

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

Interim Final

Date of Interim Report September 1, 2021

Date of Final Report November 2, 2021

Auditor Information

Name: Kendra Prisk Email: 2KConsultingLLC@gmail.com

Company Name: 2K Consulting, LLC.

Mailing Address: PO Box 204 City, State, Zip: Malone, FL 32445

Telephone: 814-883-9766 Date of Facility Visit: July 20-21, 2021

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

The GEO Group, Inc.

Physical Address: 4955 Technology Way City, State, Zip: Boca Raton, FL 33431

Mailing Address: 4955 Technology Way City, State, Zip: Boca Raton, FL 33431

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: www.geogroup.com/PREA

Agency Chief Executive Officer

Name: Jose Gordo

Email: jgordo@geogroup.com Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Trina Maso de Moya

Email: tmasodemoya@geogroup.com Telephone: 561-999-8116

PREA Coordinator Reports to: Number of Compliance Managers who report to the PREA Coordinator:

Daniel Ragsdale, Executive Vice President	91
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Facility Information

Name of Facility: Delaney Hall Residential Reentry Center (Delaney Hall)

Physical Address: 451 Doremus Avenue

City, State, Zip: Newark, NJ 07105

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.geogroup.com/PREA

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

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

ACA

NCCHC

CALEA

Other (please name or describe):

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe

Facility Director

Name: Roy Becker-Rowley

Email: rbeckerrowley@geogroup.com

Telephone: 973-274-0115

Facility PREA Compliance Manager

Name: Casey Glass

Email: cglass@geogroup.com

Telephone: 973-274-0115

Facility Health Service Administrator

Name: Cory Ruta

Email: cruta@geogroup.com

Telephone: 973-274-0115

Facility Characteristics

Designated Facility Capacity:	987
Current Population of Facility:	371
Average daily population for the past 12 months:	289
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18-65
Average length of stay or time under supervision	23-30 Days
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	1506
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1375
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	931
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: New Jersey State Parole Board <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	125
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:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	7
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe):

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe): Essex County Prosecutors Office <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe): Essex County Department of Corrections; Union County Department of Corrections, Essex County Prosecutors Office <input type="checkbox"/> N/A

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) re-certification audit for Delaney Hall Residential Reentry Center in Newark, New Jersey was conducted on July 20, 2021 and July 21, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. Delaney Hall is a private for profit community confinement facility under the GEO Group. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through the agency¹ directly and has a contract with the GEO Group. The auditor is personally accountable for complying with the DOJ certification requirements and audit findings. The contract describes the specific work required according to the DOJ standards and PREA auditor handbook, to include the pre-audit, on-site audit and post-audit. The auditor signed the contract on June 16, 2021.

The previous PREA audit was conducted by PREA Auditor Barbara Jo Denison on June 18-20, 2018. The previous auditor found that the facility exceeded five standards and met 36.

Pre-Audit

On May 13, 2021 the auditor provided her mailing address to one of the agency's PREA Contract Compliance Managers for the audit announcements. The agency provided the PAQ, policies, procedures and supplemental documentation via a secure thumb drive on May 29, 2021. On July 6, 2021 the auditor emailed an issue log to the PREA Contract Compliance Manager. On July 12, 2021 the auditor was provided clarification by the facility PREA Compliance Manager related to the issue log. On June 13, 2021 the auditor provided the PREA Contract Compliance Manager with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. Facility staff ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received seven photos on July 12, 2021 of the PREA audit announcement posted in housing units, the hallway, the lecture hall, the staff break room and medical. The auditor did not receive any correspondence from staff or residents at Delaney Hall.

The auditor contacted the Essex County Prosecutor's Office related to forensic medical examinations. The Forensic Nurse Examiner Coordinator (Coordinator) advised that anyone who is sexually assaulted in Essex County would be facilitated through her office. She advised they coordinate forensic medical examinations through six local hospitals and that residents at Delaney Hall would more than likely go to University Hospital. The Coordinator stated that all hospitals have a team of SAFE/SANE that are contracted and on-duty 24/7. She further stated that all patients are entitled to an exam, an advocate and law enforcement and that all patients have the right to accept or refuse any of these services. The auditor contacted Sexual Assault and Violence Education (SAVE) of Essex County related to victim advocacy services. The staff member stated that they had not been contacted by the agency/facility related to providing victim advocacy services. She stated that all residents can utilize the hotline and mailing address regardless of a Memorandum of Understanding (MOU), however she was unfamiliar of the facility/agency and they have not had any contact with residents or staff at Delaney Hall. The staff member also confirmed that regardless of an MOU the SANE asks the victim whether they want an advocate during the forensic medical examination and if the resident agrees, the SANE would contact

¹ Agency, company and department are utilized interchangeably within this document.

SAVE and an advocate would respond to the hospital. The auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with residents at Delaney Hall.

The auditor conducted a web-based search related to Delaney Hall. The auditor located information, however none pertained to sexual abuse or sexual harassment. The auditor confirmed that the agency website has the PREA policy, the annual report, information on investigations and information on how to report information/an allegation. Additionally, the agency website has all prior PREA audit reports posted for each of its facilities, including Delaney Hall.

On-Site

The auditor requested the below list of residents to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (371) the PREA auditor handbook indicated that at least 26 residents were required to be interviewed. From the provided lists, the auditor selected a representative sample of residents for the targeted and random interviews. Residents for the random interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least two residents were selected from each of the housing units and four female residents were selected (total of fourteen female residents during the on-site portion of the audit) for interview. Residents selected for the targeted interviews were selected at random across varying factors, when possible. Due to the facility type, there were no residents with physical disabilities (including hearing and vision), residents who identified as transgender or intersex and residents who reported sexual abuse, and as such, no interviews were conducted. Additionally, there were only two LEP residents identified, one resident with a cognitive disability and two lesbian, gay or bisexual residents identified and as such eight additional random residents were selected for interview. Interviews were conducted using the *Resident Interview Questionnaire* supplemented by the *Targeted Resident Questionnaire*. The table following the resident listings depicts the breakdown of resident interviews.

1. Complete resident roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Residents with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
3. Residents who are Limited English Proficient (LEP)
4. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) residents
5. Residents who reported sexual abuse

Category of Residents	Number of Interviews
Random Residents	22
Targeted Residents	5
Total Residents Interviewed	27
Targeted Resident Interview:	

• Residents with a Physical Disability	0
• Residents who are LEP	2
• Residents with a Cognitive Disability	1
• Residents who Identify as Lesbian, Gay or Bisexual	2
• Residents who Identify as Transgender or Intersex	0
• Residents who Reported Sexual Abuse	0

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Staff from all three shifts were interviewed. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Medical staff
 - Mental health staff
 - Administrative (Human Resource) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with residents
 - Contractors who have contact with residents
 - Criminal investigative staff
 - Administrative investigative staff
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff on the sexual abuse incident review team
 - Designated staff member charged with monitoring retaliation
 - First responders
 - Intake staff

Category of Staff	Number of Interviews
Random Staff	13

Specialized Staff	12
Total Staff Interviews	25
Specialized Staff Interviews	
• Agency Contract Administrator	0
• Medical and Mental Health Staff	2
• Human Resource Staff	1
• Volunteers and Contractors	2
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	2
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Jonathon Dressler (Agency Head Designee)
- Mr. Roy Becker-Rowley (Facility Director “Director”)
- Ms. Trina Maso de Moya (PREA Coordinator “PC”)
- Ms. Casey Glass (Facility PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on July 20, 2021 and July 21, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documents to review. The auditor conducted a tour of the facility on July 21, 2021. The tour included all areas associated with Delaney Hall, including housing units, medical, recreation, intake, laundry, classification, education, food service and the multipurpose area. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents in housing units and other factors as indicated in the below standard findings.

