

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: August 29, 2021

Auditor Information

Name: Mark Stegemoller

Email: markronda@centurylink.net

Company Name: Mark Stegemoller PREA Consultant LLC.

Mailing Address: 3873 Utica Road

City, State, Zip: Lebanon, Ohio, 45036

Telephone: 513-805-5176

Date of Facility Visit: July 26-27, 2021

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, FL 33431

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.geogroup.com/PREA (Social Responsibility Section)

Agency Chief Executive Officer

Name: Jose Gordo

Email: jgordo@geogroup.com

Telephone: 561-999-8124

Agency-Wide PREA Coordinator

Name: Trina Maso de Moya

Email: tmasodemoya@geogroup.com

Telephone: 561-999-8116

PREA Coordinator Reports to:

Daniel Ragsdale, Executive Vice President, Contract Compliance

Number of Compliance Managers who report to the PREA Coordinator:

83 (48 prisons/jails; 35 re-entry)

Facility Information

Name of Facility: Chester Residential Reentry Center

Physical Address: 201 E. 12th Street

City, State, Zip: Chester, PA, 19013

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
The facility has received monitoring audits conducted by Pennsylvania Department of Corrections (PADOC) who are the referring agency.

Facility Director

Name: Annemarie Smith-Whitson

Email: asmithwhitson@geogroup.com

Telephone: 610-872-0511 Ext 235

Facility PREA Compliance Manager

Name: Kashif Johnson

Email: kajohnson@geogroup.com

Telephone: 610-872-5199

Facility Health Service Administrator N/A

151

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

151

Current Population of Facility:

77

Average daily population for the past 12 months:	76 (includes all units)	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	Adults (19-73)	
Average length of stay or time under supervision	6 months	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months	346	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	336	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	336	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: PADOC, Delaware County <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	24	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	12	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3 Housing Units (PADOC 1, 2 Delaware County)
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	9 Rooms
<p>Number of open bay/dorm housing units:</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0 (PA DOC, Chester Police Department)</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>0</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: PADOCC) <input type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) onsite audit of the Chester Residential Reentry Center located on 201 E. 12th Street, Chester, Pennsylvania, was conducted on July 26-27, 2021, by Mark Stegemoller, a U.S. Department of Justice Certified PREA Auditor. Audit notices were posted on July 7, 2021, throughout the facility three weeks before the onsite review and date stamped. The Auditor requested the notice of audit to be displayed for an additional three weeks after the onsite review. Photographic evidence was submitted, demonstrating the posting of the audit notices. The auditor received no correspondence from staff or residents wishing to speak with the auditor. The GEO Group provided the Pre-Audit Questionnaire (PAQ) to the auditor and supporting documents on a flash drive on June 21, 2021. The auditor conducted a thorough review of all submitted documentation and materials along with the information included in the completed PAQ. The documentation reviewed included agency policies, protocols, facility-related documents and forms, education materials, training curriculum, organizational charts, posters, pamphlets, and other PREA related materials provided to demonstrate compliance with the PREA standards.

This was the third PREA audit for the Chester Residential Reentry Center. The entrance briefing for the audit was held on July 26, 2021, with the Facility Director, Assistant Facility Director of Operations, and PREA Compliance Manager. After introductions and welcoming remarks by the Facility Director, and the auditor, the discussion turned to the audit schedule and an overview of the PREA audit process. The auditor described the onsite phase of the audit and explained the triangulation methodology the auditor would utilize to obtain evidence of compliance. The auditor would observe the facility's day-to-day practices, review written policies and procedures, complete a facility site inspection, conduct staff and resident interviews; and review additional documentation to confirm implementation. The auditor explained that the PREA audit process is much more invasive than most correctional audits. The auditor stated he will work collaboratively with staff to ensure the facility achieves full compliance with PREA Standards. The auditor advised staff that the Department of Justice (DOJ) expects that corrective action will be necessary in most cases. This is a normal part of the audit and should not be considered adversely. The auditor further specified that the document review and information gathering would conceivably be more extensive than experienced during the facility's recent PREA audit due to additional guidance published by the (DOJ).

After the entrance briefing, the auditor conducted a sight inspection of the entire facility accompanied by executive staff. Areas inspected included the facility administrative office areas, residents housing units, recreation, intake area, resident dining area, mental health, dental and the medical area. At each site visited throughout the inspection, the auditor was given a comprehensive description of the area's responsibility by personnel in charge of the area. The auditor spoke informally with staff and residents during the inspection and gave specific attention to security camera placements, video monitoring capabilities, site lines, and potential blind spots. The auditor observed, among other things, the facility's configuration, location and number of security cameras and mirrors, staff direct supervision of residents

throughout the facility, housing unit layouts, including showering and toileting areas. The auditor was mindful to pay specific attention to the placement of PREA related directives, posters, and PREA informational resources. Individual shower stalls allow residents to shower separately, allowing for adequate security and privacy. Toilet stalls are also separated by partitions with doors to allow for privacy. The auditor did not notice any concerns for potential of cross-gender viewing. Notices of the PREA audit were prominently displayed on bright orange posters throughout the facility, to include in all resident living areas.

After the facility inspection was completed, formal interviews began with random residents. Resident interviews were conducted in an administrative office providing the auditor and interviewee adequate privacy. On the first day of the site visit, the facility housed 77 male residents. There was a total of twenty-five (25) residents interviewed over the two days (July 26-27, 2021). Of the 25 residents interviewed, fifteen (15) were randomly selected and seven (10) were identified for target interviews. The targeted group consisted of three (3) acknowledging prior victimization, one (1) from the LGBTI community, one (1) with a physical disability, three (3) with a cognitive disability, (2) who were limited English proficient (LEP). Residents were interviewed using the recommended DOJ protocols that question their knowledge of PREA protection and their knowledge on reporting mechanisms that are in place to report sexual abuse or sexual harassment.

On day two of the onsite inspection formal interviews began with random and specialized staff (from all three shifts) along with facility executive staff. The Auditor was provided with private office in the front lobby of the facility to conduct confidential staff interviews. A total of twenty-five (25) facility and agency staff were interviewed over the two days while onsite. Included in the interviews were thirteen (13) random front-line staff and representing all three shifts. Specialty staff interviews including medical/mental health, first responders, facility investigator, intake/risk screening, human resources, SAFE/SANE, incident review team member, intermediate or higher-level staff, victim assistance, staff charged with monitoring retaliation. Also interviewed was the Facility Director, PREA Compliance Manager and one (1) mental health intern. All staff were interviewed using the DOJ prescribed protocols.

While onsite, the auditor reviewed randomly selected personnel files for six (6) staff members to determine compliance with PREA training mandates and background check procedures. The auditor reviewed five (5) randomly selected resident files to assess proper screening and intake procedures for the risk of sexual victimization and/or abusiveness, resident PREA information received upon intake, and comprehensive PREA education. The auditor reviewed two (2) completed administrative investigation files, one from 2019 and one from 2020 to determine compliance with PREA investigation mandates. The facility had two (2) open administrative investigations during the previous 12 months pending disposition. While onsite, the auditor spoke via telephone with a representative from the Delaware County Women Against Rape (DCWAR). Along with the MOU, the interview confirmed the agreement in place with the DCWAR to provide rape crisis intervention services to victims of sexual abuse that occurs at the facility. The facility utilizes the Crozer Chester Medical Center for forensic exams. The facility has an MOU with the Crozer Medical Center and Sexual Assault Nurse Examiners (SANES) are on call 24 hours a day to provide medical and forensic response to victims of sexual assault. The auditor conducted a phone call interview with a representative from the Crozer Chester Medical Center who explained the SANE services that would be provided if ever needed.

