

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

Interim Final

Date of Report: July 15, 2019

Auditor Information

Name: Barbara Jo Denison	Email: denisobj@sbcglobal.net
Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: April 23-24, 2019

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
The GEO Group, Inc.		N/A	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 561-893-0101		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted in GEO's care.			
Agency Website with PREA Information: https://www.geogroup.com/prea (Social Responsibility Section)			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Rob Walling	Title: Acting PREA Coordinator
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Email: rwalling@geogroup.com	Telephone: 5691-325-5719
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 111

Facility Information

Name of Facility: Community Alternatives of El Paso County	
Physical Address: 2945 Las Vegas St., Colorado Springs, CO 80906	
Mailing Address (if different than above): SAA	
Telephone Number: 719-390-1303	
The Facility Is:	<input type="checkbox"/> Military <input checked="" type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal <input type="checkbox"/> County	<input type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Community treatment center <input checked="" type="checkbox"/> Halfway house <input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility <input type="checkbox"/> Alcohol or drug rehabilitation center
	<input type="checkbox"/> Other community correctional facility

Facility Mission: To provide a healthy, drug free, safe and secure environment within which treatment and education services are provided to focus on changing addictive and criminal behaviors. To provide residents with the knowledge and skills necessary to lead a productive lifestyle prior to reintegration back into their communities.

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

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

Director

Name: Sean Foster	Title: Facility Director
Email: sefoster@geogroup.com	Telephone: 719-390-1303

Facility PREA Compliance Manager

Name: Deanna Stalbert	Title: Security Manager
Email: dstalbert@geogroup.com	Telephone: 719-390-1303 ext. 40

Facility Health Service Administrator

Name: N/A	Title: N/A
Email: N/A	Telephone: N/A

Facility Characteristics			
Designated Facility Capacity: 240		Current Population of Facility: 207	
Number of residents admitted to facility during the past 12 months			374
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			1
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			8
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
	21-71	N/A	N/A
Average length of stay or time under supervision:			6 months
Facility Security Level:			minimum
Resident Custody Levels:			minimum
Number of staff currently employed by the facility who may have contact with residents:			32
Number of staff hired by the facility during the past 12 months who may have contact with residents:			10
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		18	
Number of Open Bay/Dorm Housing Units:		4	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>There are a total of 36 cameras, which monitor hallways, common areas, bay areas and the exterior of the facility. Two DVR's store data for up to 30 days. Camera monitors are located in the Security Office.</p>			
Medical			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		Memorial Hospital, Colorado Springs, CO	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			5 volunteers 4 contractors

Audit Findings

Audit Narrative

The PREA on-site audit of Community Alternatives of El Paso County (CAE) was conducted April 23-24, 2019, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Community Alternatives of El Paso County is owned and operated by the GEO Group, Inc. GEO contracts with the 4th Judicial District, the Community Corrections Board and the Colorado Department of Corrections (CDOC) to provide residential and transitional services to adult male and female clients

Pre-Audit Phase

Pre-audit preparation included a thorough review of agency policy 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jails*, and 5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*. Also reviewed were facility policies 2014-1, *PREA Staffing and Facility Requirements*, 2014-2, *Intake and Orientation*, 2014-3, *Screening/Admission*, 2014-4, *Resident Searches, Viewing and Contraband*, 2014-5, *Grievance Process*, 2014-6, *Sexually Abusive Behavior Prevention and Intervention Program (PREA)*. The facility provided training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation to demonstrate compliance to the PREA standards. During this review period questions were answered by Deanna Stalbert, Security Manager, who is designated at the facility's PREA Compliance Manager. The facility was provided with facility notices in English and Spanish informing residents of the upcoming audit dates with my name and address and the limits of confidentiality of correspondence.

The facility has a Service Agreement with AspenPointe Health Services renewed on 9/27/18. The Manager of Clinical Programs was contacted to confirm and review the Service Agreement. She stated advocates are available 24 hours daily to provide crisis intervention services to victims of sexual abuse. Advocates are available to provide accompaniment for forensic exams at the Memorial Hospital upon the victim's request. Advocates can provide court advocacy, but the victim is informed the advocate cannot speak in court unless subpoenaed by the court. AspenPointe also provides case management services and referrals for community resources.

The PREA Compliance Manager provided names of security and non-security staff scheduled to work during the on-site audit and the name of a first responder to an allegation of sexual abuse. From this information, staff were selected to be interviewed.

On-Site Audit Phase

On the first day of the audit, an entrance meeting was held with Sean Foster, Facility Director, DeAnna Stalbert, Security Manager/PREA Compliance Manager and Jennifer Sheahan, Manager, Contract Compliance, PREA attending. Those in attendance of the entrance meeting, accompanied me on a site review of the facility.

During the site review, the location of cameras and mirrors, room layout including shower/toilet areas and placement of PREA posters and information was observed. Facility Notices provided to the facility during the Pre-Onsite Audit Phase were found posted in various locations throughout the facility with the date posted noted as 3/4/19. I did not receive any correspondence from residents of the Community Alternatives of El Paso County.

Seven mop closets were found to be unlocked. The key the Maintenance Technician used to access door locks worked to access four of the seven mop closet doors. The Technician contacted a locksmith to replace the other three locks. On the second day of the audit, observed locks on the interior of the mop closet doors. The Maintenance Technician was asked to remove the interior locks, which he did immediately. It was requested the facility take pictures of the new locks to confirm they were installed and forward the pictures and the invoice for the Locksmith to Jennifer Sheahan, Manager, Contract Compliance, PREA, who will forward the items to me. It was strongly recommended the closet doors remain secured at all times and staff open the doors for residents to get mops and brooms out and lock them again.

There was an area of concern for blind spots in the back of the Serenity Dorm, it was recommended to add a mirror on the back wall to capture bunks on each side of the wall. There was also an area of concern in the kitchen and it was recommended to move a mirror already on the back wall slightly to the right to eliminate a blind spot. Serenity Dorm and the kitchen were both revisited on the second day of the audit and found to provide a visual to both areas of concern.

Resident Reporting Options posters in both English and Spanish were posted throughout the facility in common areas and in all resident rooms. *Third Party Reporting* posters were posted throughout the facility in areas visible to staff and visitors. The *Resident Reporting Options* poster directs residents to inform a staff member or the PREA Compliance Manager immediately. It also gives residents the phone numbers and mailing addresses to the Colorado Department of Corrections and TESSA and the telephone number to RAINN. It was recommended to the facility to add the address and phone number to AspenPointe, since the facility has an MOU with that agency to provide advocacy services to resident victims of sexual abuse. The number the facility had for AspenPointe was not a toll-free number. It was suggested to the PREA Compliance Manager to call AspenPointe or check their website for a toll-free number. The PREA Compliance Manager found a toll-free number and added the number to the *Resident Reporting Options* posters.