Interviews were conducted on July 20, 2021 and July 21, 2021. Third shift staff were interviewed on July 21, 2021 while first and second shift staff were interviewed on July 20, 2021. All interviews were conducted in a private setting.

During the audit the auditor requested personnel and training files for staff, resident files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is below.

Personnel and Training Files. The facility has 125 staff. The auditor reviewed a random sample of 25 personnel and/or training records that included five individuals hired within the past twelve months and five individuals with five year criminal background record checks. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for one volunteer, four contractors and seven medical and mental health care staff were reviewed. Most security staff files reviewed were of those selected for interview. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

Resident Files. A total of 26 resident files were reviewed during the on-site portion of the audit. 25 residents files were of those that arrived within the previous twelve months, two were LEP residents and one was a disabled resident. All resident files reviewed were of those selected for interview.

Medical and Mental Health Records. During the past year, there were two resident that reported sexual abuse at the facility, however after review the allegations were determined to be related to official duties. The auditor reviewed the medical and mental health records for the two non-PREA allegations.

Grievances. In the past year, the facility had zero grievances of sexual abuse. The auditor reviewed the grievance log and eleven sample grievances.

Hotline Calls. The facility has a hotline number for residents to report to one of the client’s PREA Coordinators (Essex County). The auditor tested the hotline during the on-site portion of the audit and left a message. The facility PCM advised that the Essex County PREA Coordinator notified her that the call was received, however she did remember the date she was notified. As such, she tested the hotline again on August 30, 2021 and received confirmation on August 31, 2021 from the Essex County PREA Coordinator that the call was received.

Incident Reports. The auditor reviewed the incident reports for two allegations that did not rise to the level of PREA. Additionally, a sample of eight incident reports were reviewed.

Investigation Files. During the previous twelve months, there were two allegations reported that were determined to be incidental to official duties. No other allegations were reported during the audit period.

	Sexual Abuse		Sexual Harassment	
	Resident on Resident	Staff on Resident	Resident on Resident	Staff on Resident
Substantiated	0	0	0	0
Unsubstantiated	0	0	0	0
Unfounded	0	0	0	0
Ongoing	0	0	0	0
Total Allegations	0	0	0	0

During the on-site portion of the audit, the auditor tested the victim advocacy number. The auditor reached the victim advocate (SAVE) who advised that they were available to provide confidential services to the residents. The auditor tested the hotline during the on-site portion of the audit and left a message. The facility PCM advised that the Essex County PREA Coordinator notified her that the call was received, however she did not remember the date she was notified. As such, she tested the hotline again on August 30, 2021 and received confirmation on August 31, 2021 from the Essex County PREA Coordinator that the call was received. The auditor observed the audit announcement posted around the facility, as well as PREA posters/stickers with reporting mechanisms.

Post-Audit

During the onsite portion of the audit, the auditor found that the facility did not have an outside reporting mechanism for the resident population. The facility provided the residents numbers to report to RAINN, SAVE of Essex County, the New Jersey Coalition Against Sexual Assault, the Essex County DOC PREA Coordinator and the Union County DOC PREA Coordinator. The first three listed are advocacy services and cannot serve as the outside reporting mechanism and the other two are the clients of the agency. The auditor determined that they were not outside reporting mechanisms as they are the agencies that residents are currently incarcerated under. Additionally, the information that was provided via the resident handbook and the PREA reporting poster was unclear about proper reporting, how to report and level of confidentiality.

On August 12, 2021 the auditor received documentation confirming that the Newark Police Department (NPD) has an anonymous hotline and web-based portal that allows for reporting of sexual assaults. The PCM contacted NPD who advised that they would not enter into an MOU, however if a resident called the hotline they would respond and investigate the allegation. The PCM tested the phone number on August 12, 2021, however the call would not go through. She contacted the phone service provider and advised them of the issue. The PCM tested the phone again on August 13, 2021 and the call connected to NPD. NPD advised the PCM that they would not provide an email confirming the call, but if they had a legitimate sexual abuse allegation they would respond to the facility and conduct an investigation. The facility provided correspondence to the auditor stating these facts and details. The auditor was also provided the email chain related to the addition of the outside reporting mechanism phone number. The facility updated the English and Spanish reporting posters, the English and Spanish PREA manual and the Delaney Hall acknowledgment of receipt of PREA education manual. The facility provided the auditor confirmation that the information was sent through the resident tablet system, which requires the residents to read and acknowledge the information prior to further tablet utilization. Additionally, the PCM provided photos of the new reporting poster in the housing units.

Upon review of the updated material, the auditor determined that while the outside reporting mechanism was added, to include that residents could remain anonymous upon request, the victim advocacy information was missing the mailing address as well as the level of confidentiality afforded when residents contact the advocacy services. On August 30, 2021 the PCM provided updated materials that included the victim advocate mailing address as well as information that all correspondence sent to the mailing address is subject to inspection and that all calls are no pin, do not record and are auto accept. The PCM updated the information to ensure it was placed in a format that indicated that the three victim advocacy organizations were not the outside reporting mechanism and which indicated that SAVE of Essex County has advocates available 24 hours, seven days a week and provide a crisis hotline, medical and legal accompaniment, prevention education and counseling. Additionally, the PCM provided confirmation that the information was sent via the tablet system again, which requires residents to read and acknowledge. She also provided photos of the modified reporting poster in the housing units.

On August 30, 2021 the auditor spoke to the interim Executive Director of SAVE related to the MOU. The auditor provided her with the contact information for the agency PC as well as the facility PCM to initiate conversation to establish an MOU between the two organizations. On November 2, 2021 the PCM advised that they have been in contact with SAVE since September 2021 related to the MOU. The auditor was copied on emails from September where the facility and SAVE set up a conference call to discuss the MOU. On September 17, 2021 the facility provided SAVE a draft MOU for review. The PCM sent emails on October 4, 2021 and October 7, 2021 inquiring about the status of the MOU review. SAVE provided notes on October 7, 2021 and the facility responded the same day related to their inquiries/comments. On October 18, 2021 the PCM sent an email following up on the response sent related to the inquiries/comments. A second email was sent on November 1, 2021. SAVE has not yet responded to the facility. While the facility has not been able to establish an MOU with SAVE, it is well documented the numerous attempts. Thus, based on the information provided to the residents (phone number and mailing address to SAVE) as well as the numerous attempts to enter in a MOU, the facility has done their due diligence related to the standard.

Facility Characteristics

Delaney Hall Residential Reentry Center is a privately operated community confinement facility under the authority of the GEO Group, located at 451 Doremus Avenue in Newark, New Jersey. The GEO Group's vision is to aspire to be the world's leading provider of evidence-based rehabilitation across a diversified spectrum of correctional and community reentry services. The mission of the GEO Group is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, correctional, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to our care.

Delaney Hall is a minimum custody facility that houses adult male and female residents. Delaney Hall is located in Essex County, approximately six miles from Newark Liberty International Airport. The facility has a capacity of 987 and the average daily population over the previous twelve months was 289. On the first day of the on-site portion of the audit the population at the facility was 371. The age range of the facility's population is eighteen to 65 years of age. The average length of stay for residents at the facility is approximately 23 to 30 days. The facility houses residents for Essex County and Union County. Prior to the on-site portion of the audit the facility also housed New Jersey State Parole Board residents, however in July all of these residents were removed from the facility.

The facility employs 125 staff. Security staff mainly make up three shifts, first shift works from 7:00am-3:00pm, second shift works from 3:00pm-11:00pm and third shift works from 11:00pm-7:00am. A review of the facility staffing plan indicates that each shift has a lead supervisor, a shift supervisor, operations counselors and security monitors. Additional staff are assigned to non-shift including; employment specialists, family service coordinators, unit managers, teachers, case managers and medical and mental health care staff. The facility employs four contractors and has one active volunteer, however prior to COVID-19 the facility had twelve active volunteers.