Facility personnel provided the auditor unimpeded access to all parts of the facility during the onsite inspection. The auditor conducted an exit briefing on Tuesday, July 27, 2021. Those in attendance included the Facility Director, Assistant Facility Director of Operations, PREA Compliance Manager, and Chadwick Anderson, The GEO Group – PREA, who attended via conference call. The auditor explained he could not give an outcome of the audit but did provide insight into some preliminary

findings and discussed the post-site visit audit activity the auditor will need to accomplish to verify compliance with all the PREA standards. The auditor thanked the staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the report writing period the auditor communicated on numerous occasions with the PREA Compliance Manager via phone calls and email correspondence, requesting additional documentation, clarification on policies, procedures, and agency practices.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The GEO Chester Residential Reentry Center is a 151-bed residential reentry center for men located at 201 East 12th Street in Chester, Pennsylvania. On the first of the onsite visit there were 77 residents being housed at the facility. The facility is contracted with the Pennsylvania Department of Corrections and Pennsylvania Board of Probation and Parole to provide reentry services. Services are also provided for Delaware County. The Chester facility was formerly known as the Community Education Center (CEC) and owned by Minsec, LLC, who opened the doors in 2002. GEO acquired the facility in April 2017. The facility is a single-story building which was built in the 1920s. Many renovations and upgrades have occurred and are planned since the acquisition of the facility by GEO. The facility has three (3) Housing Units with nine (9) resident rooms that could potentially house up to sixteen (16) residents per each room. While onsite the auditor observed one dorm was closed and being completely renovated. The area around the facility is filled with businesses, government buildings, and downtown Chester housing. The center operates three separate programs which include: General housing for PA DOC; Mental Health Transitional Housing for Delaware County; and a Restoration of Competence (ROC) Program for Delaware County, Pennsylvania.

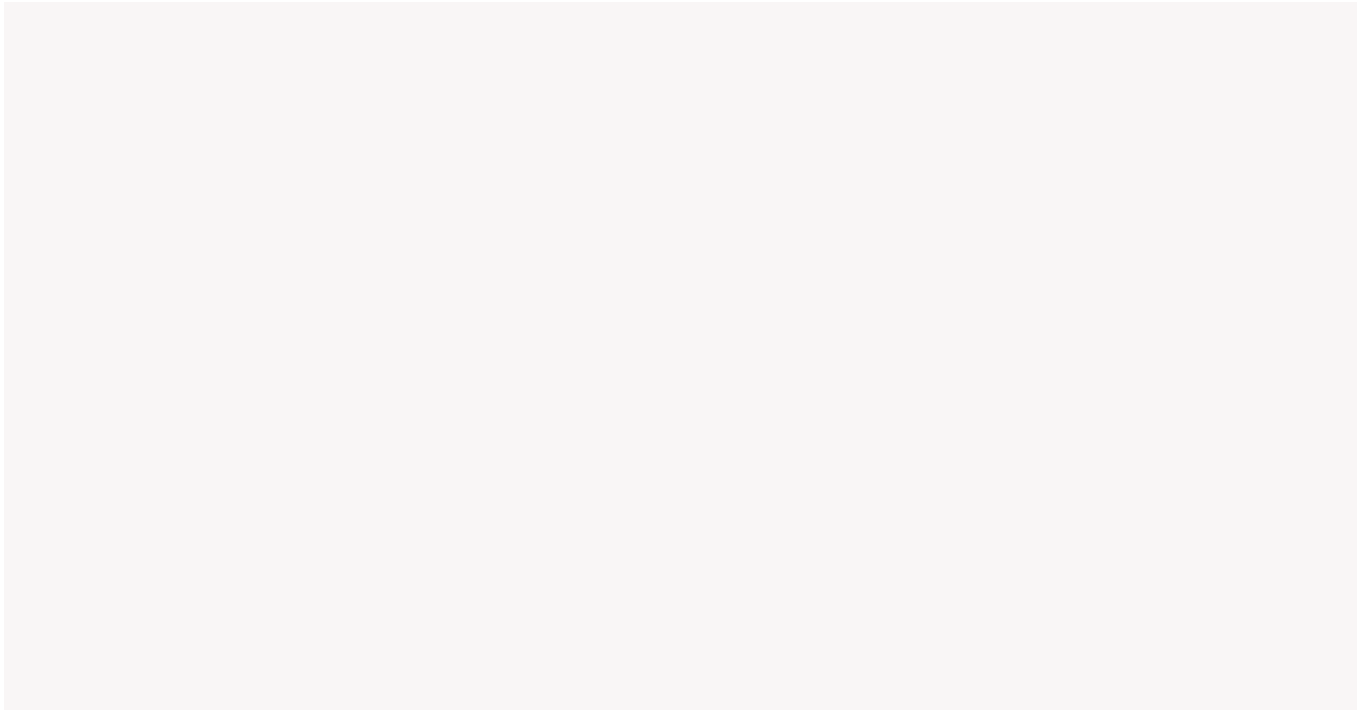
The GEO Chester Residential Reentry Center Maintains security measures appropriate for a community residential center. The facility is staffed by at least five security officers on each shift. Two security officers are stationed at the Operations Desk area where all movements into and out of the facility occur. The door is secure from the outside and staff must buzz the individuals in to gain access or egress from that area. All staff, visitors, and residents are required to pass through a metal detector upon entering the facility. To provide a comprehensive picture of movement within and around the facility, a closed-circuit television (CCTV) system with 24 cameras is in place at the facility and monitored by security monitors in the operations desk area. The facility has not installed or updated their video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months. Sign in and out logs assist staff in maintaining accurate counts of all residents entering and exiting the facility. An electronic system known as GEO Track is used and contains pertinent resident information. The system monitors resident movement in and out of the facility. Counts are conducted, as required. Random searches of rooms are conducted on each shift.

Residents are assigned a case manager who they meet with regularly to discuss individual needs and goals, as well as program progress. Case managers provide residents with a link between staff and the decision-making process that affects the residents. Residents work closely with their case manager throughout their stay at the facility. The facility has their own kitchen area. A private contractor prepares and packages the meals. While inspecting the kitchen the auditor observed that it is wide open and contained no blind spots. Medical Care: The facility can provide some medical care on site. First Aid kits are available in the facility. The majority of medical services are obtained in the community. In serious medical situations, staff call 911. There is a nurse's station in the ROC area. All staff is trained in emergency procedures and certified in Cardiopulmonary Resuscitation (CPR), First Aid, and Automated External Defibrillator (AED.) Recreation: The center encourages residents to actively participate in physical activities to assist them in their psychological, as well as emotional and/or chemical dependency issues. Religious Programming: The facility does not have a Chaplain. Religious programming is done in the local community. Offender Work Programs: Most of the reentry residents are either working or actively seeking work outside the facility in the local community. Academic and

Vocational Education: There are no academic or vocational programs at the facility. Those services are provided in the local community. Visitation: GEO Chester Residential Reentry Center encourages residents to have contact with family members during regularly scheduled visitation hours. Visitation takes place in the facility on Saturdays from 1:00 p.m. until 4:00 p.m. and on Tuesdays from 6:00 p.m. until 9:00 p.m. All visitors must be on the resident's approved visitation list. Residents are eligible for "special visits" when individuals have traveled long distances, medical reasons, with attorneys or clergy, as approved by the Facility Director. Due to the global pandemic (COVID) visitation privileges have been on a modified plan. Library Services: Residents are encouraged to use the local Public Library, which is less than two miles from the facility. Laundry: The facility provides laundry services with three to four washers and dryers available to the resident population. Laundry detergent, irons and ironing boards are also available. Residents are expected to launder their own bedding and personal items on a regular basis.

Facility Demographics:

- Rated Capacity: 151
- Actual Population: 77
- Average Daily Population for the last 12 months: 76 (Includes all Units)
- Average Length of Stay: 6 Months
- Security/Custody Level: Minimum
- Number of residents admitted to facility during the past 12 months: 346
- Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 336
- Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 336
- Age Range of Offenders: Adult (19-73)
- Gender: Male
- Full-Time Staff: 24
4- Administrative/Support, 6- Program, 13 - Security, 1 - Maintenance
- Number of staff hired by the facility during the past 12 months:12



Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.31, 115.32, 115.67

Standards Met

Number of Standards Met: 42

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: N/A

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center Completed Pre-Audit Questionnaire (PAQ)

- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: Chester Residential Reentry Center Local Policy Manual (Title: 2019-1 PREA Staffing and Facility Requirements)
- PREA GEO Group Organizational Chart
- Chester Residential Reentry Center Organizational Chart
- Interviews:
 - Agency PREA Coordinator
 - Chester Residential Reentry Center PREA Compliance Manager

Subsection (a) The auditor reviewed the agency and facility’s written PREA policies mandating zero tolerance toward all forms of sexual abuse and sexual harassment, which outlines the agency and facility’s approach to preventing, detecting, and responding to such conduct, covering all the elements of this subsection. The auditor found the policy’s to be complete and thorough, defining how the agency and facility will implement the approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Subsection (b) The agency (GEO Group) employs a Senior Director, Contract Compliance, PREA Coordinator who acts as the agency-wide PREA coordinator, who reports to the Executive Vice President, Contract Compliance. Interview conducted with the agency wide PREA coordinator indicated she has sufficient time and authority to develop, implement, and oversee the facility’s efforts to comply with the PREA standards.