Calls were made to the Colorado Department of Corrections, TESSA, AspenPointe and to the RAINN National Advocacy Hotline from a resident pay phone to ensure the numbers were accessible to residents. All numbers were found to be accessible to residents. Calls to the RAINN National Advocacy Hotline (1-800-656-4673) are forwarded to TESSA.

The PREA Compliance Manager provided a resident roster, At Risk Logs, names of residents with special designations, bed assignments for residents who scored at risk for victimization and abusiveness and an LGBTI Log. From this information, residents were selected to be interviewed.

During the tour, I spoke informally to residents questioning them about their overall knowledge of the agency's zero-tolerance policy. There were 207 residents assigned to the facility on the first day of the audit. Twenty-six residents were interviewed which included residents with the following designations:

2	Screened for Victimization
2	Screened for Victimization/Gay
1	Hard of Hearing
1	Low Reading Skills
1	Cognitive Deficits
1	Lesbian
3	Bisexual

At the time of the onsite audit, there were no residents housed at the facility who were blind, with low vision, deaf or limited English proficient. There were no residents who self-disclosed being transgender or intersex.

Thirteen specialized staff and seven security staff were interviewed. Security staff included all Security Monitors scheduled to work during the onsite audit. A volunteer was interviewed by telephone. The PREA Compliance Manager and the Case Manager Supervisor have multiple roles and were asked questions as they relate to the responsibilities of each of those roles. The agency's PREA Coordinator and the Executive Vice President Continuum of Care and Reentry Services (agency head designee) were both interviewed at an earlier date by telephone. All staff interviewed were knowledgeable of their responsibility to prevent, detect, respond and report incidents of sexual abuse, sexual harassment and retaliation.

Twenty employee Human Resource files were reviewed to determine compliance with background check procedures. There were no promotions or transfers in the past 12 months. Background clearances and required *PREA Disclosure and Authorization Form – Annual Performance Evaluation* (PREA-101) found in all records reviewed.

Documentation of annual PREA training for the same 20 employees were reviewed to determine compliance with the requirements of annual PREA training. Seven of the 20 files reviewed did not contain documentation of 2017 PREA training. The Business/Human Resource Manager was able to provide proof of completion of PREA training in 2017 for six of the seven employees through individual electronic training transcripts. The training records for one employee was not located. The employee did not complete several required annual training requirements in 2017, including PREA, and when it was discovered he was locked out of the online training program utilized in 2017. Documentation showed the employee did complete PREA training in 2018. Files showed criminal background clearances and documentation of PREA training. The facility has four contractors. All contractor files were reviewed and showed the facility maintains documentation of contractor criminal background checks as required.

The training records of the four contractors were reviewed. All files showed contractors are receiving annual PREA training and are acknowledging receipt and understanding of the training received. Volunteer records were reviewed to determine compliance with PREA training for volunteers. The facility had documentation to show there were five volunteers. The facility did not have an updated active volunteer list and were unsure of which volunteers were currently active or when they started, so it was difficult to determine if they were compliant with PREA training requirements for volunteers. The

facility entered into a 60-day corrective action period for standard 115.232. See pages 10 & 11, *Corrective Action Summary* section for details of the recommended corrective action plan and corrective action taken. Although, not a standard requirement, it was recommended the facility conduct criminal background checks on volunteers when the number of volunteers is determined.

PREA Unannounced Supervisor Rounds forms for the months of March and April were reviewed. Review showed these rounds are being conducted and documented as required.

Twenty-four resident files were reviewed to determine compliance with screening requirements. *PREA Risk Assessment* forms and *PREA Vulnerability Reassessment Questionnaires*, as well as mental health referral forms for residents who screened at risk for victimization were found to be maintained in binders filed alphabetically and maintained and secured by the PREA Compliance Manager. Residents who scored to be at risk for victimization or abusiveness were found to be tracked on the At Risk Logs and housed appropriately. *PREA Vulnerability Reassessment Questionnaires* for four residents were found to be completed past the 30 day date of arrival to the facility. One resident had a *PREA Risk Assessment* form completed on day of arrival and another one completed on the following day. The resident was a sex offender and failed to report that information to the screener on the day of arrival. The resident's assigned Case Manager had knowledge of this information and rescreened the resident due to this additional information.

PREA training for the same 24 residents was reviewed to ensure compliance to the requirements of PREA education for residents. Documentation of PREA training is maintained by the PREA Compliance Manager in binders filed alphabetically. All files reviewed contained the *Acknowledgement of Receipt of PREA Education Manual* forms signed by the resident on the day of arrival and a form acknowledging review of the zero-tolerance policy and acknowledgment of viewing the *PREA: What You Need to Know* video shown during resident orientation held biweekly. Four files showed residents did not attend orientation within 30 days of arrival, but several months later. One resident did not attend orientation at all. Due to these findings, the facility did not meet the requirement of comprehensive PREA education for residents within 30 days of arrival to the facility and entered into a 60 day corrective action period for standard 115.233. See pages 10, *Corrective Action Summary* section for details of the recommended corrective action plan and corrective action taken.

The PREA Compliance Manager and the Case Manager Supervisor are the facilities trained investigators and are responsible for administrative investigations of sexual abuse and sexual harassment. Allegations that appear to be criminal are referred to the Colorado Springs Police Department for criminal investigation. In the 12 months prior to the audit, there was allegation of staff-on-inmate sexual abuse and one allegation of staff-on-inmate sexual harassment. Investigative files were reviewed. One allegation involving two alleged resident victims was referred to the Colorado Springs Police Department. They chose not to investigate the allegation and referred it back to the facility for administrative investigation. The allegation was determined to be substantiated. Review of the investigative file revealed an OPR investigation was conducted, retaliation monitoring conducted for both alleged victims, both victims received a notice of the outcome of the investigation and an after action review was conducted within the required time frame. The second allegation, reported by a third party, was determined to be unsubstantiated and review of the investigative file showed complete documentation of all requirements. In both cases, the employee resigned before the conclusion of the investigation.

At the conclusion of the audit, an exit meeting was held with the following people in attendance:

Sean Foster, Facility Director
DeAnna Stalbert, Security Manager/PREA Compliance Manager
Gwen Barlow, Case Manager Supervisor
Melissa Benvegno, Case Manager
Kayla Prior, Case Manager
Raven Harris, Case Manager
Dave Cortez, Case Manager
Logan Dumond, Case Manager
Audrey Marshall-Harris, Case Manager
Ella Williams, Case Manager
Frances Falk, Senior Area Manager
Jennifer, Sheahan, Manager, Contract Compliance, PREA

Audit observations and findings were discussed with the team. The recommended corrective actions to achieve compliance to standards 115.232 and 115.233 were discussed. The team was complimented on their cooperation prior to the audit visit and during the two days of the audit and especially their proactive approach to the recommendations made during the site review. The facility was informed of the process that would follow the on-site visit.

