. It is basically ground level because when entering the building, there is a stairway of approximately seven steps up to the first floor. The maintenance office, storage for clothing and bedding, office supplies and archived records are in the basement.

The Bronx Community Reentry Center provides housing and services to federal offenders placed through the Federal Bureau of Prisons. It houses pre-release and community corrections residents. The pre-release component provides residents an opportunity to transition from an institutional setting to independent living in the community. The program provides skills and resources to the residents to lead to responsible community living. Employment is the primary focus of the program. Consideration is given for the criminal behavior bringing the individual into the criminal justice system. Some areas being addressed are substance abuse treatment, sex offender treatment and transitional skills focusing changing one's thinking.

The facility is staffed twenty-four hours a day, seven days a week by resident supervisors, who are the primary security staff members. The operations center is in the front of the facility and staffed around the clock. Staff monitors movement in and out of the facility. Security cameras are positioned throughout the facility to monitor residents' movements and activities in living and program areas as well as the outside entrance. Resident supervisors issue keys, conduct rounds, supervise cleaning, perform searches, and provide transportation. At least one shift supervisor is assigned to each shift.

GEO contacts with Salsa Catering to provide food services at Bronx Community Reentry Center. The center provides three meals a day. Breakfast and lunch foods are delivered by Salsa Catering when they deliver the evening meal. Center staff and residents assigned to food service

duties assist with serving and clean-up. The caterer follows menus approved by a dietician and special diets for medical and religious reasons are served.

The facility does not provide medical or mental health treatment 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. The primary hospital is St. Barnabus Hospital and the facility contracts with St. Luke's-Roosevelt Hospital Center for medical treatment, dental care and mental health treatment. Medications are stored and given to residents by resident supervisors. There are some keep-on-person medications permitted as well.

All residents are expected to work. 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, the employer must be advised of the resident's legal status and any change in employment must be approved.

Mission Statement: "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 offenders 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: (39)

The following is a summary of the audit findings:

Number of standards exceeded: 5

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 2

Standard §115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors.

GEO policy 5.1.2-A, pages 6 & 7, section III, B, 1-3 and facility policy 2014-1, pages 2 & 3, section VI, A, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency also employs a Program Fidelity Manager, Reentry Services PREA Divisional Coordinator. Upon interview, the PREA Coordinator (interviewed at an earlier audit) and the Facility Director/PREA Compliance Manager, both stated that they have sufficient time to manage their PREA-related responsibilities.

Standard §115.212 Contracting with other agencies for confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 - Does Not Meet Standard (requires corrective action)
- X Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

GEO is a private provider and does not contract with other agencies for the confinement of residents; therefore this standard is not applicable.

Standard §115.213 Supervision and monitoring

- X Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 2014-1, pages 3 & 4, section B-1, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The facility's staffing plan revised on 2/14/12 mandates 28.50 staff. A *PREA Annual Facility Assessment* completed on 10/22/14, noted vacancies, but overtime was utilized to ensure adequate coverage at all times. There were no deviations to the staffing plan and there were no recommendations for any changes to the established staffing plan as confirmed by interview with the Facility Director/PREA Compliance Manager. Currently there are 27 staff assigned to the facility. The Facility Director/PREA Compliance Manager anticipates staffing needs to increase as the population increases due to the recent occupancy of the new addition to the facility. The *PREA Annual Facility Assessment* noted that due to the new building renovations and in assessment of the current facility, recommendations were made for 4 new cameras to be installed in the main building and 24 new cameras in the new building. Also recommended was the installation of 35 corner mirrors.

For increased supervision and monitoring efforts, the facility has in place a count verification procedure to monitor surveillance tapes on a weekly basis to ensure staff are conducting formal resident counts. These verifications are documented on a *Resident Count Verification Checklist*. In addition, The Security Manager conducts and document unannounced PREA rounds in all areas at a minimum of three times a month, one on each shift, and documents these rounds on a *PREA Unannounced Rounds Questionnaire*. There are eleven mandatory counts conducted each day by security staff and three random roves are required each shift. Interview of residents and staff confirmed that numerous rounds being conducted on a daily basis on all shifts.