Subsection (c) The Chester Residential Reentry Center employs an Assistant Director of Programs who acts as the facility PREA compliance manager, who reports to the Facility Director. Interview conducted with the facility PREA compliance manager indicated she has sufficient time and authority to develop, implement, and oversee the facility’s efforts to comply with the PREA standards.

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.) 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: Chester Residential Reentry Center Local Policy Manual (Title: 2019-1 PREA Staffing and Facility Requirements)
- Procedures Manual Commonwealth of Pennsylvania • Department of Corrections (Prison Rape Elimination Act (PREA) Policy Number: BCC-ADM 008)

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: Chester Residential Reentry Center Local Policy Manual (Title: 2019-1 PREA Staffing and Facility Requirements)
- Approved Staffing Plan
- PREA Annual Facility Assessment for 2020 and 2019
- Completed Chester RRC PREA Unannounced Supervisor Rounds (2021, 2020, 2019)
- Security Staff Schedule samplings (2021, 2020, 2019)
- Facility Floor Plan with Camera Locations
- Interviews
 - Agency PREA Coordinator
 - PREA Compliance Manager
 - Intermediate- or Higher-Level Facility Staff
 - Facility Director
- **Subsection (a)** A review of the agency and facility policy's, supporting documentation, and interviews conducted with the Agency PREA Coordinator, PREA Compliance Manager, Facility Director determined the Chester Residential Reentry Center develops, documents, and does their best to regularly comply with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. The written staffing plan is required to be developed sufficiently in advance for internal and agency review and approval. In a review of the facility staffing plans for the past three years the auditor has determined the facility considers all (11) elements required of this subsection.
- **Subsection (b)** In a review of the agency's 2020 PREA annual report and staffing plan reviews for CY-2018, CY-2019, and CY-2020, the facility has not had to deviate from its original

staffing plan. This was further confirmed through interviews with the Senior Director, Contract Compliance, PREA Coordinator

- **Subsection (c)** At least once every year, and according to agency policy, submitted documentation and auditor interviews with the Facility Director, PREA Coordinator, PREA Compliance Manager, the facility, reviews the staffing plan on an annual basis. This process is completed to see whether adjustments are needed to the staffing plan, the deployment of monitoring technology, or the possible allocation of facility and agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The written staffing plan is required to be developed sufficiently in advance for internal review and approval.
- **Subsection (d)** A review of agency and facility policy, supporting documentation, and auditor interviews conducted with the Facility Director, PREA compliance manager and supervisory staff indicated the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Submitted with the facility PAQ was documented unannounced rounds for the past three years documented on the “Chester RRC PREA Unannounced Supervisor Rounds form.” Also, during the facility onsite inspection, the auditor reviewed additional unannounced round forms documenting such rounds are occurring on both day and night shifts. Supervisory staff are assigned specific days of the week that they are required to conduct unannounced rounds, ensuring these types of rounds are conducted on a daily basis for all shifts.

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 the facility does not have female 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 the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies 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 have procedures that enables 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: Chester Residential Reentry Center Local Policy Manual (Title: 2019-1 PREA Staffing and Facility Requirements)
- PREA Staff Training Curriculum (The Moss Group, Inc)
- PREA Staff Training Acknowledgments (2021, 2020, 2019)
- Interviews:
 - o Agency PREA Coordinator
 - o Random Staff
 - o Random Residents

Subsections (a)(c) Agency policy and the Chester Residential Reentry Centers local policy states facility staff shall not conduct cross-gender strip searches or cross-gender visual body searches (meaning a search of the anal/genital opening) except in exigent circumstances or when performed by medical practitioners. The policies further state that the facility will document all cross-gender strip searches and cross-gender visual body cavity searches and will document all cross-gender pat-down searches of female residents. According to the PAQ and the Auditor's interview with the PREA compliance manager, the facility has not conducted any cross-gender pat-down searches or cross-gender strip searches during the audit period.

Subsection (b) The Chester Residential Reentry Centers does not have female residents, therefore this subsection is N/A.

Subsection (d) Agency policy and the Chester Residential Reentry Centers local policy states and was further confirmed through the Auditor's interviews conducted with the PREA compliance Manager and random staff that the facility enables 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 to include viewing via video cameras. Facility staff of the opposite gender will announce their presence when entering a residents housing unit (e.g., "female in the unit or female on the floor") when entering a male resident housing unit. The Auditor confirmed this practice during interviews conducted with residents

and observed staff of the opposite gender announcing their presence when entering housing areas of the opposite gender.

Subsection (e) The agency and the facility's local policy states facility staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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. According to the PAQ and the Auditor's interviews with the PREA compliance Manager and random staff, the facility has not searched or physically examined a transgender or intersex resident's for the sole purpose of determining the resident's genital status. While onsite there were no transgender or intersex residents to interview.

Subsection (f) The agency policy states and was further corroborated through auditor interviews with the PREA Compliance Manager, a random sample of staff, and provided training curriculum to include staff training acknowledgments that the facility trains staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The auditor reviewed the provided training curriculum and found that it met the standards requirement in all material ways.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: Chester Residential Reentry Center Local Policy Manual (Title: 2019-1 PREA Staffing and Facility Requirements)
- PREA Education Manual for Residents (2021) English & Spanish
- Telecommunication Device documentation for the deaf
- GEO Reentry Services (Residents Reporting Options) posters; English & Spanish
- Language Line Solutions (Accessing Interpretive Services)
- Statement of Fact. (§ 115.216 Residents with disabilities and Residents who are limited English proficient)
- Interviews
 - Facility Director
 - PREA Compliance Manager
 - Random Staff
 - Residents (with disabilities or who are limited English proficient)

Subsection (a) Agency and facility local policies state that the facility has established procedures to provide disabled resident's an equal opportunity to participate in or benefit from all aspects of the agency and facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in accordance with subsection (a) requirement. The Auditor interviewed the Facility Director and PREA compliance Manager, who expounded on the procedures and mechanisms that are in place to provide disabled residents an opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Auditor interviewed two LEP residents. Neither resident required the use of interpretive services and both communicated effectively with the auditor during their interviews. They were able to explain the facility's processes for reporting

allegations of sexual misconduct and indicated they had received sexual safety information upon intake and in a format that they were able to understand. Furthermore, both residents recalled being asked questions upon intake for risk of sexual victimization and abusiveness. The Auditor observed throughout the facility written materials, posters, pamphlets both in English and Spanish advising residents of their rights to be free from sexual abuse, sexual harassment & retaliation and how to report such.

Subsection (b) Agency and facility policies state, and it was further corroborated through auditor interviews with the Facility Director and PREA compliance manager the agency and facility has established procedures to provide residents with limited English proficiency an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provides the necessary steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment involving residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpretive services are provided via Language Line Solutions.

Subsection (c) Agency and facility policy states and the auditor confirmed through interviews with the PREA compliance manager, and random staff that resident interpreters, resident readers, or other types of resident assistants are prohibited 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, or the investigation of the resident's allegations. During the previous 12 months, the facility has reported no instances where resident interpreters, readers, or other types of resident assistants have been utilized.

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 who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether 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)

- 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: Chester Residential Reentry Center Local Policy Manual (Title: 2019-1 PREA Staffing and Facility Requirements)
- The GEO Group - Completed Employment Forms for (2021, 2020, 2019)

- Completed Accurate Employee Background Check Documentation for (2021, 2020, 2019)
- Completed Pennsylvania Department of Corrections Criminal Background Check and Security Clearance forms for (2021, 2020, 2019)
- GEO – Completed Non-Exempt Performance Evaluation forms (2021, 2020, 2019)
- GEO – Completed Promotional Disclosure Waiver forms (2021, 2020, 2019)
- Completed CareerBuilder (5-year Background Checks)
- Interviews
 - Human Resource Staff

Subsection (a)(b)(c)(d)(e)(f)(g)(h) The auditor reviewed the agency and facility policies which prohibits hiring or promoting anyone who may have contact with residents (who may have contact with individuals housed in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community. Chester Residential Reentry Center shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO Facility or Program. Criminal background checks will be conducted for all potential employees, and best efforts will be taken to contact prior institutional employers (to obtain information on substantiated allegations of Sexual Abuse and/or any resignation pending investigation of an allegation of Sexual Abuse) prior to hiring new employees. Background checks shall be repeated for all employees at least every five years. Employees are required to provide a continuing affirmative duty to disclose any such conduct and/or allegations to the Facility Administrator. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, GEO Reentry Services Human Resources Department shall 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 individual has applied to work.