Following the 60-day corrective action period, in review of documentation provided the facility was found to meet all requirements of standards 115.232 and 115.233.

Facility Characteristics

Community Alternatives of El Paso County (CAE), is owned and operated by the GEO Group, Inc. GEO acquired the facility in April 2017 from the Community Education Centers (CEC). The Community Alternatives of El Paso County is a residential reentry center for adult male and female offenders referred from the 4th Judicial District, the Community Corrections Board and the Colorado Department of Corrections to provide alternative sentencing options for Colorado adult male and female clients.

CAE provides residential and transitional community corrections services to residents who are near release or who are eligible for parole. Residents of the facility receive reentry programming and services to assist them with a successful transition back into the community. Residents who are able to work are expected to seek employment in the community. Others are assigned jobs within the facility.

CAE provides residents individual and group counseling, substance abuse treatment, parenting and education services, both in house and through community approved offsite providers. Community Alternatives of El Paso County was opened in 1998. The facility is a single two-story wood frame structure and an adjacent modular unit that houses administrative offices. The rated capacity of the facility is 240. On the first day of the audit there were 207 residents (36 females/171 males). The female bed space is limited to 40 beds or approximately 20% of the total population.

The first floor of the facility includes the kitchen, dining hall/visitation, laundry room, day rooms and the Security Office. Residents are housed on two separate wings on the first floor. One wing, the Hope Hallway, houses female resident in eight, five-person rooms and the Faith Hallway houses male

residents in ten, five-person rooms. The Security Office is located in the center with direct observation of the female living area.

The second floor houses all male residents and has one 14-bed (Serenity B) and one 12-bed (Integrity) open bay dorms and two 54-bed dorms (Serenity and Integrity Units). There is also administrative offices in the Tranquility Hallway, two conference rooms and two male restrooms located across from one another. There are two new rooms being remodeled that are not occupied at this time, both will accommodate eight male residents.

Males and females have separate outdoor recreation yards where smoking is allowed. The female recreation yard has a basketball hoop and picnic-style tables. The male recreation yard has a basketball hoop, horseshoe pits, pull-up bars and picnic-style tables. Both yards are fenced and monitored by cameras.

The facility has 32 cameras and one DVR that retains data for up to 30 days. Cameras are located in hallways, common areas, bay areas and the exterior of the facility. The facility also has 36 convex mirrors to assist with blind spots identified in the facility.

The facility has two security shifts, 7:00 a.m. – 7 p.m. and 7:00 p.m. – 7:00 a.m. Security Monitors are required to conduct four facility walkthroughs and four formal head counts on each shift. The Senior Monitors conduct unannounced PREA rounds once a month on each shift.

Summary of Audit Findings

Based on the audit of Community Alternatives of El Paso County, it was determined the facility was found to exceed in the requirements of three of the standards and met the requirements of the remaining standards. The audit findings are as follows:

Number of Standards Exceeded: 3

The facility was found to exceed in the requirements of standards 115.211, 115.213 and 115.288.

Number of Standards Met: 38

The facility was found to meet compliance to all of the requirements of the following standards: 115.212; 115.215; 115.216; 115.217; 115.218; 115.221; 115.231; 115.222; 115.232; 115.233; 115.234; 115.235; 115.241; 115.242; 115.251; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.287; 115.289; 115.401 and 115.403.

Number of Standards Not Met: 0

After a 60-day corrective action period and in review of corrective action documentation provided for review, the facility was found to meet all requirements of standards 115.232 and 115.233.

Summary of Corrective Action (if any)

Recommended Corrective Action for Standard 115.232:

1. The facility will update its volunteer list to confirm the correct number of active volunteers.
2. The facility will provide volunteer PREA training to all active volunteers.
3. As best practices, the facility will request from the customer criminal background checks to be conducted on all volunteers.
4. Forward to Jennifer Sheahan, Manager, Contract Compliance, PREA, for her review the following documentation:
 - a. The names of active volunteers
 - b. Documentation of completed PREA training for all active volunteers
 - c. The requests to the customer for volunteer criminal background checks, or criminal background clearances if background checks have been completed,

Recommended Corrective Action for Standard 155.233:

1. The one resident who did not have PREA training will complete PREA training and sign documentation the training was completed and understood by the resident.
2. Beginning 5/2/19 and continuing for 60 days, ensure residents receive PREA education, including viewing the *PREA: What You Need to Know* video within the required 30-days of arrival to the facility.
3. Forward to Jennifer Sheahan, Manager, Contract Compliance, PREA, for her review the following documentation:
 - a. A list of residents assigned to the facility each week 5/2/19 thru 6/30/19.
 - b. Documentation all residents assigned to the facility within the 60-day corrective action period received PREA education - acknowledgement form acknowledging they have received required training on the Zero-Tolerance Policy, the Right to Report and Free Medical and Mental Health and attesting to viewing the *PREA: What You Need to Know* video.

Corrective Action Taken for Standard 115.232:

On 7/3/19, the Manager, Contract Compliance, PREA forwarded copies of criminal background clearances and *PREA Basic Training Acknowledgement* forms for the five volunteers the facility determined to be the facility's current active volunteers.

Three of the criminal background checks were performed by the Colorado Department of Public Safety in May 2019 and two were performed previous to the onsite audit visit. Documentation of the PREA education showed two volunteers completed PREA training on 5/5/19 and two on 5/8/19. All volunteers signed the *PREA Basic Training Acknowledgement* forms acknowledging receipt and understanding of the training received.

In review of the documentation provided, the facility was to meet all provisions of standard 115.233.

Corrective Action Taken for Standard 115.233:

On 7/3/19, the Manager, Contract Compliance, PREA forwarded names of residents and their date of assignment to CAE by week beginning the week of 4/21/19 thru 5/26/19. Eighty-four residents were assigned to the facility in the 60-day corrective action period. Corresponding documentation included copies of signed *Acknowledgement of PREA Education Manual* and *Acknowledgement of Required Training in The Following Area: PREA – 1) Zero Tolerance Policy, 2) Right to Report, 3) Free Medical and Mental Health Care* for all 84 newly residents during the corrective action period.

All newly assigned residents received a *PREA Educational Manual for Residents* and viewed the *PREA: What You Need to Know* video within 24 hours of arrival to the facility and signed documentation acknowledging receipt and understanding of the PREA education provided.

In review of documentation provided, the facility was found to meet all provisions of standard 115.233.