Facility Description

The facility comprises two floors of one building and the building contains reflective mirrors and video monitoring to alleviate blind spots and assist with monitoring. PREA posters, including reporting information and advocacy information was observed throughout the facility. The below describes the basics of the facility.

Administration – This area contains numerous offices, including the Director's office.

Classification – Offices with solid doors.

Education – Small area with two classrooms, computers and desks. The resident restroom has a solid door for privacy.

Food Services – Residents eat in their housing units and as such the dining areas are utilized for visitation. The kitchen has a serving line, dish area, ovens, grills, coolers, freezers, a food preparation area, dry storage and a back dock.

Intake – Includes operations offices, a waiting room with a bench and television and a restroom with a solid door.

Laundry – The area has washers, dryers, folding tables and a small linen storage area.

Medical – Includes dental, an exam room with a solid door and a mental health office. The resident restroom has a solid door for privacy.

Multipurpose Room – Is utilized for programming and religious services. The area also contains a small library.

Recreation – The outdoor recreation area consists of two yards with basketball hoops, weight areas, tables and lighting. The indoor recreation area is a gymnasium with a basketball court and fitness equipment.

Visitation – Prior to COVID-19, the dining halls were utilized for visitation. One dining hall is open and is utilized for video visitation and includes chairs and computers. The other two dining halls are open and are not utilized, but prior to COVID-19 contained chairs and tables.

Housing unit one has rooms with numerous bunk beds. The showers have curtains for privacy and the toilets have doors. The dayroom has tables, chairs and a television.

Housing unit two is vacant and is similar to housing units three, four and five (see below description).

Housing units three, four and five have the same setup. Dayrooms have tables, chairs and telephones. Another area contains microwaves and vending machines. Rooms have multiple bunks with chairs, televisions and telephones. Restrooms are communal with half wall barriers for the urinals, doors for the toilets and a curtain at the entrance to the shower area.

The CDU unit has a dayroom with tables, chairs and televisions. Two showers are single person and have a door with a high security window. Cells are double bunked with a desk, stool, sink and toilet. Cell doors are solid with a security window. Only female staff members are assigned to the unit.

Unit	Capacity	Style	Resident Population
1	71	Multiple Occupancy	Medically Assisted Treatment (MAT)
2	226	Multiple Occupancy	Vacant – Parole
3	139	Multiple Occupancy	General Population – Union County
4	158	Multiple Occupancy	General Population
5L	184	Multiple Occupancy	General Population – Essex County
5R	184	Multiple Occupancy	General Population – Essex County
CDU	20	Double Occupancy	General Population - Females

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded:	2
List of Standards Exceeded:	115.231 & 115.232

Standards Met

Number of Standards Met:	39
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Standards Not Met

Number of Standards Not Met:	0
List of Standards Not Met:	NA

PREVENTION PLANNING

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-1 – PREA Staffing and Facility Requirements (PM 2019-1)
4. The GEO Group Organizational Chart

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.211 (a): The agency has a policy outlining their approach to sexual abuse and sexual harassment, 5.1.2-A. Additionally, the facility has a supplemental policy PM 2019-1 as well as additional Policy Manuals as referenced throughout this document. 5.1.2-A, page 5 states that each facility is required to have a current policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlining GEO's approach to preventing, detecting, and responding to such conduct. PM 2019-1, page 1 states that Delaney Hall RRC mandates zero tolerance towards all forms of sexual abuse and sexual harassment. Both the agency policy and facility policy outline the strategies on preventing, detecting and responding to sexual abuse and sexual harassment and includes definitions of prohibited behavior. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and residents, incident reviews and data collection. The policies and supporting documentation are consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.211 (b): 5.1.2-A, page 6 states that GEO shall designate a PREA Coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee the company's efforts to comply with PREA standards in all of its required facilities. The agency's organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the PREA Director and reports to the Vice President of Contract Compliance. The interview with the PC indicated that she has enough time to manage all of his PREA related responsibilities. She stated the corporate PREA team consists of five PREA Compliance Managers and a PREA data specialist. She stated there are also three regional PREA Coordinators for the Secure Services Division and two PREA Coordinators that assist with the Reentry Services Division. The PC stated that each PREA Compliance Manager on her team is responsible for approximately 25 facilities and investigative oversight. She indicated that they conduct audits on an annual basis to identify any compliance issues and that they rely on the PREA Resource Center for the most up to date guidance regarding the standards.

Based on a review of the PAQ, 5.1.2-A, PM 2019-1, the agency's organization chart and information from the interview with the PC, this standard appears to be compliant.

Standard 115.212: Contracting with other entities for the confinement of residents

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.212 (a): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's residents and does not contract with other entities for the confinement of residents in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.

115.212 (b): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's residents and does not contract with other entities for the confinement of residents in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.

115.212 (c): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s residents and does not contract with other entities for the confinement of residents in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.

Based on the review of the PAQ this standard appears to be not applicable and as such compliant.

Standard 115.213: Supervision and monitoring

115.213 (a)

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

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-1 – PREA Staffing and Facility Requirements (PM 2019-1)
4. The Staffing Plan
5. Annual PREA Facility Assessment – Reentry

Interviews:

1. Interview with the Director
2. Interview with the PREA Coordinator

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.213 (a): 5.1.2-A, page 7 states that each facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect residents in the facility against sexual abuse. PM 2019-1, page 3 states that Delaney Hall RRC shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect residents against sexual abuse. The PAQ indicated that the current staffing is based off of 1075 residents. The facility employs 125 staff. Security staff mainly make up three shifts, first shift works from 7:00am-3:00pm, second shift works from 3:00pm-11:00pm and third shift works from 11:00pm-7:00am. A review of the facility staffing plan indicates that each shift has a lead supervisor, a shift supervisor, operations counselors and security monitors. Additional staff are assigned to non-shift including; employment specialists, family service coordinators, unit managers, teachers, case managers and medical and mental health care staff. During the tour the auditor observed monitoring technology installed throughout the facility. The placement was appropriate to alleviate blind spots, but still allowed for

adequate privacy. Additionally, the auditor observed that staff were present within each of the housing units as well as in other areas of the facility. Staffing levels appeared to be adequate to supervise and protect the resident population. Interviews with the Director and the PC confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. The Director stated that the facility has a staffing plan and the levels are adequate to protect residents from sexual abuse. He stated the plan is based on the schedule and the contract obligations with the client. He stated there are mandatory posts and that video monitoring is part of the staffing plan. The Director indicated that the staffing plan considers blind spots, how personnel can tour and make rounds, video monitoring technology, the type of residents at the facility, any problem areas and any resident demographic issues. He further stated that every day the facility has a roster for each shift and that there are mandatory posts to make sure each area is covered. The PC stated that each year the annual facility assessment is conducted and any necessary adjustments are documented and forwarded for approval. She indicated that the facility PCM and administrative staff conduct regular tours of the facility and identify any blind spots or physical plant issues, they consider any changes to the resident population during the annual assessment, they compare sexual abuse data during the annual assessment and they always review any other relevant factors.

115.213 (b): The PAQ indicated that the facility never deviates from the staffing plan and that this provision is not applicable. 5.1.2-A page 7 and PM 2019-1, page 3 state that in any circumstance where the staffing plan is not complied with, facilities (specifically the Facility Director as indicated in PM 2019-1) shall document and justify all deviations from the plan. The interview with the Director confirmed that any deviations from the staffing plan would be documented, however they have mandatory posts and cannot deviate from those based on contractual obligation.