Standard §115.215 Limits to cross gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-A, pages 15 & 16, section I, 1-10 and facility policy 2014-4, pages 2 & 3, section VI, address resident pat searches, strip searches, body cavity searches and the limits to cross-gender viewing and searches. All staff receive training in pre-service and in annual in-service training on how to conduct searches, including searches of transgender and intersex residents. All staff completed annual PREA training on 5/1/15. The facility staff do not conduct cross gender pat down searches, strip searches or visual body cavity searches. A staff member of the same gender conduct pat searches and these searches are documented on a pat search log. All pat searches are performed under a camera in the operations office or in front of the operations office. Any searches that are done in the housing areas are always performed with two staff members present.

The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breasts, buttocks or genitalia. Staff of the opposite gender knock and announce themselves before they enter the residents'

rooms. Notices are posted on the bedroom doors to remind staff of this practice. Residents interviewed confirmed that his practice is being adhered to and shared that they feel they have privacy to shower, toilet and change clothing when staff of the opposite sex are in their housing unit.

Standard §115.216 Residents with disabilities and limited English speaking

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency takes appropriate steps to ensure that residents with disabilities and residents that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. GEO policy 5.1.2-A, page 10, section E and facility policy 2014-2, pages 1 & 2, section V, were used to verify compliance to this standard. The *PREA Education Manual for Residents* is provided in both English and Spanish and available in large print in both languages for residents with visual impairments. PREA posters, a GEO PREA brochure, a PREA video and all PREA educational materials are provided in both English and Spanish. A contract with Language Line Services is available for the translation of any other languages. A TTY is available for hearing impaired residents. The agency does not use residents as interpreters, readers of other types of resident assistants. At the time of the audit, there were no residents with hearing impairments, none with cognitive deficiencies and no limited English speaking residents housed at the facility. One visually impaired resident when interviewed stated that all PREA information was read and explained to him.

Standard §115.217 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

In review of policy 5.1.2-A, pages 7 & 8, section C-2 and page 15, section H-4, the facility is prohibited from hiring or promoting anyone who may have contact with residents who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or the community. Criminal background checks are conducted for all potential employees through a contract with Accurate Background, Inc. as well as obtaining BOP clearance for all staff through both NCIC and the Civilian Application System. Applicants that answer on their application that they have worked in a confinement setting previously receive a PREA Verification through Accurate Background, Inc. Once the facility

receives BOP clearance, another background check is performed by Accurate Background, Inc. For consideration for transfers and promotions, employees complete a *PREA Disclosure and Authorization Form Promotions –PREA Related Positions* and another background check by Accurate Background, Inc. is completed. At the time of annual performance evaluations, all employees complete a *PREA Disclosure and Authorization Form Annual Performance Evaluation* form. Any omissions regarding misconduct or providing any false information are grounds for termination. Background checks are conducted annually by BOP which includes a driver's license check. Ten staff HR records were reviewed. Of that number, two were promotions, three were new hires within the past 12 months and five were staff that had been employed for five years or longer. All records reviewed were found to be complete and in order.

Standard §115.218 Upgrades to facilities and technology

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2014-1, page 4, section B-3, state that the facility takes into consideration the affect that any new design, acquisition, expansion or modifications of the physical plant or monitoring technology might have on the facility's ability to protect residents from sexual abuse. The Bronx Community Reentry Center has undergone substantial expansion as a result of the new contract entered into in 2014. The contract provided for the renovating of the building located adjacent to the current facility with the new building's layout identical to the existing facility. In the most recent *PREA Annual Facility Assessment* dated 10/22/14, a recommendation was made for the installation of 24 additional cameras bringing the total number of cameras to 71 with 46 in the old building and 25 in the new building.