Submitted with the facility PAQ was a sampling of completed GEO employee applications, covering the elements required under subsection (a) of the standard. Also presented with PAQ were completed GEO-Non-Exempt Performance Evaluation forms, GEO- Promotional Disclosure Waiver forms, background check investigation information to include information for completed five-year rechecks for the previous three years. While onsite, the auditor reviewed six randomly selected employee personnel files and determined all employee files were compliant with the standard in all material ways. The auditor confirmed the practice as mentioned above through an interview with the facility's Human Resource Administrator.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: Chester Residential Reentry Center Local Policy Manual (Title: 2019-1 PREA Staffing and Facility Requirements)
- PREA Annual Facility Assessment (2020, 2019)
- Facility Floor Plan
- Facility Statement of Fact: (115.218 Upgrades to facilities and technologies)
- Interviews
 - Facility Director
 - PREA Compliance Manager

According to the submitted PAQ and interviews conducted with the Facility Director, and PREA compliance manager, the Chester Residential Reentry Center has not made a substantial expansion or

modification to the existing facility since their last audit. The agency/facility has not installed or updated their video monitoring system, electronic surveillance system, or other monitoring technology since since the last PREA audit.

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 evidentially 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- Crozer – Chester Medical Center (SAFE/SANE Provider Information)
- MOU Agreements: Chester Residential Reentry Center (Chester) and Delaware County Women against Rape (DCWAR)
- Facility Statement of Fact: (115.221 Evidence protocol and forensic medical examinations)
- Interviews:
 - PREA Compliance Manager
 - Random Staff
 - Victim Advocacy
 - SAFEs/SANEs Staff
 - Facility Investigator(s)

Subsection (a)(b)(c)(d)(e)(g)(h) The agency and facility policies outline the requirements as it pertains to the standard. The agency/facility is responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence per the standards requirement. The abovementioned was confirmed through interviews with random staff, and the PREA compliance manager (facility Investigator) who explained to the auditor how to preserve evidence and the crime scene to maintain usable evidence for investigative purposes. Agency and facility policies require the local law enforcement that conducts investigations to ensure that all forensic evidence is collected and preserved per evidence protocols established by the Department of Justice (DOJ). Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at the facility. The facility has an MOU with the Crozer-Chester Medical Center in Chester, PA, where resident victims of sexual abuse are transported for forensic exams at no cost to the resident. The Crozer-Chester Medical Center has SANE providers on call 24 hours a day, seven days a week. The auditor confirmed this through an interview with a representative from the agency. According to the PAQ and interviews with the Facility Director and PREA compliance manager, no residents have required SANE exams during the past 12 months. The facility has an MOU with the Delaware County Women Against Rape (DCWAR). At the victim's request, a representative

from the agency will accompany and support a resident victim of sexual abuse through the forensic exam process and provide emotional support and crisis intervention. The Auditor interviewed a representative from DCWAR who confirmed the services that would be provided to a resident of sexual abuse. Most interviews conducted with residents confirmed they are made aware of the confidential emotional support services available to them and how to access these services. Several residents stated they have seen the information in the facility PREA Education Manual provided to all Residents, and some stated they have seen the information displayed on posters (PREA Resident Reporting Options) throughout the facility in English and Spanish.

Subsection (f): This provision is not applicable to this facility as the agency/facility is responsible for conducting administrative sexual abuse investigations.

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 the policy 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- PREA Investigative Reports (2020, 2019)
- Procedures Manual (Commonwealth of Pennsylvania • Department of Corrections) BCC-ADM 008
- GEO Group Website (<https://www.geogroup.com/PREA>)
- Interviews:
 - PREA Compliance Manager

- Facility Director
- Facility Investigator

Subsection (a)(b)(c) The Agency and facility policy outline procedures for investigating and documenting incidents of sexual abuse. The agency and facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including resident-on-resident sexual abuse or staff sexual misconduct. If an allegation were received from a resident of this facility, GEO would assign an investigator to conduct an administrative investigation. Interview with the Executive Vice President Continuum of Care & Reentry Services (Agency Head Designee) stated the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. Based on client contract requirements, an investigation would be conducted by the client investigative unit, local law enforcement (if criminal), or a trained GEO facility investigator. He further stated the agency has a cadre of staff in their division that have received PREA Specialized Investigations Training. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve criminal behavior. In the past 12 months, the facility received two allegations of sexual abuse, and both cases are still open pending disposition.

The auditor reviewed two completed administrative sexual abuse investigations onsite, one in 2020 and one in 2019. Both investigations were conducted by the client (Pennsylvania DOC) per contract agreement. In reviewing the completed investigations, the auditor found that both cases were completed per the standards requirement. Upon receiving an allegation of sexual abuse, the supervisor receiving the report immediately notifies the Acting Facility Director/PREA Compliance Manager. The Facility Director will immediately notify the PREA Coordinator, the PREA Division Coordinator, the GEO's Office of Professional Responsibility (OPR) (if the allegation involved staff), and the Senior Area Manager. The facility policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to the Chester Police Department who have the legal authority to conduct criminal investigations. During the previous 12 months, there have been no PREA related investigations that rose to the level of criminality. All PREA allegations are tracked on the agency PREA Monthly Incident Outcome Tracking Log. Submitted with the facility, PAQ was completed Monthly Incident Outcome Tracking Logs, and the auditor reviewed additional Tracking Logs while onsite. The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website at <https://www.geogroup.com/PREA>. The information describes the responsibility of the agency to refer investigations of sexual abuse and sexual harassment for criminal investigation and the responsibility of the investigating entity.

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

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- PREA Staff Training Curriculum
- PREA Staff Training Acknowledgments (2021, 2020, 2019)
- Interviews
 - Random Sample of Staff

- PREA Compliance Manager

Subsections (a)(b) Agency policy states and the auditor confirmed through random staff interviews and a review of completed staff training documentation/acknowledgment forms that all employees receive PREA educational training in accordance with the standards requirement. Training includes individual completion of the PREA and Staff Sexual Misconduct Training on (1) The facility zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An residents right to be free from sexual abuse and sexual harassment; (4) Staff and residents right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian gay, bisexual, transgender, intersex, or gender-nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Although Chester Residential Reentry Center currently only houses male residents, the training is tailored for male and female residents. Staff training reflects a mixed-gender mission and staffing. Interviews with staff demonstrated staff have been adequately trained and are aware of the significance of PREA.

Subsections (c)(d) All staff receive PREA training annually during pre-service training, exceeding the standards requirement. The agency/facility also provides 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. Unless client mandates require electronic verification, employees shall document through signature on the PREA Basic Training Acknowledgement Form (Attachment E) that they understand the training they have received. This form is used to document Pre-service and Annual In-service PREA Training. The Training Officer maintains an electronic copy of the training in the individual training records for each staff member. The auditor verified by reviewing staff training documentation submitted with the PAQ and additional staff documentation review while onsite and interviews conducted with random 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Volunteer/Contractor Roster
- Volunteer/Contractor Training Curriculum
- Pennsylvania DOC (PREA Orientation Receipt for Department and Contract employees, Volunteer, and Interns) (2021, 2020, 2019)
- Interviews
 - Volunteer/Intern

Subsections (a)(b)(c) Agency policy requires all volunteers and contractors who have contact with detainees to be trained and have annual refreshers on their responsibilities regarding sexual abuse/harassment prevention, detection, and response as outlined in the agency's PREA policy. The agency's policy for requiring annual training exceeds the standards requirement.