The facility provided photos of the newly installed locks on the mop closet doors and an invoice of the labor and purchase of the locks, due to findings during the site review of the facility during the onsite audit visit. The facility was reminded during the audit exit meeting that these doors need to be secured at all times.

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

115.211 (a) GEO policy 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA)* and Community Alternatives of El Paso policy 2014-6, *Sexually Abusive Behavior Prevention and Intervention Program (PREA)* are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's/facility's approach to preventing, detecting and responding to such conduct. Both policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. Both policies, upon review, were found to be very comprehensive and to include a thorough description of the agency /facility's approach to reduce and prevent sexual abuse and sexual harassment of residents, exceeding in the requirements of this standard.

115.211 (b): GEO policy 5.1.2-A, page, section III-B, and facility policy 2014-1, pages 2 & 3, section VI-A, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency not only employs an agency-wide PREA Coordinator, but also employs a Director, Quality Assurance, Reentry Services who serves as a Divisional PREA Coordinator and provides oversight to the agency's reentry facilities; therefore, exceeding in the requirements of this section of the standard. The agency's organizational chart indicates the positions of PREA Coordinator and Director, Quality Assurance, Reentry Services within the agency. The PREA Coordinator and the Director, Quality Assurance, Reentry Services are extremely knowledgeable and continue to provide facilities with support and assistance for the implementation and enhancement of the agency's PREA program. The PREA Coordinator was interviewed prior to this three-year reaccreditation period. She stated she feels she has sufficient time to manage all of her PREA-related responsibilities because of the support she gets from the top, regional support and support of her team.

The Security Manager is designated as the facility's PREA Compliance Manager. In interview with the PREA Compliance Manager, she stated she has sufficient time and authority to coordinate 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 OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

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

Auditor Overall Compliance Determination

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

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

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

115.213 (a): Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 2014-1, page 3, section B-1, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The facility's design capacity is 240 residents and the staffing plan was developed based on that number. The average number of residents in the past 12 months was 220.

115.213 (b): The facility makes its best efforts to comply with the approved PREA Staffing Plan. In circumstances where the staffing plan is not complied with, the Facility Director would document and justify all deviations from the plan. In review of documentation provided by the facility and upon interview with the Facility Director, in the past 12 months there were no times that there were deviations to the staffing plan. Staff vacancies are filled by the use of staff overtime. The Facility Director stated during interview that he checks the shift logs in SecurManage on a daily basis to ensure that the staffing plan is adhered to and that the customer randomly requested staffing information.

115.213 (c): Whenever necessary, but no less than once a year, the staffing plan is reviewed by the PREA Compliance Manager along with administrative team members, and documented on the *PREA Annual Facility Assessment* form. This form is then forwarded to the Vice President, Residential Reentry Centers and the agency's PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. The PREA Compliance Manager reported that she has input into the staffing plan when it is reviewed each year.

Based on the *PREA Annual Facility Assessment* completed 10/24/18, no recommendations were made for changes to the established staffing plan. In 2018, all cameras were upgraded to high definition cameras and another DVR was added. The assessment noted additional cameras were needed. One camera per month will be budgeted for the current year.

Per policy, facility management staff and mid-level supervisors conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. These unannounced rounds are documented on the *PREA Unannounced Supervisory Rounds* form. Employees are prohibited from alerting residents or other employees that these supervisory rounds are occurring. Senior Monitors conduct unannounced PREA rounds on each shift once per month and supervisory rounds once a week. In documentation provided for review prior to the audit visit and while on site, these rounds are being conducted and documentation is being maintained by the facility.

The adherence to the staffing plan, the comprehensive *PREA Annual Facility Assessment* and the detailed documentation of *PREA Unannounced Supervisory Rounds*, it was determined that the facility exceeds in the requirements of this standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

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

115.215 (b): The facility does not permit cross-gender pat searches of female residents, except in exigent circumstances. Female residents are not restricted access to outside programming or opportunities in order to comply with this provision. In interview with staff and female residents, there is always a female employee onsite to pat search female residents.

115.215 (c): Agency and facility policies require that all cross-gender strip searches and body cavity searches be documented. Resident strip searches and body cavity searches are prohibited at Community Alternatives of El Paso County. According to information reported on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches performed.

115.215 (d): The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter resident housing and restroom areas. In the event a male female staff observes a resident in the state of undress, the staff member is required to make an immediate report describing the circumstances and submit the report to the Facility Director. When interviewed residents shared that they feel they have privacy to shower, toilet and change clothing when a female staff is in their housing unit.

115.215 (e): Based on GEO policy 5.1.2-A, pages 17 & 18, section J and facility policy 2014-4, page 3, 5th paragraph, the facility prohibits examining transgender or intersex residents for the sole purpose of determining genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, by consulting parole authorities and/or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. According to information provided by the facility, in the past 12 months there have not been any transgender or intersex residents assigned to Community Alternatives of El Paso County.

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

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

115.216 (a): The agency takes appropriate steps to ensure that residents with disabilities and have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO policy 5.1.2-A, page 12, section E-1 and facility policy 2014-2, pages 1 & 2, section V, were used to verify compliance to this standard. At the time of the onsite audit visit, there were no residents who were blind, had low vision or with physical disabilities.

115.216 (b): The agency takes steps to ensure that residents who are limited English proficient have access to all PREA information. Residents receive a *PREA Education Manual for Residents* during the intake process, which is available in English, Spanish and in large print for residents with low vision. They also receive a *Sexual Assault Awareness* brochure, available in both English and Spanish. PREA posters and a *PREA: What You Need to Know* video is available in both English and Spanish. A contract with Language Line Services, Inc. provides for the translation of any languages. A TDD is available for residents who are deaf or hard of hearing. There was one hard of hearing resident interviewed. He reported he lip reads well. He was able to understand questions asked of him and

responded appropriately. At the time of the onsite visit, there were no limited English proficient residents assigned to CAE.

115.216 (c): The agency prohibits the use of resident interpreters, resident readers or other types of resident assistants except in limited circumstances. In information provided on the Pre-Audit Questionnaire, in the past 12 months there have been no instances where resident interpreters, readers or assistants were used. Staff interviewed knew that using residents as interpreters, readers or any other type of assistants was prohibited by policy.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

115.217 (a): GEO policy 5.1.2-A, page 17, section C-2 and page 16, section H-4 and facility policy 2014-1, page 4, section B-2, and review of random employee files and upon interview with the Business Office/Human Resource Manager, were used to verify compliance to this standard. Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. Page 16, section 4 of GEO policy 5.1.2-A, and page 4, section 3 of facility policy 2019.6, address the requirements of hiring contractors.