Standard §115.221 Evidence protocol and forensic medical exams

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

According to GEO policy 5.1.2-E, pages 6-10, section D-J, and facility policy 2014-6, page 7, section C-3 and section 5-f & h, the facility follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. It is the responsibility of the NYPD 52nd Precinct to conduct all criminal investigations and to ensure that all evidence is collected and preserved according to evidence protocols established

by the Department of Justice. Forensic exams are not performed at this facility. All hospitals in New York State are required to provide care to victims of sexual assault in their emergency department. The Jacobi Medical Center, South Bronx, NY, the Lincoln Medical and Mental Health Center in Bronx, NY and the North Central Bronx Hospital in Bronx, NY are the SAFE hospitals identified for Bronx county. The facility utilizes St. Barnabus Hospital and St. Luke's-Roosevelt Hospital Center as well. SAFE exams are provided at no cost to the victim.

Multiple attempts have been made by the facility to secure an MOU to provide advocacy services to its residents. These efforts are ongoing and documented. 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 advocacy. Residents are provided information about these services upon intake to the facility and this information is posted throughout the facility.

Standard §115.222 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-E, page 4, section III-A and facility policy 2014-6, page 7, section C-2 & 3, outline the agency's policy and procedure for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including inmate-on-inmate sexual abuse or staff sexual misconduct. All allegations of staff sexual abuse are referred to the agency's Office of Professional Responsibility (OPR) and to BOP. All allegations of sexual abuse and sexual harassment by staff and residents are referred to the PREA Coordinator, the Program Fidelity Manager, Reentry Services PREA Divisional Coordinator and BOP. The NYPD 52nd Precinct is responsible for conducting criminal investigations. The agency's policy regarding referral of allegations of sexual abuse and sexual harassment for criminal investigations is available on the GEO website. In the past 12 months, the Bronx Community Reentry Center did not receive any allegations of sexual abuse or sexual harassment.

Standard §115.231 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO employees receive training on the agency's zero-tolerance policy for sexual abuse and sexual harassment at pre-service and annually at in-service training. Employees sign a *PREA Basic Training Acknowledgement* form acknowledging that they have received and understood the training they received. GEO policy 5.1.2-A, pages 11 & 12, section F-1, addresses the agency's training requirements. The PREA pre-service and in-service training curriculum was reviewed and found to be very comprehensive and meeting all the elements of this standard. The Facility Director/PREA Compliance Manager is responsible for employee PREA training with the Social Services Coordinator as her back up. Random review of 10 staff training records confirmed that staff completed annual PREA training on 5/1/15 and acknowledged receipt of this training by signing a *PREA Basic Training Acknowledgement* form, which are maintained by the Facility Director/PREA Compliance Manager. Additionally, PREA discussions are held and ongoing training occurs during monthly staff meetings. In interview with staff, they were able to confirm receiving this training and they knew their responsibilities for preventing, detecting and responding to allegations of sexual abuse.

Standard §115.232 Volunteer and contractors training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-A, page 13, section G and page 14, section H, outline the training requirements for volunteers and contractors. The objective of 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 PowerPoint training material used for volunteer/contractor training was reviewed. The facility does not have contractors. In the past year, eleven student/interns from Monroe College Criminal Justice Program, received this training between the months of April and May and signed a *PREA Basic Training Acknowledgement* form confirming that they received and understood the training provided. They are no longer assigned to the facility, but more student/interns have been recently cleared by BOP and will receive PREA training when they come onboard. Volunteer training was provided to two Career Coaches of the Osborne Association, a vocational-based program that work with residents to secure job training skills and certifications and gain employment and training was also provided to a staff member of the St. Luke's Coming Home Program. *PREA Basic Training Acknowledgement* forms for volunteer training are maintained by the Facility Director/PREA Compliance Manager. In interview with the two Osborne Association staff they confirmed that they received this training and understood their responsibilities under the agency's zero-tolerance policy.