The Chester Residential Reentry Center did not have any contractors during the previous 12 months; therefore, there were no contractors for the auditor to interview. The facility currently has four volunteers/interns. Volunteers receive the same PREA training as employees and sign a PREA Basic Acknowledgement form acknowledging receipt and understanding of the agency's zero-tolerance

policy. The auditor interviewed a mental health intern who confirmed she received the agency PREA training annually and knew the agency/facility's zero-tolerance policy and how and whom to report PREA allegations. The auditor further corroborated the training through the review of her training records. The facility maintains documentation for all four volunteers acknowledging they have received and understood the training provided.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- PREA Education Manual for Residents (English & Spanish)
- Resident Acknowledgment of Receipt of PREA Educational Manual (2021, 2020, 2019)
- Resident Acknowledgment of PREA Video Education (2021, 2020, 2019)
- PREA Resident Reporting Options (English & Spanish)
- Interviews
 - Intake Staff
 - Random Residents

Subsections (a)(b)(c)(d)(e) Agency and facility policy states that individuals in a GEO Facility or Program shall receive PREA educational information within 24 hours of arrival. Community Confinement Facilities shall provide each individual in a GEO Facility or Program with written information (i.e., handbooks, pamphlets, etc.) on the Company's zero-tolerance policy regarding Sexual Abuse and Sexual Harassment, how to report incidents or suspicions of Sexual Abuse or Sexual Harassment, their right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents. The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills. Upon arrival, Chester residents receive a copy of the "PREA Education Manual for Residents and are required to watch the comprehensive PREA educational video (What you Need to Know)." The auditor confirmed this occurs through interviews with random residents, including LEP residents and residents with cognitive disabilities, reviewing their files, including signed acknowledgments for receiving the information. Residents were knowledgeable of the agency and facility zero-tolerance policy and knew how to report incidents of sexual abuse, sexual harassment. Agency policy further states: Community Confinement Facilities shall provide refresher information whenever an Individual in a GEO Facility or Program is transferred to a different Facility. Multiple residents indicated they had received numerous PREA related information when transferred from one facility to another, and upon arrival to the Chester Residential Reentry Center. During the site inspection, the auditor observed PREA information prominently displayed on bright orange posters, both in English and Spanish, in all resident housing rooms and numerous areas located throughout the facility.

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 receive 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*)

Instructions for Overall Compliance Determination Narrative

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

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- PREA Specialized Investigations Lesson Plan
- Chester Facility Investigator – Certificate of completed training
- PA DOC Investigator's - Certificates of completed training
- Interviews
 - PREA Compliance Manager/Facility Investigator

Subsection (a)(b)(c) Agency policy states in addition to the general training provided to all employees pursuant to §115.31, the agency shall ensure that, to the extent the agency and facility itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Where the Facility does not conduct Sexual Abuse investigations and an outside agency is responsible for investigating these types of incidents, the Facility shall request documentation from the Agency that it has provided such training to its investigators who conduct such investigations. Training documentation shall be kept on file at the Facility. The Auditor was provided the PA DOC investigators training curriculum and certificates for completing the specialized training. The Agency and facility shall maintain documentation that facility investigators have completed the required specialized training in conducting sexual abuse investigations. The PREA Compliance Manager has received specialized training to conduct sexual abuse investigations by the agency (GEO). However, in the event of a PREA allegation, GEO will assign a trained investigator from another facility or the corporate office if needed. In reviewing the agency specialized training curriculum and completed training certificate, the auditor determined the facility and agency has demonstrated their investigative staff has received advanced training when dealing with allegations of sexual misconduct within a confinement setting. This was further corroborated through the knowledge shown during an interview with the facility investigator. The Chester Police Department and/or State Police will conduct any potential criminal investigations at the Chester Residential Reentry Center.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes No NA

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 does not employ medical staff or the medical staff employed by the agency 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Roster of Mental Health/Medical Staff
- PREA Specialized Medical & Mental Health Training Certificates
- PREA Basic Training Acknowledgements
- Interviews
 - Medical & Mental Health Staff

Subsection (a)(c)(d) Agency policy states that all medical and mental health care practitioners who regularly work in the facility shall receive the training mandated for staff under §115.31 and complete Medical and Mental Health Care Specialized Training. The Agency shall ensure that all full-time and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in (a) How to detect and assess signs of sexual abuse and sexual harassment; (b) How to preserve physical evidence of sexual abuse; (c) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (d) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor confirmed through the review of medical and mental health employee completed training documentation and curriculum that the requirements are covered in accordance with the standards requirement. The auditor conducted interviews with Medical and Mental Health Staff; both interviews demonstrated their knowledge of PREA and their role when dealing with sexual abuse and sexual harassment allegations.

Subsection (b) is N/A. Medical staff employed by the Chester Residential Reentry Center do not conduct forensic examinations. Any forensic examinations are conducted by Crozer-Chester Medical Center (which is not part of the agency), by certified SAFE or SANE nurses only.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Chester Residential Reentry Center Local Policy Manual (PREA Screening/Admission) 2019-3
- Completed Resident PREA Risk Assessments (2021, 2020, 2019)
- Completed Resident PREA Risk Reassessments (2021, 2020, 2019)
- Interviews
 - Staff Responsible for Risk Screening
 - Sample of Residents

Subsection (a)(b)(c)(d) Agency and facility policy states all residents shall be assessed within 24 hours of arrival at the facility, utilizing the objective screening instrument, which also applies to new intakes and transfers. The auditor reviewed the risk screening tool (attachment B to agency policy 5.1.2-A) and found an object screening tool containing all (10) elements required per the standard. During the site inspection, the auditor received a comprehensive demonstration from a facility case manager on how a risk screening occurs when a resident arrives at the facility. While onsite, the auditor randomly selected (5) resident files to review their risk screening documentation upon entering the facility and their reassessment within thirty (30) days of arrival. Upon review, the auditor confirmed that the risk screening is being completed per the standards requirement. Auditor interviews with staff responsible for conducting risk screenings and follow-up risk screenings were very well-versed in the procedures for performing such a screening. It was apparent to the auditor the facility prided itself on the screening for risk of victimization and abusiveness and was reflected during staff interviews and the review of detailed risk assessment documentation.

Subsection (e) Agency and facility policy indicated and was confirmed through interviews with staff responsible for conducting risk screening and the review of completed resident risk screening forms that the intake screening considers the following criteria to assess residents for risk of being sexually abusive. (1). Prior acts of sexual abuse; (2) Prior convictions for violent offenses; and (3) History of prior institutional violence or sexual abuse, as known to the facility.

Subsection (f) Agency policy states and the auditor confirmed through the review of completed risk screening forms; interviews conducted with facility case managers reassess the resident's risk of victimization or abusiveness utilizing the agency's PREA Vulnerability Reassessment Questionnaire. Interviews were also conducted with random residents, who all corroborated they received a follow-up risk screening within approximately two weeks of arrival.

Subsection (g) Agency policy states and the auditor confirmed through the review of completed resident screening forms; interviews conducted with staff responsible for completing risk assessments, an assessment is completed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The facility provided the auditor with completed risk assessments based on referrals and requests and found that they were conducted according to the standards' requirements.

Subsection (h) Agency policy states and was further corroborated through interviews with case managers who are responsible for completing risk screenings that residents are not 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.

Subsection (i) Agency and facility policy state that appropriate controls are in place for disseminating responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment staff or other residents. The auditor confirmed the above mentioned through interviews with staff responsible for conducting risk assessments and the PREA compliance manager. When completed, the PREA Risk Assessments and PREA Vulnerability Reassessment Questionnaires are given to the PREA compliance manager to be reviewed and filed away.

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Chester Residential Reentry Center Local Policy Manual (PREA Screening/Admission) 2019-3
- Completed Resident PREA Risk Assessments & Referral for Support Services, and PREA Reassessments (2021, 2020, 2019)
- Chester “Resident at Risk” Log
- LGBTI Log
- Statement of Fact (§ 115.242 Use of screening information)
- Interviews
 - PREA Coordinator

- Staff Responsible for Risk Screening
- Transgender/Intersex/Gay/Lesbian Residents

- **Subsection (a) (b)** Agency and facility policy indicates the staff shall use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The Chester residential Reentry Center will make individualized determinations about how to ensure the safety of each Resident. The auditor corroborated the processes through the review of completed resident risk screenings and interviews conducted with the PREA compliance Manager and risk screening staff (Case Managers).
- **Subsection (c)** Facility policy states in deciding whether to assign a transgender or intersex resident to the facility for male or female residents, and in making other housing and programming assignments, the facility will consider whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems. The facility did not confine any transgender or intersex residents during the site visit, therefore there were no transgender or intersex residents for the auditor to interview.
- **Subsection (d)(e)** Facility policy further states that a transgender or intersex resident's own view with respect to his or her own safety will be given serious consideration. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. Risk Screening staff discuss all of these issues, as well as the individual's own feelings and make a decision that ensures the safety of each resident housed at the Chester Residential Reentry Center without creating security issues. This process was corroborated through facility documentation review and interviews conducted with the PREA compliance manager and staff responsible for conducting risk screening.
- **Subsection (f)(g)** Facility and Agency policy states transgender and intersex residents will be given the opportunity to shower separately from other residents. The facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units solely on the basis of such identification or status, unless such placement is in a dedicated unit established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such residents. The facility did not confine any transgender residents during the site visit, therefore there were no transgender residents for the auditor to interview. The auditor interviewed one resident who identified as gay and confirmed he is not separated from the general population based on his identification status.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Chester Residential Reentry Center Local Policy Manual (PREA Intake and Orientation) 2019-2
- Resident Reporting Options
- PREA Education Manual for Residents
- Staff Reporting Options/Third Party Reporting Options Poster
- GEO Website (Staff Reporting Options)
- Interviews
 - Random Residents
 - Random Staff
 - PREA Compliance Manager