115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. 5.1.2-A, page 7 states that facilities shall assess, determine and document no less frequently than once each year whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring systems and other monitoring technology and that community confinement facilities shall also assess, determine and document prevailing staffing patterns and the resources the facility has available to commit to ensure adherence to the staffing plan. PM 2019-1, page 3 states that Delaney Hall RRC facility management staff shall assess, determine and document no less frequently than once each year, whether adjustments are needed to: the staffing plan, the facility's deployment of video monitoring systems and other monitoring technology, and the resources the facility has available to commit to ensure adherence to the staffing plan. The policy further states that the management staff review shall assess, determine and document prevailing staffing patterns. The staffing plan was most recently reviewed on September 2, 2020 by the Director, facility PREA Compliance Manager, PC and Vice President. The review was completed via the Annual PREA Facility Assessment – Reentry form. The plan was reviewed to ensure all required components under provision (a) were incorporated (physical layout, composition of the resident population, prevalence of substantiated and unsubstantiated incident of sexual abuse and any other relevant factors) as well as whether there were any deviations from the staffing plan, whether any adjustments were needed to the staffing plan, whether additional deployment of video monitoring technologies and/or resources were needed or available to commit to ensuring adherence to the staffing plan and any prevailing staffing plans. A previous review of the staffing plan was completed on August 12, 2019. The PC stated that each year the annual facility assessment is conducted and any necessary adjustments are documented and forwarded for approval.

Based on a review of the PAQ, 5.1.2-A, PM 2019-1, the staffing plan, the annual PREA facility assessments, observations made during the tour and interviews with the Director and PC, indicate that this standard appears to be compliant.

Standard 115.215: Limits to cross-gender viewing and searches

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-4 – Resident Searches, Viewing, and Contraband (PM 2019-4)
4. Memorandum from the PREA Compliance Manager
5. PREA Resource Center Guidance in Cross-Gender and Transgender Pat Searches Curriculum
6. Prison Rape Elimination Act (PREA) Basic Training Acknowledgments (Staff Training Records)

Interviews:

1. Interview with Random Staff
2. Interview with Random Residents
3. Interview with Transgender Residents

Site Review Observations:

1. Observations of Privacy in Bathrooms and Showers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. 5.1.2-A, page 17 states that cross-gender strip searches are prohibited except in exigent circumstances. It further states that cross gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners. The memo from the PCM states that Delaney Hall does not conduct cross gender pat searches, strip searches or visual body cavity searches.

115.215 (b): The PAQ indicated that the facility does not permit cross gender pat searches of female residents, absent exigent circumstances. It further stated that the facility does not restrict female access to regularly available programming and other out-of-cell activities to comply with this provision. 5.1.2-A, page 17 states that facilities shall not permit cross gender pat down searches of female individuals in a GEO facility or program, absent exigent circumstances. Policy also states that facilities shall not restrict female individuals in a GEO facility or program access to regularly available programming or other outside opportunities in order to comply with this provision. The facility does not conduct pat-down searches of any resident and as such no documentation was available for review.

115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It also confirms that all cross gender pat searches of female residents are required to be documented as well. 5.1.2-A, page 17 states that facilities shall document and justify for all cross gender pat down searches of female individuals in a GEO facility or program. The policy further states that facilities shall document and justify all cross gender strip searches and cross gender visual body cavity searches of individuals in a GEO facility or program. The memo from the PCM states that Delaney Hall does not conduct cross gender pat-down searches, strip searches or visual body cavity searches.

115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. 5.1.2-A, page 17 states that each facility shall implement policies and procedures which allow individuals in a GEO facility or program to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks. The policy further states that facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any other areas where individuals in a GEO facility or program are likely to be showering, performing bodily functions or changing clothes. PM 2019-4, page 3 states that staff members are prohibited from entering the restroom area in opposite gender dorms without loudly announcing their presence and gaining verbal assurance that occupants in the area are fully clothed. The policy further indicates that residents have the right to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, excluding exigent circumstances. During the tour, the auditor heard the opposite gender announcement being made upon entry to each of the housing units (both male and female units). Additionally, opposite gender announcement placards were placed at the entrance doors. The auditor observed that all housing units afforded residents privacy through shower curtains, toilet doors, half walls and cell doors. Interviews with 27 residents indicated that none of the 27 had ever been naked in front of a opposite gender staff member and as such have privacy when

showering, using the restroom and changing their clothes. All thirteen of the staff interviewed confirmed that residents have privacy when showering, using the restroom and changing their clothes. Additionally, all thirteen staff indicated that an announcement is made when an opposite gender staff member enters a housing unit. 23 of the 27 residents confirmed that an announcement is made when opposite gender staff enter housing areas.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that no searches of this nature have occurred within the previous twelve months. 5.1.2-A, page 17 states that facilities shall not search or physically examine a transgender or intersex individual in a GEO facility or program solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the individual, by reviewing medical records, or by learning that information as part of a broader medical examinations conducted in private by a medical practitioner. Interviews with thirteen staff indicated that eleven were aware of a policy prohibiting searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. The facility did not house any transgender or intersex residents at the time of the on-site portion of the audit and as such no interviews were conducted.

115.215 (f): 5.1.2-A, page 17 states that security staff shall be trained to conduct cross gender pat down searches and searches transgender and intersex individuals in a GEO facility or program in a professional and respectful manner. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. A review of the PRC's Guidance in Cross Gender and Transgender Pat Searches curriculum confirms that staff are trained on how to conduct searches through the trauma informed searches. The training covers professionalism, definitions, prohibited actions, body position, non-verbal cues and other consideration. This training is included during the annual staff PREA training. A review of fifteen staff training records indicated that all fifteen had received the search training the same time they received the annual PREA training. Eleven of the thirteen staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender residents.

Based on a review of the PAQ, 5.1.2-A, PM 2019-4, the memo related to searches, The PRC training curriculum, staff training records, observations made during the tour to include shower curtains, toilet doors, half walls and cell doors, the opposite gender announcement as well as information from interviews with random staff and random residents indicates this standard appears to be compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-2 – PREA Intake and Orientation (PM 2019-2)
4. PREA Education Manual for Residents
5. LanguageLine Solutions Quick Reference Guide
6. Resident Reporting Options Poster
7. Memorandum from the PREA Compliance Manager

Interviews:

1. Interview with the Agency Head Designee
2. Interview with LEP and Disabled Residents
3. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents 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. 5.1.2-A, page 12 states that facilities shall ensure that individuals in a GEO facility or program with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the company's efforts to prevent, detect and respond to sexual abuse and

sexual harassment. The policy further states that GEO shall ensure that all of its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that ensure effective communication with residents with disabilities including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. PM 2019-2, page 4 states that for residents who are hearing impaired, the facility has a telecommunication device for deaf (TTD) machine available. Residents with limited vision are assisted by some of the posters and resident sexual abuse manuals and pamphlets having been printed in larger print. For residents with a mental disability, staff should spend extra time to ensure they understand the PREA basics to include definitions and reporting information. For those who are blind, staff shall read the information to these individuals. A review of the PREA education manual for residents and the resident reporting options poster confirmed that PREA information is available in in large font, bright colors and in Spanish. The interview with the Agency Head Designee indicated that all GEO facilities have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the program. He stated that they have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTY phones, access to language lines and designated staff interpreters to ensure they can effectively communicate procedures and available services to the individuals they house. During the tour the auditor observed that PREA information was posted in adequate size print and bright colors.

115.216 (b): The PAQ stated that the agency has established procedures to provide residents with limited English proficiency 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. PM 2019-2, page 4 states that designated staff interpreters or external interpreter services shall be utilized for those residents who are limited English proficient. Page 2 further states that should the resident not understand English, the interviewing staff member will obtain a staff interpreter or use external interpreter services to explain the documents to the residents prior to requesting the residents signature. A review of the PREA education manual for residents and the resident reporting options poster confirmed that PREA information is available in in large font, bright colors and in Spanish. A review of documentation also indicates that the facility utilizes LanguageLine Solutions to assist with over the phone translation service, when needed. Interviews with one disabled resident and two LEP residents confirmed that all three had received information in a format that they could understand. During the tour the auditor confirmed that PREA information was posted in both English and Spanish.