Standard §115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-A, page 11, section E-2 and facility policy 2014-2, page 4 were used to verify compliance to this standard. Incoming residents during the intake process are provided with educational information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment. All new residents receive a *PREA Education Manual for Residents*, a GEO PREA brochure and view a PREA video when they meet with their Case Manager within 24 hours of arrival to the facility. Residents sign an *Acknowledgement of Receipt of PREA Educational Manual* form upon arrival and sign an *Acknowledgement of Required Training in the Following Area PREA – 1) Zero Tolerance Policy, 2) Right to Report, 3) Free Medical and Mental Health Care* form acknowledging that they have viewed the PREA video and that the above topics were addressed. All information is provided in English and Spanish and in formats accessible to all residents. In addition to the required resident education provided, PREA posters are prominently displayed throughout the facility providing continuous information. Residents meet with their Case Managers weekly for the first six weeks they are at the facility and biweekly after six weeks. The Facility Director/PREA Compliance Manager and the Social Services Coordinator developed a *PREA Follow Up Review* form that the Case Managers review with the residents during these meetings. The form reviews and reinforces PREA information that the residents received when they first arrived at the facility. The resident and the Case Manager sign and date the form. Random review of 10 residents' files confirmed documentation of resident PREA training provided is being maintained by the facility. When interviewed, residents acknowledged receiving the PREA training information and were knowledgeable of the agency's zero-tolerance policy and methods available to them to report incidents of sexual abuse and sexual harassment. The Social Services Coordinator provides all resident training.

Standard §115.234 Specialized training: Investigators

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on GEO policy 5.1.2-A, page 13, section F-3, investigators receive specialized training in addition to the general education provided to all staff. In review of the *Specialized Training for Investigators* training curriculum, it was found to be very comprehensive and included all of the requirements of 155.234 section (b) of this standard. There are 30 Reentry Services Specialized Investigators throughout the division. Training rosters and certificates of completion for trained division investigators were provided for review. Bronx Community Reentry Center does not have any trained investigators on-site. There are plans for the Facility

Director/PREA Compliance Manager, the Social Service Coordinator two Security Monitor II's to receive this training in the very near future. Until they receive this training, in the event of a report of an allegation of sexual abuse or sexual harassment, the facility would request from the corporate office that a division investigator be assigned to the facility.

Standard §115.235 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- X Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

The Bronx Community Reentry Center does not have medical or mental health staff on-site. Residents in need of medical or mental health services are referred to off-site providers; therefore, this standard is not applicable.

Standard §115.241 Screening for risk of victimization and abusiveness

- X Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and pages 2 & 3, section VI, B-1 and local policy 2014-3, pages 2 & 3, section B, the agency requires that residents be screened upon admission for risk of sexual abuse victimization and sexual abusiveness toward other residents. A *PREA Risk Assessment* form is used to screen residents upon admission was found to contain all requirements of 115.241 (b) of this standard. Residents may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to the screening form, a thorough review of any available records, which can assist in determining risk assessment, is required. 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. Within 30 days of arrival, a *PREA Vulnerability Reassessment Questionnaire* is completed to reassess the risk of victimization or abusiveness and reassessments are warranted due to referral, request, an incident of sexual abuse or receipt of any additional information. The initial screenings are completed within 24 hours of arrival to the facility by the Social Services Coordinator who is responsible for 30-day reassessments as well. *PREA Vulnerability Reassessment Questionnaires* were found to be completed very timely. The Social Services Coordinator has an excellent tracking log to ensure all assessments are completed timely. Review of ten random residents'

files confirmed that screening upon intake and reassessments within 30 days are being completed as per policy. All screening assessments are maintained in a locked drawer in the Social Service Coordinator's office to ensure confidentiality of this information with access allowed to the Facility Director/PREA Compliance Manager only.