Subsection (a)(b) Agency and facility policy states residents shall have multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can report verbally, written, electronically, hotline phone numbers and can remain anonymous upon request. The Agency and facility shall 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 and that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The facility has entered into an MOU with the Delaware County Women Against Rape (DCWAR). DCWAR acts as the public or private entity or office that is not part of the Agency. While onsite and during the facility inspection, the auditor placed a call to the DCWAR hotline and spoke with a representative from the organization who indicated they would accept reports of sexual misconduct and include anonymous reports. The auditor observed sexual abuse and sexual harassment reporting information posted in multiple areas of the facility to include on bulletin boards and next to resident telephones. The information was prominently displayed on orange paper. Interviews with random staff and residents indicated to the auditor that they are aware of the reporting mechanisms for residents to report allegations of sexual abuse and sexual harassment.

Subsections (c)(d) Agency and facility policy states staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document any verbal reports. The Agency and facility shall provide a method for staff to privately report sexual abuse and sexual harassment through the agency website(<https://www.geogroup.com/PREA>). Staff also have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). The agency has established a method to receive third-party reports of sexual abuse and sexual harassment. It distributes public information on how to report sexual abuse and sexual harassment on behalf of the resident. The auditor confirmed the abovementioned through interviews with random staff and residents. Staff said they are required to report all allegations of sexual misconduct immediately and shall document the report as well. Additionally, some staff interviewed presented the auditor with a card they carry with them containing sexual abuse first responder information, which has the employee hotline number and the website address for anonymous reporting.

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

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*)

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Chester Residential Reentry Center Local Policy Manual (Grievance Process) 2019-5
- PREA Education Manual – Grievance Section
- Chester Statement of Fact (115.252 Exhaustion of administrative remedies)

- Interviews
 - PREA Compliance Manager

Subsections (a)(b)(c)(d)(e)(f)(g) The agency and facility policy grievance procedures describe the administrative process for resident grievances regarding sexual abuse and sexual harassment. The facility provides resident's information of the grievance procedures upon arrival. The information is contained within the resident PREA Education Manual. The agency and facility do not impose a time limit for submitting 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 instead of lodging an informal grievance or complaint. Residents are informed if the allegation involves the Facility Director, the grievance may be submitted directly to the 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 complaint, and such grievance is also not referred to a staff member who is the subject of the complaint. A copy of all grievances related to sexual harassment, sexual abuse, and/or sexual activity will be forwarded to the Facility Director, who will forward for investigation. The resident will be informed in writing that it will be forwarded for investigation due to the nature of the grievance. Upon conclusion of the investigation, a written notice of the outcome will be provided to the resident. Policies further 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.

At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for a 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 action to protect the potential victim. Emergency grievances are 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 delivered within five calendar days. The agency policy states the resident may receive a disciplinary report for filing a grievance relating to alleged sexual abuse made in bad faith.

There were no grievances filed for an allegation of sexual abuse during the audit period. Therefore, there were no residents to interview.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Chester Residential Reentry Center Local Policy Manual (PREA Intake and Orientation) 2019-2
- PREA Resident Education manual
- MOU Agreement (GEO Chester Residential reentry Center & Delaware County Women Against Rape - DCWAR)

- Interviews
 - Random Residents
 - Random Staff
 - PREA Compliance Manager

Subsections(a)(b) Agency and facility policy state residents shall have access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including the toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The Chester Residential Reentry Center shall enable reasonable communication between residents and these organizations and agencies in as confidential a manner as possible. Prior to giving them access, the facility shall inform residents 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. Victim Support Services are available to residents by calling the Delaware County Women Against Rape (DCWAR). The number is provided to residents in the PREA Resident Education Manual and posted on posters throughout the facility. Residents are made aware that the call may be monitored. The auditor corroborated the above noted through interviews with a random sample of residents, PREA compliance manager, and staff.

Subsection(c) Agency and facility policy state that the agency/facility shall maintain a memorandum of understanding or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse. The facility shall retain copies of agreements or documentation showing attempts to enter into such agreements. The auditor confirmed this is established via the Memorandum of Understanding with the Delaware County Women Against Rape (DCWAR). The Agency and facility retain copies of the agreement and documentation demonstrating it has entered into such an agreement.

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*)

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Third Party Reporting Poster
- GEO Third Party Reporting Information on GEO Website

Subsection(a) Agency policy states and the auditor confirmed through review, procedures for third-party reporting of sexual abuse and sexual harassment on behalf of residents shall be posted in the housing unit, visitation area, common areas, and on the agency (GEO) website. Information on third-party reporting is found on Third Party Reporting posters in numerous facility areas visible to staff and visitors. It is made available on the GEO website at (www.geogroup.com/PREA (Social Responsibility-PREA Certification Section)). Third-party reports can be made in person, in writing, anonymously, or by contacting the agency's PREA Coordinator. The auditor placed a successful test call to the agency PREA Coordinators hotline number. Residents interviewed were aware of this method of reporting. Interview with the Acting Facility Director and PREA Compliance Manager indicated during the previous 12 months; there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- State Vulnerable Persons Statute
- Statement of Fact (§ 115.261 Staff and agency reporting duties)
- Interviews
 - Random Staff
 - Medical and Mental Health Staff
 - Agency PREA Coordinator
 - Facility Director
 - PREA Compliance Manager

Subsections(a)(b) Agency and facility policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse and sexual harassment that occurred in the facility, whether or not it is part of the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency and facility policy, to make treatment, investigation, and other security and management decisions. Interviews with Random staff clearly indicated to the auditor they are aware of the agency and facility requirements and their reporting duties. The auditor further confirmed this through the review of completed staff training documentation white onsite.

Subsection(c) Agency and facility policy states, unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section and inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services. Interviews conducted with medical a mental staff confirmed they are aware of the requirements delineated within this subsection and understand their role as mandatory reporters.

Subsection(d) Agency and facility policy states, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the facility shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Interviews conducted with the agency PREA coordinator and PREA compliance manager indicated they have not had a resident under the age of 18 or consider a vulnerable adult within the pervious twelve (12) months. However, if such an occurrence were to happen,they would fully comply with the standards requirement.

Subsection(e) Agency and facility policy states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency and facility designated investigators. In reviewing two (2) administrative investigations, completed by PA DOC the auditor determined the facility followed agency and facility policy and procedures and the standard requirement. The PA DOC PREA Coordinator is notified, and PA DOC investigators will conduct administrative investigations and refers to the Pennsylvania State Police for criminal investigations. Delaware County is notified of allegations involving Delaware County residents. These allegations are administratively investigated by GEO-trained investigators and referred to the Chester Police Department for criminal investigation. If an allegation involves staff, notification will be made to GEO's OPR. Interviews with agency PREA coordinator and PREA compliance manager also confirmed, all allegations of sexual abuse and sexual harassment are referred to the designated investigators.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)

- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- Statement of Fact (§ 115.262 Agency protection duties)

Subsection (a) The agency and facility policy require that if a staff member has a reasonable belief that a resident is subject to a 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 maintaining them in a safe location. Staff will report the incident to a 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. The auditor confirmed this practice through the review of the facility and agency training curriculum. 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. Random staff interviewed acknowledged what steps are required to protect a resident at risk for sexual abuse. During the previous 12 months period, no residents reported being at imminent risk of sexual abuse.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- Notification of Abuse Received from Another Facility
- Statement of Fact (§ 115.263 Reporting to other confinement facilities)
- Interviews
 - PREA Compliance Manager

Subsections (a)(b)(c)(d) Agency and facility policy states upon receiving an allegation that an resident was sexually abused while confined at another facility, the Facility Administrator that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation. The agency and facility shall document that it has provided such notification. When receiving such notification, the Facility Administrator shall ensure that the allegation is investigated in accordance with these standards. In the previous twelve (12) months, there were no allegations received by the Chester Residential Reentry Center that a resident was abused while confined at another facility. In the previous (12) months, the facility received one (1) allegation of sexual abuse from another facility. Interviews with the PREA compliance manager and documentation review indicated that staff is following agency and facility protocols according to the standards requirement, and the alleged incident is pending investigation.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)

- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- Staff First Responders Cards
- Statement of Fact (§ 115.264 Staff first responder duties)
- Interviews
 - Security Staff and Non-Security Staff First Responders
 - PREA Compliance Manager

Subsections(a)(b) Facility and agency policy states and was further corroborated through interviews conducted with Security Staff and Non-Security Staff First Responders; upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to (1). Separate the alleged victim and abuser; (2). Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. (3). If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4). If the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, in that case, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. The auditor reviewed two completed investigative files, one that occurred in 2019 and another that occurred in 2020, and supporting documentation and found that the facility responded according to agency policy and procedures and according to the standards requirement. All staff is required to carry with them a Sexual Abuse First Responder Card. The information on the card outlines the appropriate steps to take if they are the first responders to an allegation of sexual abuse.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Chester Residential Reentry Center PREA Coordinated Response Plan
- Interviews
 - Security Staff and Non-Security Staff First Responders
 - PREA Compliance Manager

Subsection(a) In reviewing the Agency policy and the Chester Residential Reentry Centers PREA Coordinated Response Plan, the auditor confirmed the facility's coordinated actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility utilizes a "PREA After Action Checklist for Incidents of Sexual Abuse and Harassment" to ensure all the required steps are performed. The auditor confirmed the abovementioned during the review of agency policy and interviews with the Facility Director and PREA compliance manager.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Statement of Fact (§ 115.266 Preservation of ability to protect residents from contact with Abusers)
- Interviews
 - Facility Director
 - PREA Compliance Manager
 - Executive Vice President Continuum of Care & Reentry (agency head designee)

Subsection(a)(b) Agency policy states, Ability to Protect Individuals from Contact with Abusers in every case where the alleged abuser is an Employee, Contractor or Volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders requiring 'no contact' shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file. The policy further states GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged Employee sexual abusers from contact with any individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Chester Residential Reentry Center does not have a collective bargaining unit. The Executive Vice President Continuum of Care & Reentry (agency head designee) stated that there are no collective bargaining agreements for any of GEO's reentry facilities.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)

- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- Protection from Retaliation Log (2021, 2020, 2019)
- Interviews
 - Facility Director
 - PREA Compliance Manager /Designated Staff Member Charged with Monitoring Retaliation
 - Executive Vice President Continuum of Care & Reentry (agency head designee)

Subsections(a)(b) The agency and facility shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation. The PREA compliance manager will monitor for retaliation. Weekly meetings are conducted face to face with the resident in private to allow the resident to report any potential issues. The auditor was provided with completed documentation for the monitoring of resident retaliation for incidents occurring in 2021, 2020, and 2019. The facility conducts an excellent job in its monitoring activities and maintains excellent documentation. The facility shall 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. While onsite, the auditor reviewed five (2) completed investigations and retaliation monitoring documentation. It was determined that retaliation monitoring was conducted per agency policy and procedures and in accordance with the PREA standards requirement. Interviews with the Facility Director, Executive Vice President Continuum of Care & Reentry, and PREA compliance manager also confirmed the above mentioned.

Subsection(c)(d) Agency policy states for at least ninety (90) days following a report of sexual abuse, the PREA compliance manager shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items that should be monitored include any resident disciplinary reports, housing or program changes, or negative performance review or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks. The auditor confirmed those mentioned above by reviewing completed investigative files/documentation for the monitoring of retaliation. Investigation documentation and interview with the PREA compliance manager, who is responsible for monitoring retaliation, corroborated; such monitoring also includes periodic status checks.

Subsections(e)(f) Agency policy states if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. The facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded. It should be noted there was not a need for the monitoring of retaliation for a staff person or any other individual cooperating with an investigation.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection)
- Monthly PREA Tracking Log (2021, 2020, 2019)
- PA DOC – Custom Written Mandate on Referrals
- PREA Investigations Report (2021, 2020, 2019)
- Statement of Fact (§ 115.271 Criminal and administrative agency investigations)
- Interviews
 - Investigative Staff/PREA Compliance Manager
 - Facility Director
 - Agency PREA Coordinator

Subsections(a)(b) Agency policy states when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations as required by 115.34. The auditor was provided with completed training certificates for both GEO and PA DOC (Client) staff. When an allegation involves a Delaware County resident, a trained investigator assigned by GEO conducts an administrative investigation. When an allegation involves a PA DOC resident, the PA DOC Bureau of Community Corrections Management is notified and conducts administrative investigations. The PREA compliance manager and Facility Director confirmed the above mentioned. The auditor reviewed two completed investigations by the PA DOC and found they were conducted in accordance with the standards requirement. During the previous 12 months, the facility has reported two allegations of sexual misconduct in which both cases are still under review pending disposition.

Subsections(c)(d) Agency Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview

alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator according to their policy and protocols. When the quality of evidence appears to support a criminal prosecution, the investigative agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Interview with the facility investigator/PREA compliance manager and reviewing two (2) investigations confirmed the agency conforms to the standards requirement.

Subsection(e) Agency policy 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 resident or staff. The agency shall not require a resident 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. An interview with the facility investigator/PREA compliance manager confirmed the aforementioned.

Subsection(f)(g)(h) Agency policy states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. If allegations of sexual misconduct involving a PA DOC resident appear to be criminal, the allegation is referred to the Pennsylvania State Police. If allegations of sexual misconduct involving a Delaware County resident appear to be criminal, the allegation is referred by GEO to the Chester Police Department. Interview with the facility investigator/PREA compliance manager and reviewing two (2) completed investigations confirmed the agency conforms to the standards requirement. There have been no allegations in the last twelve (12) months that were criminal; hence, none were referred for prosecution.

Subsections(i)(j)(k)(l) Per agency policy and interview conducted with the facility investigator/PREA compliance manager, she retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the agency shall not provide a basis for terminating an investigation. When the PA DOC, the Pennsylvania State Police, or the Chester Police Department investigate sexual abuse allegations, the agency and facility cooperate with investigators. They will stay informed regarding the progress and outcome of the investigation. The agency PREA coordinator stated, "facilities are instructed to request an update from the outside law enforcement entity at least once a month to track the status of the investigation. The investigation outcome affects monitoring for retaliation, resident notices of outcomes, and after-action reviews. Generally, the facility administrators/directors have developed great working relationships with these entities, so there is a regular dialogue about the status of outstanding investigations."

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ) Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
- Monthly PREA Tracking Log (2021, 2020, 2019)
- PA DOC – Custom Written Mandate on Referrals
- PREA Investigations Report (2021, 2020, 2019)
- Statement of Fact (§ 115.272 Evidentiary standard for administrative investigations)
- Interviews
 - Investigative Staff/PREA Compliance Manager

Subsection (a) Agency policy states that no standard higher than a preponderance of evidence will be imposed in determining allegations of sexual abuse as substantiated. Interview with the PREA compliance manager/facility investigator confirmed the abovementioned. Upon review of two completed administrative investigations, the auditor determined they were completed per the standards requirement.

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 the agency's 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- Interviews:
 - PREA Compliance Manager/Facility Investigator
 - Facility Director

Subsection(a)(b) Agency and facility policy states following an investigation into a resident's allegation that they suffered sexual abuse in the facility, the agency/facility shall inform the resident as to whether the allegation has been determined to be substantiated unsubstantiated, or unfounded. If the agency or facility did not conduct the investigation, the relevant information shall be requested from the investigating office to inform the resident. Interviews with the PREA compliance manager and Facility Director and the review of completed investigations confirmed the agency conforms to this requirement. The auditor reviewed the outcome notifications provided to the residents, which indicated the outcome of the investigation.

Subsections(c)(d) Agency and facility policy states following a resident's allegation that a staff member has committed sexual abuse against a resident, the agency shall subsequently inform the

resident whenever (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been Indicted on a charge related to sexual abuse within the agency/facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the agency. Interview with the PREA compliance manager and review of two completed investigations confirmed the agency and facility conforms to the standards requirement.