115.216 (c): The PAQ stated that agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. 5.1.2-A, page 12 indicates that individuals in a GEO facility or program shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first responder duties or the investigation of the individual's allegations. Any use of these interpreters under these circumstances shall be justified and fully documented in the written investigative report. The PAQ and the memo from the PCM expressed that there were zero instances where a resident was utilized to interpret, read or provide other type of assistance. Interviews with thirteen staff indicated that nine were aware of a policy that prohibits the use of resident interpreters, translator, readers or other types of resident assistants for sexual abuse allegations. Interviews with one disabled resident and two LEP residents indicated that they were provided information in a format they could understood and no other resident assistants were utilized.

Based on a review of the PAQ, 5.1.2-A, PM 2019-2, PREA education manual for residents, the LanguageLine Solutions quick reference guide, the resident reporting options poster, the memo from the PCM, observations made during the tour to include the PREA signage as well as interviews with the

Agency Head Designee, random staff and disabled and LEP residents indicates that this standard appears to be compliant.

Standard 115.217: Hiring and promotion decisions

115.217 (a)

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

115.217 (b)

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

115.217 (c)

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

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-1 – PREA Staffing and Facility Requirements (PM 2019-1)
4. Employment Form PREA
5. Disclosure and Authorization Form PREA 101
6. Disclosure and Authorization Form PREA 102
7. Staff Background Files
8. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.217 (a): The PAQ indicated that agency policy 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: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 5.1.2-A, page 8 states that GEO facilities are prohibited from hiring or promoting any anyone (who may have contact with residents in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or in the community. Additionally, page 16 states that GEO facilities are prohibited from contacting with anyone (who may have contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging or sexual abuse in confinement settings or in the community. A review of the Employment PREA form, the PREA 101 form and PREA 102 form confirm that employees are asked to answer yes or no to the following questions; “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the resident, detainee, resident, etc.)?”, “Have you ever 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 when the victim did not consent or was unable to consent or refuse?”, “Have you even been civilly or administratively adjudicated of engaging in 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?”. A review of personnel files for five staff who were hired in the previous twelve months indicated that all five had a criminal background records check completed prior to hire. Additionally, a review of four contractor files indicated that all four had a criminal background records check completed.

115.217 (b): The PAQ indicated that agency policy requires the consideration of 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. 5.1.2-A, page 8 states the facility shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO facility or program. Page 16 states that facilities shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with individuals in a GEO facility or program. Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors. The staff member stated that corporate would review the applicant and decide whether to hire them or not.

115.217 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 5.1.2-A, page 8 states that each facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years. The PAQ did not indicate the number of people hired in the previous twelve months that had a criminal background record check. Further communication with the PCM indicated that the facility has hired fourteen staff over the previous twelve months and all fourteen had a criminal background record check. It should be noted that this number differs from the number reported at the top of the PAQ (reported there were ten staff hired in the previous twelve months). A review of the personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed and one had appropriate prior institutional employers contacted. Human Resource staff indicated that a criminal background check is completed for all newly hired employees and for any contractor that may have contact with residents. The staff member stated that a criminal background records check is completed by the corporate office as well as the client.

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ did not indicate the number of contracts for services where criminal background checks were completed. Further communication with the PCM indicated that the facility has one contract for service and that four individuals were hired under the contract in the previous twelve months. She further stated all four had a criminal background record check completed prior to hire. 5.1.2-A, page 16 states that each facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. A review of four contractor files indicated that all four had a criminal background records check completed prior to hire. Human Resource staff confirmed that all contractors have a criminal background check completed prior to enlisting their services.

115.217 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. 5.1.2-A, page 8 states that each facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years. Additionally,

5.1.2-A, page 16 states that each facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. A review of five staff that were hired prior to 2017 indicated that all five had a five year criminal background check completed. Human Resource staff indicated that they utilize Accurint which is connected to Career Builder. She stated that it is all completed online and that they run state, county and federal criminal histories as well as check any prior institutional settings related to sexual abuse incidents. The staff member stated that they have a system in place to ensure background checks are completed at least every five years. She stated that she checks monthly to review which staff require a five year background check.

115.217 (f): 5.1.2-A, page 8 states that GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility or program directly about previous sexual abuse misconduct as part of its hiring and promotional process, and during annual performance reviews for current employees. The facility shall impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of the Employment PREA form, the PREA 101 form and PREA 102 form confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the resident, detainee, resident, etc.)?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated of engaging in 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?". The interview with the Human Resource staff confirmed that the questions are asked on the application and that employees have a continuing affirmative duty to disclose any such misconduct.

115.217 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 5.1.2-A, page 8 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.217 (h): 5.1.2-A, page 8 states that unless prohibited by law, GEO shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work. Human Resource staff indicated that they direct these inquiries to the Office of Personnel and Resource and they would provide the appropriate information.

Based on a review of the PAQ, 5.1.2-A, the employment form PREA, the PREA 101 and 102 forms, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates this standard appears to be compliant.

Standard 115.218: Upgrades to facilities and technologies

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-1 – PREA Staffing and Facility Requirements (PM 2019-1)
4. Annual PREA Facility Assessment - Reentry

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. 5.1.2-A, page 8 and 2019-1 page 4, state that facilities shall consider the effects of any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect individuals in a GEO facility or program from sexual abuse. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee indicates that GEO is the world leader in providing sound and effective security measures in the facilities

it manages and operates. In every facility acquired by the company, GEO thoroughly assess the institutions for needed security enhancements in both physical plant construction and for procedure enhancements in the area of safety and security. He stated enhancements are routinely made by some of the top correctional professionals in the correctional field. When modifications are made by GEO to existing institutions, or when GEO designs and constructs new facilities, GEO's design/construction team work closely with experienced operational personnel to significantly improve the safety of all GEO institutions. GEO has a team who routinely utilize operational expertise when designing/modifying facilities. Security and safety of the residents and staff is at the forefront of every decision made by the company. The Agency Head Designee confirmed that GEO fully understands the intent and language within the PREA guidelines and does everything possible to design and run facilities which protect residents from abuse. Since the release of the federal PREA standards GEO has allocated funds for privacy modifications, camera upgrades, etc. and will continue to consider these enhancements during new construction projects as well. The interview with the Director confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

115.218 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 5.1.2-A, page 8 and PM 2019-1 page 4, state that facilities shall consider the effects of any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect individuals in a GEO facility or program from sexual abuse. During the tour, the auditor observed video monitoring technology strategically placed in housing units, work, program and common areas. A review of the 2020 annual facility assessment indicated that the facility had installed 31 additional cameras in August 2020 to cover all main areas and hallways. The interview with the Agency Head Designee indicated that GEO routinely uses new technology to assist in better monitoring of the staff and residents within its facilities. GEO routinely adds or improves camera coverage within its prisons, jails, reentry and youth facilities. New technology is added to screening areas to control contraband and assist in maintaining the safety of our facilities. He further stated that corporate operations' staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within our facilities. The Director further confirmed that when the facility installs or updates video monitoring technology that they consider how the technology will protect residents from sexual abuse. He stated that they install monitoring technology in certain locations based on what is going on in the area. He stated that they want to make sure they do not violate residents privacy, but also cover blind spots and problem areas. The Director stated that the facility has overall good coverage with video monitoring technology.