Standard §115.242 Use of screening information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency uses the information from the risk screening form to make housing, bed, and work and program assignments with the goal of separating residents at high risk of being sexually victimized from residents at high risk of being sexually abusive. Residents identified at high risk are tracked on the *PREA At-Risk Log-Abuser* and on the *PREA At-Risk Log-Victimized* to ensure that they are not housed together. Residents screened to be at risk for victimization are housed in the new building and those screened at risk for abusiveness are housed in the old building. Prior to the completion of the new building, potential victims were housed on the first floor only and abusers on the other floors. On interview with the Facility Director/PREA Compliance Manager, she explained how the facility utilizes the information from the *PREA Risk Assessment*. Residents who are identified from screening to need referrals for mental health evaluations, substance abuse treatment or sex offender treatment are referred for these services after approval from BOP.

Guidelines on housing and program assignments and for the management of transgender and intersex residents are outlined in GEO policy 5.1.2-A, page 10, section D-3 and in facility policy 2014-3, page 3, section 2. The agency does not place LGBTI residents in housing units solely based on their sexual orientation. In the past 12 months, there have been no self-disclosed transgender or intersex residents housed at Bronx Community Reentry Center. If there were, these residents would be given the opportunity to shower separately from other residents.

Standard §115.251 Resident reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-A, page 17, section K-1 and facility policy 2014-2, page 4, last paragraph and page 5, section VI, outline the procedure for resident reporting. The agency provides multiple ways for residents to privately report sexual abuse and sexual harassment and to report retaliation by other residents or staff for reporting sexual abuse and sexual harassment. Residents are made aware that they can inform a staff member immediately, contact the

Facility Director/PREA Compliance Manager, put their allegation in writing or call toll free the Rape and Incest National Network (RAINN) at 1-800-656-4673. Other options include calling Safe Horizon at 1-800-621-4673, the Westchester Community Opportunity Program, Inc./Victims Assistance Services toll free at 1-855-827-2255 or the BOP NY Residential Reentry Management Office at 718-840-4219. Calling any of the toll-free numbers allows residents to remain anonymous upon request. These crisis hotline numbers are posted throughout the facility in various locations. GEO PREA posters provides the address of the GEO PREA Coordinator. The *PREA Education Manual for Residents* that each resident receives upon arrival to the facility provides residents with methods of reporting available to them.

Staff have access to private reporting by calling the Employee Hotline at 866-568-5425 or the Corporate PREA Coordinator at 561-999-5827. Information for resident and staff reporting is available on the GEO website and posted throughout the facility at numerous locations. The agency's policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Residents and staff interviewed were well versed in the methods of reporting available to them.

Standard §115.252 exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

In review of GEO policy 5.1.2-A, pages 17 & 18, section K-2 and facility policy 2014-5, pages 3-5, there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provide in the *PREA Education Manual for Residents*. There is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Third parties on behalf of a resident may also submit grievances. Emergency grievances may be filed if the resident feels he is at substantial risk of imminent sexual abuse. The Facility Director/PREA Compliance Manager receives all copies of grievances relate to sexual abuse and sexual harassment for monitoring purposes. In the past 12 months, there have been no grievances filed related to sexual abuse or sexual harassment.

Standard §115.253 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

As stated in GEO policy 5.1.2-A, page 23, section N-8 and facility policy 2014-6, page 11, section H-6, residents are provided with access to outside victim advocates for emotional

support. Information in the *PREA Education Manual for Residents* and on posters displayed throughout the facility, inform the residents that they can access victim advocacy services by calling the RAINN National Hotline Network at 1-800-656-4673, Safe Horizons at 1-800-621-4673, or the Westchester Community Opportunity Program/Victims Assistance Services at 1-585-827-2255. The RAINN National Hotline and the SAFE Horizons numbers were called during the on-site visit and found to be accessible. Additional resources available by contacting a Case Manager, Social Service Coordinator and/or the Facility Director/PREA Compliance Manager. Multiple attempts have been made and are ongoing by the agency/facility to secure MOU's with agencies willing to provide facility residents additional advocacy services. In the past 12 months, there have been no requests for victim advocacy services.