115.217 (b): GEO considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.217 (c): The agency requires that all applicants and employees who may have contact with residents have a criminal background check as an applicant. Efforts are made to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse, prior to hiring new employees. Criminal background checks for all potential employees are completed through a contract with Career Builders, as well CCIC/NCIC clearance by the Colorado Department of Public Safety Office of Community Corrections DCJ. If an applicant answers that they have previously worked at a confinement facility, a Custom Employment Report is ordered from Career Builders for PREA verification.

115.217 (d): The agency performs a criminal background check before enlisting the services of a contractor. The facility has four contractors. In review of contractor records, contractors have had criminal background checks.

115.217 (e): Criminal background checks are conducted on all employees and contractors every five years through Career Builders.

115.217 (f) Employees are required to provide a continuing affirmative duty to disclose any sexual misconduct to the Facility Director. Applicants are asked PREA questions on the GEO application. Annually employees complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluations*. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check by Career Builders is completed as well as a GEO internal PREA verification is requested on the *Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer* form (HR-104).

115.217 (g): Material admissions regarding such conduct are grounds for termination.

In the past 12 months, 10 criminal background checks were completed. In review of employee human resource files, the facility is complying with agency and standard requirements.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

115.218 (a & b): GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2014-1, page 4, section 3, and documentation provided for review was used to verify compliance to this standard. Per agency and facility policies, Community Alternatives of El Paso County shall consider the effect any new design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect residents from sexual abuse. Since August 20, 2012, there were no new facilities and no substantial expansions or modifications were made to the existing facility.

According to information on the 2018 *PREA Annual Facility Assessment*, in May 2018, there were 24 high definition cameras and a 32-channel DVR requisitioned and approved.

In interview with the Executive Vice President Continuum of Care and Reentry Services, he explained that every reentry facility that is acquired or that is planning modifications, an assessment is made by the operations team along with the construction staff taking into consideration the facility's ability to

protect residents' sexual safety. He further stated that when installing or updating monitoring technology, a constant assessment is made by the PREA Coordinator and her team assessing for blind spots and cameras to improve the staff's monitoring efforts for the protection of residents from sexual abuse.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

115.221 (a): GEO policy 5.1.2-E, pages 7 & 8, sections D outlines the agency's requirements as it applies to this standard. Facility policy 2014-6 addresses the requirements of the facility in response to reports of recent sexual abuse allegations. The Community Alternatives of El Paso has two trained facility investigators responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. The facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

115.221 (b): The protocol is appropriate for youth, where applicable, and 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.

115.221 (c): Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. The facility has an MOU with the Memorial Hospital. Victims of sexual abuse are referred to Memorial Hospital for SANE exams at no cost to the resident. In the past 12 months, there have been no residents who have required SANE exams.

115.221 (d): The facility has an MOU with AspenPointe Health Services to provide emotional support services to victims of sexual abuse.

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

Residents are made aware of the confidential emotional support services available to them and how to access them in the *PREA Education Manual for Residents*, page 9, and on the *PREA Resident Reporting Options* posters displayed throughout the facility in both English and Spanish. When interviewed, residents and staff were aware of the confidential emotional support services available to victims of sexual abuse.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.222 (a): GEO policy 5.1.2-E, page 4, section III-A-2, policy 5.1.2- A, page 5, section III-A-2, and facility policy 2014-6, page 6, sections 2 & 3 outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including resident-on-resident sexual abuse or staff sexual misconduct. All allegations of staff sexual abuse are referred to the agency's Office of Professional Responsibility (OPR).

115.222 (b) Both the agency and the facility policies ensure that allegations of sexual abuse and sexual harassment are referred to an agency with the legal authority to conduct criminal investigations. Upon receipt of an allegation of sexual abuse, the supervisor receiving the report immediately notifies the

Facility Director. The Facility Director will make immediate notification to the PREA Coordinator, to the Director, Quality Assurance Reentry Services, the GEO's Office of Professional Responsibility (OPR) (if the allegation involved staff) and the GEO Reentry Services Regional Director. The Facility Director or the ADO will make a determination if the Colorado Springs Police Department should be notified. The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website at www.geogroup.com/PREA ([Social Responsibility Section](#)). The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are tracked on the *PREA Monthly Incident Outcome Tracking Log*. During the past 12 months, there was one allegation of staff-on-inmate-sexual abuse and one allegation of staff-on-inmate sexual harassment reported. Both allegations were administratively investigated, with referrals made to GEO's OPR.

115.222 (c): The GEO website describes the responsibilities of both the agency and 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 juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No

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

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

115.231 (a): GEO employees receive training on GEO’s zero-tolerance policy (5.1.2-A) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on pages 13 & 14, section F-1. The *PREA DOJ 2017 Pre Service* and the *PREA 2017 In Service* training curriculums were reviewed and found to address all elements of 115.231 (a) as required by this standard.

115.231 (b): Community Alternates of El Paso County houses male and female residents. The training is tailored to both male and females.

115.231 (c): All staff receive PREA training at Pre-Service and annually at In-Service training. Staff completing this training sign a *PREA Basic Acknowledgement* form (attachment E to policy 5.1.2-A), that they have received and understood the training they received. Staff also receive the *Guidance in Cross-Gender and Transgender Pat Searches 2016* training.

115.231 (d): The PREA Compliance Manager maintains documentation of annual PREA training for employees. During monthly staff meetings, PREA is reviewed and discussed.

In review of the random training files staff are receiving annual PREA training. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

115.232 (a): All volunteers and contractors who have contact with residents are trained and have annual refreshers on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, pages 14 & 15, section G-1 for volunteers and pages 15 & 16, section H-1, for contractors.

115.232 (b): Contractors complete the same online training as employees do and volunteers complete the agency's *Sexually Abusive Behavior Prevention and Intervention (PREA) Orientation and Training 2017* and sign a *PREA Basic Acknowledgement* form acknowledging receipt and understanding of the agency's zero-tolerance policy. The volunteer training curriculum was provided for review and notifies the volunteers of the agency's zero-tolerance policy and are informed how to report allegations of sexual abuse and sexual harassment.

115.232 (c): The facility maintains documentation of volunteer PREA training as was evident in review of volunteer records, but due to the review of volunteer records, the facility entered into a 60-day corrective action period. See pages 10 & 11, *Summary of Corrective Action*, for details of the corrective action taken by the facility to achieve compliance to this standard.

In interview with a volunteer by telephone and one contractor onsite, they confirmed receiving PREA training and were knowledgeable of the agency/facility's zero-tolerance policy and when to whom to report PREA allegations to.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

115.233 (a): Based on GEO policy 5.1.2-A, page 12, section E-2 and facility policy 2014-2, page 4, *Documentation* section, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual

harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In the past 12 months, 374 residents admitted to the facility received written PREA educational material upon arrival to the facility.