Based on a review of the PAQ, 5.1.2-A, PM 2019-1, the PREA annual facility assessments, observations made during the tour and information from interviews with the Agency Head Designee and Director indicate that this standard appears to be compliant.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. New Jersey SANE/SART Programs
4. Correspondence with Sexual Assault and Violence Education (SAVE) of Essex County
5. Correspondence with the Newark Police Department

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Coordinator

3. Interview with Residents who Reported Sexual Abuse
4. Interview with SAFE/SANE Staff
5. Interview with Victim Advocates

Findings (By Provision):

115.221 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while the Newark Police Department, Essex County SIB (internal affairs) and the New Jersey State Parole Board are responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 5.1.2-E, page 7 states that facilities that are responsible for investigating allegations of sexual abuse is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocols shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Interviews with thirteen random staff indicate that all thirteen were aware of and understood the agency's protocol on obtaining usable physical evidence. Additionally, five of the thirteen staff stated that the facility's PCM is responsible for conducting sexual abuse investigations. Most of the staff indicated that the supervisor and/or shift commander would be responsible for investigations.

115.221 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful residents. The PAQ did state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

115.221 (c): The PAQ indicated that the facility offers residents who experience sexual abuse access to forensic medical examination at an outside hospital. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. 5.1.2-E, page 7 states that the facilities shall offer all individuals in a GEO facility or program who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the individual and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. It further states that the facility medical staff shall not participate in sexual assault forensic examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if SANE or SAFE is not available. Documentation from the International Association of Forensic Nursing confirmed that the Essex County Prosecutor's Office is the coordinator for forensic examinations and that exams are performed at Newark Beth Israel Medical Center East and East Orange Medical. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. The auditor contacted the Essex County Prosecutor's Office related to forensic medical examinations. The Forensic Nurse Examiner Coordinator advised that anyone who is sexually assaulted in Essex County would be facilitated through her office. She advised they coordinate forensic medical examinations through six local hospitals and that residents at Delaney Hall would more than likely go to University Hospital. The Coordinator stated that all hospitals have a team of SAFE/SANE that are contracted and on-duty 24/7. She further stated that all patients are entitled to an exam, an advocate and law enforcement and that all patients have the right to accept or refuse any of these services.

115.221 (d): The PAQ indicated that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. The PAQ further indicated that if and when a rape crisis center is not available to provide victim advocate services, the facility does not provide a qualified staff member from a community-based organization or a qualified agency staff member. 5.1.2-E, page 7 states that a victim advocate shall be made available to accompany the victim through examinations and investigatory interviews. It further states that upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A review of documentation indicated that the facility has attempted to enter into an MOU with SAVE of Essex County, however the organization requested financial compensation for services and the facility was unable to provide the compensation. Information from the Essex County Prosecutor's Office and SAVE indicated that all residents would be provided a forensic medical examination coordinated through the Prosecutor's Office at one of the six local hospitals regardless of an MOU. The PC stated that each facility attempts to enter into an MOU with a local rape crisis center to provide victim advocacy services. If one is not available, the facility will identify key staff who will receive nationally recognized training and can act as advocates when no other advocate is available. She further stated that residents are provided with contact information of approved advocates and advocacy services are offered and contacted upon receipt of a new incident of sexual abuse. There were no residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.221 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 5.1.2-E, page 7 states that a victim advocate shall be made available to accompany the victim through examinations and investigatory interviews. It further states that upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A review of documentation indicated that the facility has attempted to enter into an MOU with SAVE of Essex County, however the organization requested financial compensation for services and the facility was unable to provide the compensation. Information from the Essex County Prosecutor's Office and SAVE indicated that all residents who go to an Essex County hospital for a forensic medical examination are offered a victim advocate through the SANE/SAFE. The SAFE/SANE would contact SAVE, who would dispatch an advocate to the appropriate hospital. The PC stated that each facility has a MOU with a local rape crisis center or other agency that provides advocacy services as needed. There were no residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.221 (f): The PAQ indicated that if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of this standard. A review of correspondence between the facility and the Newark Police Department (NPD) indicated that the facility has attempted to establish an MOU with the NPD for instances where a sexual assault has taken place. The correspondence indicated that the NPD already responds to reported allegations at Delaney Hall, however they were unwilling to enter into an MOU.

115.221 (g): The auditor is not required to audit this provision.

115.221 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-E, the New Jersey SANE/SART Programs, correspondence with Sexual Assault and Violence Education (SAVE) of Essex County, correspondence with the Newark Police Department and information from interviews with random staff, the PREA Coordinator, the SANE/SAFE and the staff member for SAVE of Essex County indicates that this standard appears to be compliant.

Standard 115.222: Policies to ensure referrals of allegations for investigations

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Delaney Hall RRC Local Policy Manual 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA) (PM 2019-6)
4. Correspondence with the Newark Police Department
5. Annual PREA Incident Tracking Log
6. Incident Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.222 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 5.1.2-E, page 4 states each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The policy states that the facility shall document all referrals. PM 2019-6, page 15 states that Delaney Hall RRC shall ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The PAQ indicated that there was one allegation of sexual abuse and/or sexual harassment reported within the previous twelve months, that it resulted in an administrative investigation and that it was closed. Further communication indicated that while the allegation was reported as sexual abuse it was immediately determined to be related to official medical duties and as such was not a PREA allegation. A review of documentation indicated there were two allegations reported, however they did not rise to the level of PREA. The information was forwarded to the client for misconduct investigations. The interview with the Agency Head Designee indicated that it is a requirement by corporate and by local facility policies to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He further stated that based on the client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only). The Agency Head Designee stated that GEO has designated staff at each facility that have received PREA specialized investigations training. GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior.

115.222 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct

criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 5.1.2-E, page 4 states each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The policy states that the facility shall document all referrals. PM 2019-6, page 15 states that Delaney Hall RRC shall ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. A review of correspondence between the facility and the Newark Police Department (NPD) indicated that the facility has attempted to establish an MOU with the NPD for instances where a sexual assault has taken place. The correspondence indicated that the NPD already responds to reported allegations at Delaney Hall, however they were unwilling to enter into an MOU. Additionally, the facility staff indicated that all allegations are directly reported to the client who determines if they will conduct an investigation through their agency. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>. A review of tracking log indicated there were two allegations reported, however both did not rise to the level of PREA. The information was forwarded to the client for misconduct investigations. The interview with the facility investigator confirmed that agency has a policy that requires all allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigation. She stated that the facility notifies the client who will then determine if it will be investigated criminally. If the client determines it will not be investigated criminally they will refer it back to the facility for investigation.

115.222 (c): A review of correspondence between the facility and the Newark Police Department (NPD) indicated that the facility has attempted to establish an MOU with the NPD for instances where a sexual assault has taken place. The correspondence indicated that the NPD already responds to reported allegations at Delaney Hall, however they were unwilling to enter into an MOU. Additionally, the facility staff indicated that all allegations are directly reported to the client who determines if they will conduct an investigation through their agency. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>.

115.222 (d): The auditor is not required to audit this provision.