Standard §115.254 Third party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on GEO policy 5.1.2-A, page 18, section K-3 and facility policy 2014-2, page 4, last paragraph under section entitled "Documentation", the agency has a method to receive reports of sexual abuse and sexual harassment. 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 administration or to the GEO Corporate PREA Coordinator. Information for third party reporting can be found on poster displayed in the facility and on the GEO website at www.geogroup.com. Residents interviewed were aware of this method of reporting.

Standard §115.261 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

As outlined in GEO policy 5.1.2-A, pages 13 & 14, section G-2, page 14, section H-2 and pages 18 & 19, section K-4, and facility policy 2014-6, pages 5 & 6, section VII-B, all staff, contractors and volunteers are to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment. Any retaliation or suspected retaliation against residents or staff is also to be reported immediately. Interviews with staff revealed that they are very aware of their reporting responsibilities and know not to reveal any information about sexual abuse incidents to anyone other than to the extent necessary. In the past 12 months, there have been no allegations of sexual abuse or sexual harassment reported and no incidents that required reporting according to the Vulnerable Persons State Statute.

Standard §115.262 Agency protection duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

When the agency learns that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Policy 5.1.2-A, page 19, section L-1 and facility policy 2014-6, page 5, section VI, 2nd paragraph, outline the agency's procedures related to its efforts to protect residents at risk for sexual abuse. In interview with the Facility Director/PREA Compliance Manager, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a resident being in substantial risk of sexual abuse. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse.

Standard §115.263 Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

According to GEO policy 5.1.2-A, page 22, section L-5 and facility policy 2014-6, pages 9 & 10, section F, there are procedures in place if an allegation is received that a resident was sexually abused while confined at another facility. The facility is to document the allegation and the Facility Director is required to notify the Director of the facility where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours. This information is required to be reported to the PREA Coordinator who ensures that the allegation is investigated in accordance with the PREA standards. The Facility Director/PREA Compliance Manager reported during interview that in the past 12 months there have not been any allegations received that a resident was sexually abused while confined at another facility and the Bronx Community Reentry Center has not received any notifications from other confinement facilities of abuse occurring while a resident was confined at the Bronx Community Reentry Center.

Standard §115.264 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

In accordance with GEO policy 5.1.2-A, page 22, section L-5 and facility policy 2014-6, pages 9 & 10, section F, upon learning that a resident has been sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve the crime scene and preserve the evidence. If the first staff responder is not a security staff member, the responder is required to request the alleged victim not take any actions that could destroy the evidence and notify security staff. All staff carry with them a first responder card reminding them of their first responder responsibilities. Security and non-security staff interviewed were knowledgeable of the policy and the practice to follow. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and the evidence. The Bronx Community Reentry Center has not received any allegation of sexual abuse during the past 12 months so the facility has not had to implement first responder duties.

Standard §115.265 Coordinated response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-A, pages 5 & 6, section A-4 and review of the facility's *PREA Coordinated Response Plan*, there are procedures in place to coordinate actions to be taken in response to an incident of sexual abuse. The plan provides written guidance to staff and administration regarding actions to be taken and notifications to be made. Staff interviewed confirmed they are knowledgeable of the plan and necessary actions to be taken in response to an allegation of sexual abuse.

Standard §115.266 Preservation of ability to protect residents from contact with abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.1-A, page 5, section A-3 and facility policy 2014-6, page 6, section C-a-a, were used to verify compliance to this standard. In all cases of abuse by staff, contractors or volunteers the abuser will be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment. The Bronx Community Reentry Center does not have a collective bargaining unit. GEO would not enter into any collective bargaining agreement at any of its facilities that would limit a facility's ability to remove an alleged sexual abuser from

contact with residents pending the outcome of an investigation. There have been no incidents in the past 12 month that required staff to be separated from residents.