Residents are provided with a *PREA Education Manual for Residents* and sign an *Acknowledgement of Receipt of PREA Educational Manual form*. As part of the *Director's Orientation*, residents view the *PREA: What You Need to Know* video and sign an acknowledgement form acknowledging they have received required training on the Zero-Tolerance Policy, the Right to Report and Free Medical and Mental Health. Ongoing PREA information is provided on posters, both in English and Spanish, prominently displayed in all resident rooms and in numerous other locations throughout the facility.

115.233 (b): In the past 12 months, one resident who transferred from another community confinement facility received the same PREA education that all residents receive.

115.233 (c): Residents are provided education in formats accessible to all residents including those who are limited English proficient, deaf, visually impaired, with low reading skills or otherwise disabled.

115.233 (d): Resident PREA education documentation is maintained by the PREA Compliance Manager in a binder. In review of 24 random resident files, the facility did not meet the requirement of comprehensive PREA education for residents within 30 days of arrival to the facility and entered into a 60 day corrective action period for standard 115.233. See pages 10 & 11, *Corrective Action Summary* section for details of the corrective action taken by the facility to achieve compliance to this standard.

115.233 (e): In addition to providing PREA education, key information is available through posters displayed throughout the facility.

Residents interviewed acknowledged receiving written PREA information upon arrival to the facility. Three residents interviewed each stated they were assigned to CAE last fall and did not see the PREA video until two weeks prior to the onsite audit visit.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.234 (a): Based on GEO policy 5.1.2-A, page 14, section F-3, in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. The agency has 111 trained investigators agency-wide and Community Alternatives of El Paso County has two trained facility investigators.

115.234 (b): In review of the training curriculum, the training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

115.234 (c): The PREA Compliance Manager and the Case Manager Supervisor are the trained facility investigators. In information provided for review, both investigators completed *Specialized Investigation Training* facilitated by GEO's PREA Coordinator on 11/27/17 and received the PREA education provided to all employees as well. The facility maintains documentation that this specialized training as well as

documentation of annual PREA education provided to all employees, which was confirmed by review of staff training records.

Upon interview with the facility investigators, they were knowledgeable of their responsibilities in conducting sexual abuse investigations.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

Community Alternatives of El Paso County does not employ medical or mental health staff. All medical and mental health services are provided by referral to Memorial Hospital.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

115.241 (a): Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 2014-3, pages 2 & 3, section VI-B-1, all residents placed at the Community Alternative of El Paso County are assessed for their risk of being sexually abused or sexually abusive towards others. According to information reported on the Pre-Audit Questionnaire, in the past 12 months 374 residents admitted to the facility were assessed upon arrival to the facility.

115.241 (b): Upon arrival to the facility, residents are screened by Security Monitors. This provision of this standard requires intake screening to take place within 72 hours of arrival to the facility. Residents are screened upon arrival; therefore, the facility exceeds in the requirements of this facility. Security Monitors and residents interviewed confirmed this practice.

115.241 (c): The facility uses the *PREA Risk Assessment* form (attachment B to policy 5.1.2-A), an objective screening instrument.

115.241 (d): The form was reviewed and found to contain all requirements of provision 115.241 (b) of this standard.

115.241 (e): The intake screening takes into considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence of sexual abuse in assessing residents risk of being sexually abusive. In interview of Security Monitors, they confirmed this requirement.

115.241 (f): Within a set time period, not to exceed 30 days of the resident's arrival to the facility, residents' assigned Case Managers, using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38), reassesses residents for their risk for victimization and abusiveness.

115.241 (g): A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

115.241 (h): Security Monitors and Case Managers interviewed, confirmed residents are not disciplined for refusing to answer, or for not disclosing information in response to questions asked.

115.241 (i): In interview with the Security Monitors and the Case Managers, when completed, the *PREA Risk Assessment* forms and the *PREA Vulnerability Reassessment Questionnaires* are filed by the assigned Case Managers and are uploaded into a shared drive.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

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

Auditor Overall Compliance Determination

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

115.242 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. GEO policy 5.1.2-A, pages 10 & 11, section D-3 and facility policy 2014-3, page 3, section 2, explain the use of PREA screening information. On interview with the Security Monitor and the Case Managers, they explained how the facility utilizes screening information for this purpose.

115.242 (b): Individualized determinations are made about how to ensure the safety of each resident. Residents who score at risk of victimization or abusiveness are referred for further evaluation using the *Community Alternatives of El Paso County Referral Verification* form. Residents have an option of refusing these services. Those identified to be at risk are tracked on an *At Risk Log*. In random review of resident files, those that screened at risk for victimization or abusiveness were offered referrals to mental health.

115.242 (c): In making housing and programming assignments for transgender or intersex inmates, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Residents who self-disclose being lesbian, gay, bisexual, transgender or intersex are tracked on an *LGBTI Facility Log*. At the time of the onsite visit, there were no residents who self-disclosed being transgender or intersex.

115.242 (d): A transgender or intersex resident's own views with respect to his or her safety will be given serious consideration.

115.242 (e): Transgender and intersex residents will be offered the opportunity to shower separately from other residents. In interview with the Facility Director, he stated there would be certain times the resident could shower alone, at a time to be determined.

115.242 (f): GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. When interviewed, residents who self-disclosed being gay, bisexual and lesbian, all stated they did not feel they were placed in any special housing because of their sexual orientation.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

115.251 (a): GEO policy 5.1.2-A, pages 18 & 19, section L-1 and facility policy 2014-2, page 4, last paragraph outline the agency's options for resident reporting methods. The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and any staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed they can report verbally or in writing to any staff member or a third party can report for them. In interview with residents, they were aware of reporting methods available to them. Staff interviewed knew the methods of reporting available to residents.

115.251 (b): The residents of CAE have access to reporting abuse or harassment to a public or private entity that is not part of the agency. Residents are informed through the *PREA Education Manual for Residents* (page 10), provided to them upon intake, and on the *Resident Reporting Options* posters posted in all resident rooms and in common areas throughout the facility, that they can contact the Colorado Department of Corrections TIPS hotline in writing or can call 1-877-362-8477 or they can call the RAINN National Hotline Network (1-800-656-4673). They are also informed they can contact AspenPointe in writing or by calling 1-719-572-6100. Residents are informed they can contact agency officials, allowing them to remain anonymous upon request.

115.251 (c): The agency policy mandates that staff are to accept reports made verbally, in writing, anonymously and from third parties and will promptly document any verbal reports. Random staff interviewed confirmed this mandate.

115.251 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for resident and staff reporting was found on the GEO website (<https://www.geogroup.com/prea>). *Third Party Reporting* posters and Page 4, section I of the *Employee Handbook* informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of residents.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

115.252 (a): In review of GEO policy 5.1.2-A, pages 19 & 20, section L-2-a, and facility policy 2014-5, pages 4 & 5, *Sexual Abuse Grievances* section, there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to residents on page 7 of the *PREA Education Manual for Residents* and on page 29 of the *Resident Handbook*.