115.222 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-E, PM 2019-6, correspondence with NPD, the annual PREA tracking log, incident reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.231: Employee training

115.231 (a)

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

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Prison Rape Elimination Act (PREA) Training Curriculum
4. Prison Rape Elimination Act (PREA) Basic Training Acknowledgments (Staff Training Records)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.231 (a): The PAQ stated that the agency trains all employees who may have contact with residents on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents' right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents and how to comply with relevant laws related to mandatory reporting. 5.1.2-A, page 13 states that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. It further states that each facility shall train all employees who may have contact with individuals in a GEO facility or program on: its zero tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities

under agency sexual abuse and sexual harassment prevention, detention, reporting and response policies and procedures, individuals in a GEO facility or program right to be free from sexual abuse and sexual harassment, the right of the individuals in a GEO facility or program and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with individuals in a GEO facility or program, how to communicate effectively and professionally with individuals in a GEO facility or program including LGBTI and gender non-conforming individuals and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA training curriculum confirmed that the staff training includes information on: the agency's zero tolerance policy (slides 2-3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 10-89), the residents' right to be free from sexual abuse and sexual harassment (slide 1 & 43), the right of the resident and employee to be free from retaliation for reporting sexual abuse or sexual harassment (slide 1 & 43), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 11-40), the common reactions of sexual abuse and sexual harassment victims (slides 74-77), how to detect and respond to signs of threatened and actual sexual abuse (slides 57-72), how to avoid inappropriate relationship with residents (page 45-58), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (slides 80-89) and how to comply with relevant laws related to mandatory reporting (slides 55-56). A review of fifteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with thirteen random staff confirmed that all thirteen have received PREA training. Staff stated they receive training on PREA annually and that they also get informal information every few months. All thirteen staff confirmed all required topics under this provision were discussed during the training.

115.231 (b): The PAQ indicated that training is tailored to the gender of the resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 5.1.2-A, page 13, states that employee training shall be tailored to the gender of the individuals in the GEO facility or program at the employee's facility and employees shall receive additional training if transferred between facilities that house individuals of different genders. The facility houses both male and female residents, however the majority are male residents. A review of the PREA training indicated that slides cover differences among male and female victims/potential victims and how to respond to individuals based on their gender.

115.231 (c): The PAQ indicated that 125 staff have been trained or retrained in PREA requirements, which is equivalent to 100% of the current staff. The PAQ stated that staff are trained annually and that in between trainings staff are provided information during monthly meetings. 5.1.2-A, page 13 states that PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to sexual abuse and sexual harassment policies. A review of documentation indicated that fourteen of the fifteen staff had training the previous two years. The one staff member that did not have training the previous two years was a new hire and had received the training during his/her year of hire.

115.231 (d): The PAQ stated that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. 5.1.2-A, page 14 states that unless client mandates require electronic verification, employees shall document through signature on the PREA basic training acknowledgment form that they understand the training they have received. Policy states that this form shall be used to document pre-service and

annual in-service training. A review of a sample of fifteen staff training records indicated that all fifteen signed the PREA basic training acknowledgement.

Based on a review of the PAQ, 5.1.2-A, the PREA Training Curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility provides sexual abuse and sexual harassment training to all staff annually. The training includes all the required elements under this standard and is detailed in the explanation of prevention, detection, response, how to avoid inappropriate relationships with residents, the dynamics of sexual abuse and how to communicate with LGBTI residents. Staff are trained annually and PREA is also discussed during meetings throughout the year.

Standard 115.232: Volunteer and contractor training

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

3. Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation and Training
4. Prison Rape Elimination Act (PREA) Basic Training Acknowledgments (Contractor Training Files)
5. Prison Rape Elimination Act (PREA) Basic Training Acknowledgments (Volunteer Training Files)

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Residents

Findings (By Provision):

115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 5.1.2-A, page 14 states that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Page 15 states that each facility shall ensure that all volunteers who have contact with individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It states that volunteers who have contact with individuals in a GEO facility or program shall receive annual PREA refresher training. Additionally, page 15 states that each facility shall ensure that all contractors who have contact with individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It further states that contractors who have contact with individuals in a GEO facility or program shall receive annual PREA refresher training. A review of the Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation and Training confirmed that it included background information on PREA, the zero tolerance policy, definition and examples of sexual abuse and sexual harassment, responsibilities for understanding and preventing sexual abuse, reporting information and tips for communicating with residents who are LGBTI. The PAQ indicated that sixteen volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample of four contractor and one volunteer training records indicated that all five had received PREA training. The interviews with the contractors confirmed that they both had received training on their responsibilities under the agency sexual abuse and sexual harassment prevention, detection and response policies and procedures. It should be noted that during the on-site portion of the audit the facility only had one active volunteer due to COVID-19.

115.232 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Additionally, the PAQ indicates that all volunteers and contractors who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 5.1.2-A, page 14 states that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Page 15 states that each facility shall ensure that all volunteers who have contact with individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It states that volunteers who have contact with individuals in a GEO facility or program shall receive annual PREA refresher training. Additionally, page 15 states that each facility shall ensure that all contractors who have contact with individuals in a GEO facility or program are trained on their responsibilities under GEO's

sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It further states that contractors who have contact with individuals in a GEO facility or program shall receive annual PREA refresher training. A review of a sample of four contractor training records and one volunteer training record indicated that all five had received PREA training. The interviews with the contractors indicated they get training annually. The training is provided verbally and they also get pamphlets with information. Both contractors stated that the training covered the zero-tolerance policy and who they should report allegations of sexual abuse to.

115.232 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 5.1.2-A, pages 15 and 16 state that unless client mandates require electronic verification, volunteers (or contractors page 16) shall document through signature on the PREA Basic Training Acknowledgment Form that they understand the training they have received. A review of a sample of five training documents for contractors and volunteers indicated that 100% of those reviewed had signed the PREA basic training acknowledgement indicating they received PREA training.

Based on a review of the PAQ, 5.1.2-A, the Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation and Training, a review of a sample of contractor and volunteer training records as well as the interviews with contractors indicates that the facility exceeds this standard. The facility requires all contractors to complete the same comprehensive PREA education as staff. Contractors are trained on all the elements under standard 115.31, provision a, which far exceeds the zero-tolerance policy and how to report sexual abuse. Additionally, all contractors are required to receive the PREA training annually.

Standard 115.233: Resident education

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA What You Need to Know Video
4. PREA Education Manual for Residents
5. Resident Reporting Options Poster
6. Delaney Hall Acknowledgment of Receipt of PREA Educational Manual
7. Acknowledgment of Required Training in the Following Area: PREA

Interviews:

1. Interview with Intake Staff
2. Interview with Random Residents

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. 5.1.2-A, page 12 indicates that within 24 hours of arrival, community confinement facilities shall provide each individual in a GEO facility or program with written information (i.e. handbooks, pamphlets, etc.) on the company's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicion of sexual abuse and sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents. A review of the PREA education manual for residents as well as the resident reporting options poster confirmed that they include information on the zero tolerance policy, how to report, definitions, prevention, investigations, sexual abuse grievances and what to expect after a report. Additionally, a review of acknowledgment of receipt of PREA education manual confirms that it also contains information on the zero-tolerance policy and the residents rights under PREA. The PAQ indicated that 1506 residents received information on the zero tolerance policy and how to report at intake. This is equivalent to 100% of residents that arrived in the previous twelve months. A review of 25 resident files of those received within the previous twelve months indicated that all 25 were documented with receiving PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Residents are placed in a room and shown the PREA What You Need to Know video. Residents are provided a copy of PREA education manual for residents and are provided verbal information from staff. The interview with the intake staff confirmed that residents receive a packet of information and watch the PREA video. The staff also stated that once the resident is assigned to a unit their assigned counselor talks to them about PREA as well. The staff member further stated that the staff facilitate the PREA video and at the end they answer any questions. All residents have to sign that they saw the video upon completion. The staff member further stated they also provide the residents pamphlets with the information and they verbally go over information, including how to report. 26 of the 27 residents interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies and the information included information on zero-tolerance, how to report sexual abuse or sexual harassment and the residents rights to be free from sexual abuse and sexual harassment and retaliation from reporting such incidents.