Standard §115.267 Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-A, page 24, section M-2 and facility policy 2014-6, page 11, section 9, state that residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation from other residents and staff. 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 who fear retaliation will be protection measures used as per policy. The Facility Director/PREA Compliance Manager is responsible for weekly monitoring for retaliation. When interviewed, she knew the responsibilities of this process. Weekly meetings will be recorded on the *Protection from Retaliation Log*. Monitoring will continue for at least 90 days and longer if necessary. In the past 12 months, there have been no allegations of sexual abuse or sexual harassment reported, therefore no monitoring for retaliation was required.

Standard §115.271 Criminal and administrative agency investigation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency has policies governing administrative and criminal investigations of sexual abuse as outlined in GEO policy 5.1.2-E, pages 4-6; section III, B-1 & 2. An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. There are no trained investigators at the facility at this time. The Facility Director/PREA Compliance Manager, the Social Service Coordinator and two Security Monitors are slated to receive Specialized Investigations Training in the very near future. In the event of a report of an allegation, the facility would request a division investigator be assigned to the facility by the corporate office. An OPR referral form is completed and submitted to OPR for all staff-on-inmate allegations of sexual abuse and an e-mail notification is made to the BOP, the PREA Coordinator and the Program Fidelity Manager. All inmate-on-inmate sexual abuse allegations are referred to the PREA Coordinator, the Program Fidelity Manager and BOP. The New York Police Department Precinct #52 are responsible for criminal investigations. The facility

maintains all written reports of administrative and criminal investigations. In the past 12 months, there have been no allegations of sexual abuse or sexual harassment reported.

Standard §115.272 Evidentiary standard for administrative investigation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

According to GEO policy 5.1.2-E, page six, section B-2-d; the facility shall impose no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.

Standard §115.273 Reporting to residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

As stated in GEO policy 5.1.2-E, pages 10 & 11, section III-K, and facility policy 2014-6, pages 11 & 12, section J, proper notification is to be given to residents as to the outcome of an investigation of sexual abuse and sexual harassment if the outcome of the investigation proved to be substantiated, unsubstantiated or unfounded. Attachment D of policy 5.1.2-E, available in English and Spanish would be presented to the alleged victim at the conclusion of the investigation. This form is signed by the resident and retained in the investigative file. In the past 12 months, there have been no allegations of sexual abuse or sexual harassment reported. Based on interview with the Facility Director/PREA Compliance Manager, this process is in place and notifications would be made as required by policy.

Standard §115.276 Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Staff shall be subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse policy as outlined in GEO policy 5.1.2-E, page 11, section L and facility

policy 2014-6, page 13, section M-1. An Employee handbook, given to all staff, explains the zero-tolerance policy. All terminations and resignations for staff sexual misconduct shall be reported to the NYPD 52nd Precinct. In the past 12 months, there were no violations of the agency's policies related to sexual abuse or sexual harassment reported.

Standard §115.277 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-E, page 12, section 3, states that any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with residents and shall be reported to law enforcement agencies. The facility does not have any contractors. In interview with the Facility Director/PREA Compliance Manager, there have been no incidences of sexual abuse or sexual harassment by any volunteers. If violations were to occur, appropriate remedial actions would be taken and further contact with residents would be prohibited.

Standard §115.278 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

As per GEO policy 5.1.2-E, page 12, section 2 and facility policy 2014-6, page 13, section M-2, residents found guilty of engaging in sexual abuse involving other residents shall be subject to formal disciplinary sanctions. Disciplining residents for engaging in sexual activity with an employee is prohibited unless the employee did not consent to the contact. The agency prohibits all sexual activity between residents and will discipline residents for such behaviors. Page 12, section 205 & 206 and page 20 section 409 of the *Resident Handbook* provided to all residents upon admission clearly state offenses of sexual misconduct that residents will be disciplined for. In the past 12 months, there have been no violations by residents that required formal disciplinary sanctions imposed.