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

115.252 (c): Based on GEO policy 5.1.2-A, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.252 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.

115.252 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. In interview with the PREA Compliance

Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there have been no grievances filed by a third party.

115.252 (f): Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Director or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

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

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

115.253 (a): GEO policy 5.1.2-A, pages 25 & 26, section N-8 and facility policy 2014-6, page 11, section H-6, addresses the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Community Alternatives of El Paso County enables reasonable communication between the residents and these agencies in a confidential manner.

Residents are given the telephone numbers to RAINN National Hotline Network where advocates are available 24 hours a day, seven days a week and the phone number and contact AspenPointe in writing or by telephone. This information is provided to residents in the *PREA Education Manual for Residents* (page 10) and on the *Resident Reporting Options* posters displayed throughout the facility in both English and Spanish.

115.253 (b): Residents are informed in the *PREA Education Manual for Residents* of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.253 (c): The facility has an MOU with AspenPointe Health Services to provide confidential emotional support services to victims of sexual abuse.

When interviewed, residents were aware of services available if they were a victim of sexual abuse.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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

In interview with the PREA Compliance Manager, during the past 12 months, there was one report of staff-on-inmate 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*)

115.261 (a): The agency's requirement on staff reporting duties can be found on page 20, section N-4 of GEO policy 5.1.2-A and on pages 5 & 6, section VII-B of facility policy 2014-6. Reporting duties for volunteers is on page 14, section G-2 and on page 15, section H-2 for contractors in GEO policy 5.1.2-A.

All staff are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any 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. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to supervisors. Random staff interviewed knew their responsibility of reporting and to whom to report.

115.261 (b): Apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone.

115.261 (c): This provision does not apply to this facility. Community Alternatives of El Paso County does not employ medical or mental health staff.

115.261 (d): Community Alternatives of El Paso County houses adult male and female residents only, none of whom according to their classified level of care are considered vulnerable adults under the

State Vulnerable Persons Statue; therefore, provision 115.261 (d) of this standard is not applicable to this facility.

115.261 (e): Community Alternatives of El Paso County will report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to facility 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*)

115.262 (a): When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident according to GEO policy 5.1.2-A, page 21, section M-1 and facility policy 2014-6, page 5, section VI, 2nd paragraph. All allegations of sexual abuse are to be handled immediately to protect the alleged victim and in a confidential manner throughout the investigation.

In interview with the Facility Director, as well as documentation provided on the Pre-Audit Questionnaire, there were no times during the past 12 months it was necessary for the facility to take immediate action in regards to a resident being in substantial risk of sexual abuse. The Facility Director reported he would take immediate action and ensure the resident was brought to a safe location. The alleged perpetrator would probably be moved offsite. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

115.263 (a): GEO policy 5.1.2-A, pages 24 & 25, section 5 and facility policy 2014-6, page 9, section F were used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director or designee shall notify the head of the facility where the sexual abuse was alleged to have occurred.

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

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

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

In interview with the Facility Director and in review of documentation provided on the Pre-Audit Questionnaire, in the past 12 months there were no notifications received that a resident was sexually abused while housed at Community Alternatives of El Paso County and there were no reports made by residents assigned to the facility that they were sexually abused while confined to another facility. In interview with the Facility Director, he knew what his responsibilities would be if he received notification from another facility regarding sexual abuse. He would contact corporate and the client as well as the agency head of the other facility.

In interview with the agency head designee, he stated the agency's PREA Coordinator would be notified via e-mail and the allegation would be referred for an internal 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*)

115.264 (a): GEO policy 5.1.2-A, pages 21 & 22, section M-2-4 and facility policy 2014-6, page 6, section C-1, outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member.

Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone other than staff involved with investigating the alleged incident.

115.264 (b): If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.

All staff carry with them a Sexual Abuse First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first responder duties.

Interviews with security and non-security staff revealed that they knew the policy and procedures to follow if they were the first responder to an allegation of sexual abuse. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and physical evidence. In information provided on the Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, in the past 12 months there were no allegations of sexual abuse reported.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

115.265 (a): GEO policy 5.1.2-A, page 6, section A-4 and review of the Community Alternatives of El Paso County's *PREA Coordinated Response Plan* were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse and sexual harassment.

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

filed with the completed investigative packet. The Facility Director and the PREA Compliance Manager are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Community Alternatives of El Paso County does not have a collective bargaining agreement. In interview with the Executive Vice President Continuum of Care & Reentry (agency head designee), he stated GEO

would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an investigation.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.267 (a): GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined in policy 5.1.2-A, pages 25 & 26, section N-2 and in facility policy 2014-6, page 10, section H-7-11.

115.267 (b): The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an

investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

115.267 (c): The PREA Compliance Manager or the Case Manager Supervisor are responsible for weekly monitoring of residents and monthly of staff who reported sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations for retaliation for at least 90 days and longer if there is a continuing need. Items that are monitored are resident disciplinary reports, house or program changes, or negative performance reviews or reassignment of staff. Monitoring is documented on the *Protection from Retaliation Log - Reentry*. Completed logs will be filed in the investigative file.

115.267 (d): Monitoring of residents will also include periodic status checks.

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

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

In interview with the PREA Compliance Manager, in the past 12 months, there was no retaliation that occurred. Retaliation logs were found filed in corresponding investigative files.

The Executive Vice President Continuum of Care and Reentry Services when interviewed stated that if a resident or staff expresses fear of retaliation, someone at the facility would meet with the resident or staff for any immediate concerns to assess what action to take to protect the resident or staff from retaliation.

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*)

115.271 (a): An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at Community Alternatives of El Paso County. Investigations are conducted promptly, thoroughly and objectively, including third party and anonymous reports. The agency's policy on administrative and criminal investigations as outlined in GEO policy 5.1.2-E, pages 5 & 6, section III-B.

115.271 (b): The PREA Compliance Manager and the Case Manager Supervisor are the facility's investigators. Both have completed specialized training in the investigation of sexual abuse allegations.

115.271 (c): It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.

Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

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

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

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

115.271 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports.

115.271 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Criminal investigations are conducted by the Colorado Springs Police Department. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no allegations referred for criminal investigation.

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

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

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

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

In interview with facility investigators, they knew their responsibilities in the conduct of administrative investigations and referral of allegations for criminal 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*)

115.272 (a): Based on GEO policy 5.1.2,-E, page 6, section B-2-d, the agency/facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility investigators were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency policy.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. According to information provided on the Pre-Audit Questionnaire and in interview with facility investigators, in the past 12 months there were no investigations conducted by outside an outside agency.