Subsections(e)(f) Agency policy states all such notifications or attempted notifications shall be documented. Under this standard, the agency and facility obligation to report to the victim shall terminate if the resident is released from agency/facility custody. The auditor confirmed the above mentioned through an interview conducted with the PREA compliance manager, Facility Director, and the review of completed investigative documentation.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA)
- Employee Handbook (Sexual Abuse and Harassment)
- Staff Disciplinary Record (2021)
- Statement of Fact (2020)
- Staff Disciplinary Record (2019)
- Interviews
 - PREA Compliance Manager
 - Facility Director

Subsections(a)(b)(c)(d) Agency and facility policy states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than 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. 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, shall be reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies. In 2019, the facility received a PREA allegation against a staff person. In reviewing the facility-provided disciplinary documentation and employee records, the auditor determined the facility took the appropriate action per agency policy and the standards requirement. In February 2020, the facility received an allegation of sexual harassment against a staff person, who was subsequently terminated after the investigation. The PA DOC conducted the administrative investigation. In a review of the provided investigative documentation, the auditor determined PA DOC completed the investigation per agency policy and in accordance with the standards requirement. The auditor was advised by both the PREA compliance manager and Facility Director 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, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
- Statement of Fact (§ 115.277 Corrective action for contractors and volunteers)
- Interviews
 - Facility Director
 - PREA Compliance Manager

Subsections(a)(b) Agency policy states and was further corroborated through interviews with the Facility Director and the PREA compliance manager that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing or endorsement bodies. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by the 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 of Program. The agency and facility take appropriate corrective actions and considers whether

to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the previous 12 months, there have been zero contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in the sexual abuse of residents. The Facility Director and PREA compliance manager stated they had not been required to take remedial measures and/or consider prohibiting further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer during the previous 12 months. However, they indicated they would if the situation warranted.

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)

- If the agency prohibits all sexual activity between residents, 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA)
- Chester DOC Reentrant Handbook
- Community Corrections – Universal Set of Rules (Pennsylvania DOC)
- Statement of Fact (§ 115.278 Disciplinary sanctions for residents)
- Interviews
 - Facility director
 - PREA Compliance Manager
 - Medical and Mental Health Staff

Subsections(a)(b)(c)(d)(e)(f)(g) Agency and facility policy states all residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for

resident-on-resident sexual abuse. Sanctions shall be 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. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. If the agency or facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the agency shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The agency and facility may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Chester Residents are made aware of sexual misconduct, and they are subject to disciplinary actions in the Chester Reentrant Handbook. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. However, the agency may not deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Interviews with the Facility Director, PREA compliance manager, and Medical and Mental Health Staff, along with the review of investigation files, confirmed the agency and facility conforms to this requirement. According to the Chester, Residential Reentry Center submitted Pre-Audit Questionnaire, during the previous 12 months, there were no disciplinary sanctions imposed for residents violating the agency and facility sexual abuse and sexual harassment policies.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- Statement of Fact (§ 115.282 Access to emergency medical and mental health services)
- Interviews
 - Staff Responsible for Risk Screening
 - Medical and Mental Health Staff
 - PREA Compliance Manager

Subsections(a)(c) Agency and facility policy states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The auditor reviewed completed risk screenings for residents who have disclosed sexual victimization during the risk screening process and concluded they were conducted per the standard requirements. Interviews with facility staff who conduct risk screening were

knowledgeable of the standard requirements and confirmed to the auditor that all standard elements are being completed. Interviews conducted with medical and mental health staff and the PREA compliance manager indicated resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate. During the previous 12 months, there have been no resident's requiring such care.

Subsection(b) First responders are required to take the necessary steps to protect a victim of sexual abuse. Residents of sexual abuse will be transferred to the Crozer-Chester Medical Center for SANE exams and emergency medical treatment consistent with the community level of care.

Subsection(d) Agency and facility policy states that treatment services are provided to every victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Chester Residential Reentry Center had no allegations where emergency medical and/or mental health referrals for resident victims were necessary during the past 12 months.

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. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to*

know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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*)

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- Statement of fact (§ 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers)

Subsections(a)(b)(c)(d)(e)(f)(g)(h) Agency policy states the agency shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lock-up or juvenile facility. 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 agency shall provide victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests. If pregnancy results from the conduct described in paragraph (d) above, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

It should be noted that the Chester Residential Reentry Center currently only houses male residents. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. A mental health specialist will attempt to evaluate all known resident-on-resident abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners.

There have been no ongoing medical and mental care requirements for sexual abuse victims and abusers during the past twelve (12) months. There have also been no instances of resident victims of sexual abuse that have required ongoing medical or mental health services. Policy review along with interviews with medical and mental health staff, first responders confirmed to the auditor that all standard elements are being followed.

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*)

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- Statement of Fact (§ 115.286 Sexual abuse incident reviews)
- PA DOC Sexual Harassment /Investigation Summary Report (2020)
- PREA After Action Review Report
- Interviews
 - Facility Director
 - PREA Compliance Manager

Subsections(a)(b)(c)(d)(e) Agency and facility policy state the facility shall 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The Facility Director and PREA Compliance Manager, the Clinical Supervisor, and the Operations Supervisor make up the facility's Incident Review Team. The agency PREA Coordinator may attend via telephone. The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or

respond to sexual abuse; (2) 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; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to section (d)(1)-(d)(5) of this section and any recommendations for improvement and submit such report to the Facility Director and PREA compliance manager. The agency/facility shall implement the recommendations for improvement or shall document its reasons for not doing so. Incident reviews are documented on a "PREA After Action Review Report (attachment J) of the agency policy. The incident reviews are forwarded to the agency PREA Coordinator upon completion. The PREA compliance manager maintains copies of all PREA After Action Review Reports, and a copy is retained in the corresponding investigative file. Policy review, review of completed documentation (sexual abuse incident reviews), and interviews with the Facility Director and PREA compliance manager confirmed to the auditor that all standard elements are being met.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Reentry Services: 2019-6 Chester Residential Reentry Center Local Policy Manual (Title: Sexual Abuse Behavior Prevention and Intervention Program (PREA))
- PREA Monthly Tracking Logs
- GEO 2019 PREA Annual Report
- Interviews
 - Facility Director
 - PREA Compliance Manager

Subsections(a)(b)(c)(d)(f) Agency and facility state they shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment, and Sexual Abuse incidents and forwarding statistical

reports to the Col11Qrate PREA Coordinator every month. ("Monthly PREA Incident Tracking Log", see Attachment K). In reviewing completed facility investigations and after-action incident reviews, the auditor determined the above-mentioned is being completed per agency policy and the standards requirement. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated, and submitted for review and approval in the PREA Portal for every allegation of Sexual Abuse, Sexual Harassment, and Sexual Activity as required.

Subsection(e) This provision of this standard is not applicable to the Chester Residential Reentry Center. The agency (GEO) does not contract for the confinement of its residents.

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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Group Annual PREA Report (2019)
- Agency website (<https://www.geogroup.com/PREA>)

Subsections(a)(b)(c)(d) Agency policy states and was further corroborated through documentation review and interviews with the Facility Director and agency PREA Coordinator, that data is collected and aggregated in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions. Such a report shall compare the current year's data and corrective action with those of previous years. It shall provide an assessment of the agency's progress in addressing sexual abuse. The agency report shall be approved by the PREA Coordinator, who forwards the annual report to the Senior Vice President of GEO Care for her signature and approval. The report is then made public on the GEO website at <https://www.geogroup.com/PREA>. The agency may redact specific material from reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- GEO Group Annual PREA Report (2019)
- Agency website (<https://www.geogroup.com/PREA>)
- Interviews
 - Facility Director
 - Agency PREA Coordinator

Subsections(a)(b)(c)(d) Agency policy states and was further corroborated through documentation review and interview conducted with the agency PREA Coordinator the agency shall ensure that data collected is securely retained. The agency shall make all aggregated sexual abuse data readily available to the public at least annually through its website or through other means. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected for at least ten years after the initial collection date unless Federal, State, or local law requires otherwise.

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 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*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents, interviews, site review)

- Chester Residential Reentry Center completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- PREA Audit Report 2019
- Interviews
 - Facility Director
 - Agency PREA Coordinator

This is the third PREA audit for Chester Residential Reentry Center). The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor requested and received copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with residents, staff, and contractors. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor received no from residents or staff. 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 past three years. The agency PREA Coordinator stated during the three-year period beginning on August 20, 2013, GEO has ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. 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*)

Instructions for Overall Compliance Determination Narrative

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

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A review of the agency's website www.geogroup.com under the Social Responsibilities - PREA Page confirms that the agency publishes all PREA final reports and makes them available through the agency website to the public. The auditor observed on the agency's website final reports of the agency's other facilities.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Mark E. Stegemoller

August 29, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.