Standard §115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 23, section 7, and facility policy 2014-6, page 7, section 5-f and page 8, section 5-h. Bronx Community Reentry Center does not have medical or mental health staff on site; therefore, referrals are made to off-site BOP approved providers for all medical and mental health services. St. Baranabus Hospital is the primary hospital residents of this facility are transported to for emergencies. An MOU with St. Luke's-Roosevelt Hospital provides comprehensive health care services for Bronx Community Reentry Center residents. Residents are referred to St. Marks Institute for Substance Abuse and Mental Health treatment and to the New York Forensics for mental health services as well as sex offender treatment. Treatment services are provide to every victim without financial cost. In the past 12 months, there have been no allegations of sexual abuse; therefore there were no off site referrals for emergency medical or mental health services.

Standard §115.283 ongoing medical and mental health care for sexual abuse victims

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-A, pages 23 & 24, section M-1 and facility policy 2014-6, page 8, section 4-h and page 10, section H, 1 & 2, were used to verify compliance to this standard. In the past 12 months, there have been no residents requiring ongoing medical or mental health care due to sexual abuse. The facility offers medical and mental health evaluation and treatment to all residents victimized by sexual abuse. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse, victims receive timely and comprehensive information about all lawful pregnancy-related medical services. All victims are offered tests for sexually transmitted infections. These services are provided off site. Planned Parenthood located in the Bronx as well in surrounding areas offer these services. In the past 12 months, there have been no residents requiring ongoing medical or mental health care due to sexual abuse.

Standard §115.286 Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Per GEO policy 5.1.2-A, page 25, section 3 and facility policy 2014-6, page 12, section K, facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. The Facility Director/PREA Compliance Manager and the Social Service Coordinator make up the Incident Review Team at the facility. A *PREA After Action Review Report* is completed for each review and forwarded to the PREA Coordinator. The facility will implement recommendations for improvement or document reasons why these improvements were not done. The Facility Director/PREA Compliance Manager will maintain copies of all completed review forms in the corresponding investigative file. There were no allegations of sexual abuse or sexual harassment reported in the last 12 months; therefore, there was no need for any sexual abuse incident reviews. In interview with the Facility Director/PREA Compliance Manager and the Social Service Coordinator, they knew their responsibilities as it applies to this standard.

Standard §115.287 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The facility shall collect data related to sexual abuse and this data is aggregated at least annually according to GEO policy 5.1.2-A, page 25, section III, N-1 and facility policy 2014-6, page 14, section M-1. It is the responsibility of the PREA Compliance Manager to compile data collected on sexual activity, sexual harassment and sexual abuse incidents and forward this information to the PREA Coordinator on a monthly basis using the *Monthly PREA Incident Tracking Log* (attachment D of policy 5.1.2-A). A *PREA Incident Report Survey* is completed on all allegations of abuse as well as a *BOP PREA Survey Tool*. The agency provides data collected to the Department of Justice from the previous calendar year upon request.

Standard §115.288 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

According to GEO policy 5.1.2-A, page 26, section III, N-2 and facility policy 2014-6, page 14, section M-2, GEO reviews all data collected in order to assess and improve the effectiveness of its sexual abuse prevention and intervention program. The PREA Coordinator prepares an annual report that includes findings and corrective actions taken for each GEO Reentry facility.

The annual report includes a comparison of the current year's data and corrective action from prior years. The most current report for the year 2014 is available on GEO's website (www.geogroup.com).

Standard §115.289 Data storage, publication and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Per policy 5.1.2-A, pages 25 & 26, section N-2 and facility policy 2014-6, page 14, section M-3, all data collected is securely retained for 10 years or longer if required by state statute. Before making aggregated sexual abuse data publicly available on the GEO website, all personal identifiers are removed.

AUDITOR CERTIFICATION:

I certify that:

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

Barbara Jo Denison

October 8, 2015

Auditor Signature

Date