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

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

115.273 (e): All *Notification of Outcome of Allegation* or attempted notifications are documented and filed in the corresponding investigative file. On information provided on the Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, in the past 12 months two residents were presented with a *Notification of Outcome of Allegation* form upon completion of investigations. This information was confirmed in review of the corresponding investigative file.

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

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

115.276 (a): Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, page 12, section L-1.

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

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

115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. The *GEO Employee Handbook*, provided to all staff, page 18, explains the zero-tolerance policy for employees and the sanctions that would be imposed for violations of the policy.

In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there two staff member who resigned following an allegation of violation of the agency's sexual abuse or sexual harassment policy.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

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

115.271 (b): In the case of a violation of GEO's sexual abuse and sexual harassment policy by a volunteer, the facility will take remedial measures and will consider whether the volunteer is prohibited further contact with residents.

In information reported on the Pre-Audit Questionnaire, in the past 12 months there were no volunteers or contractors found in violation of the agency's sexual abuse and sexual harassment policies. In

interview with the Facility Director, he stated if a volunteer or contract violated the policies, they would not be allowed on the premises, pending the outcome of the investigation.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

115.278 (a): According to GEO policy 5.1.2-E, pages 12 & 13, section L-2, if a resident is found guilty of engaging in sexual abuse involving another resident, the resident will be subject to formal disciplinary sanctions. Residents are made aware of sexual misconduct and the sanctions and disciplinary actions that will be taken in the *Resident Handbook*.

115.278 (b): Sanctions will 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.

115.278 (c): Based on GEO policy 5.1.2-E, page 12, section 2, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.278 (d): If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The referring agency will determine if the resident will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse.

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

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

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

In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no disciplinary sanctions imposed for residents violating the 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*)

115.282 (a): Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 25, section 7 and facility

policy 2014-6, page 7, section 5-h. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services.

115.282 (b): Security staff first responders take preliminary steps to protect a victim of sexual abuse. Resident victims of sexual abuse are transported to the Memorial Hospital for forensic examinations. Security and non-security staff interviewed knew their responsibilities in first responder duties.

115.282 (c): Resident victims are offered information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

115.282 (d): All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

On information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no sexual abuse cases requiring emergency medical or mental health services.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

115.283 (a): The facility offers ongoing medical and mental health care to all the residents of Community Alternatives of El Paso County who have been victimized by sexual abuse.

115.283 (b): According to GEO policy 5.1.2-A, pages 26, section N-1 and facility policy 2014-6, page 7, section 5-h, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.

115.283 (c): Medical and mental health services provided to residents is provided offsite. Forensic exams and other medical services are provided at Memorial Hospital and mental health services by referral to AspenPointe.

115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

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

115.283 (f): Resident victims will be offered tests for sexually transmitted infections as medically appropriate.

115.283 (g): All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.283 (h): The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Counseling support, individual and group therapy for victims and abusers are offered through AspenPointe.

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

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

115.286 (a): According to GEO policy 5.1.2-A, page 28, section N-3 and facility policy 2014-6, page 12, section K, the facility is required to conduct a sexual abuse at the conclusion of every sexual abuse investigation of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

115.286 (b): The review will occur within 30 days of the conclusion of the investigation.

115.286 (c): The Facility Director, the PREA Compliance Manager and the Case Manager Supervisor make up the facility's Incident Review Team, the PREA Coordinator may attend via telephone or in person.

115.286 (d): The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a *PREA After Action Review Report* (attachment J to policy 5.1.2-A) and forwarded to the PREA Coordinator no later than 10 working days after the review. The PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file.

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

In interview with the PREA Compliance Manager and review of the one closed investigative file, in the past 12 months, there was one sexual abuse incident review completed. When interviewed, the members of the Incident Review Team knew their responsibilities as they relate to the review of sexual abuse incidents.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

115.287 (a): Information on data collection is found on page 28, section O-1 of GEO policy 5.1.2-A. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control.

115.287 (b): The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log* (attachment K of policy 5.1.2-A). In addition to submitting the *Monthly PREA Incident Tracking Log*, the PREA Compliance Manager is to ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ.

115.287 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).

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

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

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

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

115.288 (a): Based on GEO policy 5.1.2-A, pages 28 & 29, section O-2, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator stated that a database program is used at the corporate level and monitored by a Data Specialist.

115.288 (b): The PREA Coordinator reviews the data collected to identify problem areas, take corrective action on an ongoing basis and prepare an annual report of the findings and corrective actions for each facility and the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

115.288 (c): The PREA Coordinator forwards the annual report to the Senior Vice President, 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> (Social Responsibility section).

115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

115.289 (a): According to GEO policy 5.1.2-A, page 29, section O-3, the agency ensures that the data collected is securely retained.

115.289 (b): GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <https://www.geogroup.com> ([Social Responsibility section](#)).

115.289 (c): Before making aggregated sexual abuse data publicly available, all personal identifies re redacted.

115.289 (d): The agency makes aggregated sexual abuse data collected pursuant to standard 115.287 for at least 10 years.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

115.401 (a): Based on GEO policy 5.1.2-C, page 18, section Q, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. The initial PREA audit of Community Alternatives of El Paso County was conducted in May 2016 by a DOJ certified PREA auditor, when the facility was owned and operated by CEC. This audit, conducted three years after the initial PREA audit, was conducted by a DOJ certified PREA auditor.

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

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

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

115.401 (h): During the audit, I was allowed access to all areas of the Community Alternatives of El Paso County

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

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

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

115.401 (l): I reviewed camera monitors.

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

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

115.401 (o): During the Pre-Onsite Audit Phase I contacted the Manager of Clinical Programs of AspenPointe.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

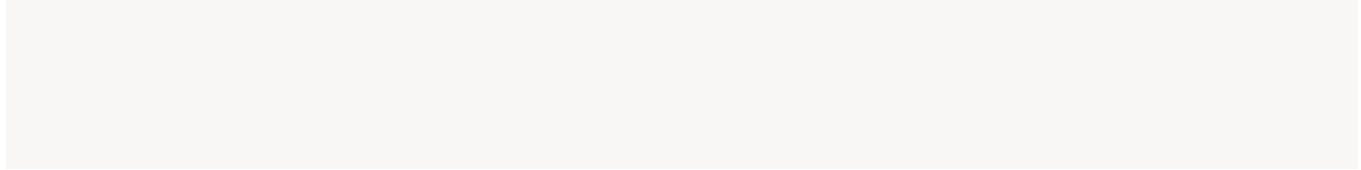
115.403 (b): In thorough review of GEO's policies, as well as facility policies and procedures, were found to comply with relevant PREA standards.

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

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

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

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



AUDITOR CERTIFICATION

I certify that:

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

Barbara Jo Denison
Auditor Signature

July 15, 2019
Date