115.233 (b): The PAQ indicated that the agency shall provide refresher information whenever a resident is transferred to a different facility. The PAQ further indicated there were zero residents who transferred from a different community confinement facility over the previous twelve months. Further communication with the PCM indicated that all residents come from Essex County Correctional Facility, Union County Correctional Facility or New Jersey State Parole. 5.1.2-A, page 12 states that community confinement facilities shall provide refresher information whenever an individual in a GEO facility or program is transferred to a different facility. A review of the PREA education manual for residents as well as the resident reporting options poster confirmed that they include information on the zero tolerance policy, how to report, definitions, prevention, investigation, sexual abuse grievances and what to expect after a

report. Additionally, a review of acknowledgment of receipt of PREA education manual confirms that it also contains information on the zero-tolerance policy and the residents rights under PREA. A review of 25 resident files of those received in the previous twelve months indicated that all 25 had received PREA education. The interview with the intake staff indicated that the once the resident arrives they watch the PREA video, which is facilitated by staff. Residents have the opportunity to ask any questions after the video and they sign a form acknowledging that they saw the video. 25 of the 27 residents interviewed indicated that arrived in the previous twelve months, but were not transferred from another community confinement facility. 26 of the 27 residents interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies and the information included information on zero-tolerance, how to report sexual abuse or sexual harassment and the residents rights to be free from sexual abuse and sexual harassment and retaliation from reporting such incidents.

115.233 (c): The PAQ indicated that resident PREA education is available in formats accessible to all residents, including LEP, deaf, visually impaired, otherwise disabled and limited reading skills. 5.1.2-A, page 12 states that facilities shall ensure that individuals in a GEO facility or program with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the company's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The policy further states that the GEO shall ensure that all of its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that ensure effective communication with residents with disabilities including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. PM 2019-2, page 4 states that for residents who are hearing impaired, the facility has a telecommunication device for deaf (TTD) machine available. Residents with limited vision are assisted by some of the posters and resident sexual abuse manuals and pamphlets having been printed in larger print. For residents with a mental disability, staff should spend extra time to ensure they understand the PREA basics to include definitions and reporting information. For those who are blind, staff shall read the information to these individuals. A review of the PREA education manual for residents and the resident reporting options poster confirmed that PREA information is available in larger font, bright colors and in Spanish.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. 5.1.2-A, page 13 states that in all facilities, individuals in a GEO facility or program shall sign a receipt of written materials and participation in comprehensive education sessions, which shall be retained in their individual files. A review of 25 resident files of those that arrived in the previous twelve months indicate that all 25 signed an acknowledgement form indicating that they had received PREA education. Additionally, two residents that arrived prior to the previous twelve months also had a signed acknowledgment indicating they received PREA education.

115.233 (e): The PAQ as well as 5.1.2-A, page 13 indicate that key information shall be provided to residents on a continuous basis through readily available handbooks, brochures, or other written materials. A review of documentation indicates that the facility had PREA information via the PREA education manual for residents and the resident reporting options poster. During the tour the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, 5.1.2-A, the PREA What You Need to Know video, PREA education manual for residents, the resident reporting option poster, resident files, observations made during the tour to include the availability of posted PREA information as well as information obtained during interviews with intake staff and random residents indicate that this standard appears to be compliant.

Standard 115.234: Specialized training: Investigations

115.234 (a)

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

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings Curriculum
4. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.234 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 5.1.2-A, page 14 states that investigators shall be trained in conducting investigations on sexual abuse in confinement settings. The specialized training is conducted utilizing the PREA specialized training investigating sexual abuse in adult/juvenile correctional settings. A review of documentation indicated that two facility staff were documented with the specialized training. The interview with the facility investigator confirmed she received specialized training in conducting sexual abuse investigation in a confinement setting. She stated the training discussed topics including report writing, interview techniques, how to properly review video surveillance and what elements to look at during the investigation.

115.234 (b): 5.1.2-A, page 14 states that the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the PREA specialized training investigating sexual abuse in adult/juvenile correctional settings. A review of the training indicates that it encompasses the eight PREA Resource Center training modules. Modules two and six go over information related to interview techniques, modules three and four discuss evidence collection, module five discusses legal liability including Miranda and Garrity and module eight discusses the standard of evidence to substantiate an investigation. The PAQ indicated there is one facility investigator that conduct investigations. A review of documentation indicated that two facility staff are documented with the specialized training. The interview with the facility investigator confirmed that the required topics were covered in the training. She did state that they do not utilize Miranda or Garrity at the facility investigation level.

115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two facility investigators have completed the required training. 5.1.2-A, page 14 states that facilities shall maintain documentation of this specialized training. A review of documentation indicated that two facility staff are documented with the specialized training via a training certificate.

115.234 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, PREA specialized training investigating sexual abuse in adult/juvenile correctional settings curriculum, investigator training records as well as the interview with the facility investigator, indicates that this standard appears to be compliant.

Standard 115.235: Specialized training: Medical and mental health care

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.235 (b)

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

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

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

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. GEO PREA Specialized Medical and Mental Health Training
4. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.235 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 5.1.2-A, page 14 states that each facility shall train all full-time and part-time medical and mental health care practitioners who work regularly in its facilities on certain topic areas, including; detecting signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse and sexual harassment; and proper reporting of allegations or suspicion of sexual abuse and sexual harassment. The policy states that training is to be completed during newly hired employee pre-service orientation. The training consists of GEO's PREA specialized medical and mental health training. A review of the curriculum indicated that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment (pages 5-35), how to preserve physical evidence of sexual abuse (pages 37-57), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (pages 59-68) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (pages 70-79). The PAQ indicated that the facility has 24 medical and mental health staff and that 100% of these staff received the specialized training. A review of seven medical and mental health training records indicated that all seven had received the specialized training. The interviews with medical and mental health care staff indicated that they had received specialized training. Staff stated the training included information on what to do if there is an incident of sexual abuse, how to assess the resident victim, what questions to ask, evidence collection and preservation, definitions and other first responder duties. The staff confirmed that the required topics under this provision were included in the training.

115.235 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. 5.1.2-A, page 14 states

that facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Policy further states that forensic examinations shall be performed by a SANE or SAFE. The interview with the medical staff member confirmed that they do not perform forensic medical examinations and that residents are transported to the local hospital.

115.235 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 5.1.2-A, page 14 states that facilities shall maintain documentation of this specialized training. A review of seven medical and mental health training records indicated that all seven had received the specialized training. Staff either receive a certificate or they sign that they received the training.

115.235 (d): 5.1.2-A, page 14 states that medical and mental health care practitioners shall receive this specialized training in addition to the training mandated for employees in section F(1) or contractors in section H(1) depending upon their status at the facility. A review of seven medical and mental health staff training documents indicated that five had received the staff PREA training and two had received the PREA contractor training.

Based on a review of the PAQ, 5.1.2-A, GEO's PREA specialized medical and mental health training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. GEO PREA Risk Assessment Tool

4. PREA Vulnerability Reassessment Questionnaire
5. Resident Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Residents
3. Interview with the PREA Coordinator

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Resident Files are Located

Findings (By Provision):

115.241 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. 5.1.2-A, page 8 states that all individuals in a GEO facility or program shall be assessed during intake and upon transfer for their risk of being sexually abused by another individual in a GEO facility or program or being sexually abusive toward another individual in a GEO facility or program. Policy further states that in addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records which can assist them with risk assessment. Interviews with 25 residents that arrived within the previous twelve months confirmed that all 25 were asked the risk screening questions on the first day they arrived. The interview with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness within 24 hours. During the tour, the auditor observed the intake area. The risk screening is conducted in a private office setting. Resident records are located behind locked doors with limited access.

115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. 5.1.2-A, page 8 states that this screening shall take place within 24 hours of arrival at all facilities, utilizing an objective screening instrument. Policy further states that unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. The PAQ stated that 1375 residents, or 100% of those that arrived in the previous twelve months that stayed over 72 hours, were screened for their risk of sexual victimization and risk of sexually abusing other residents. A review of 25 resident files of those that arrived within the previous twelve months confirmed that all 25 were screened within 72 hours of their arrival. Interviews with 25 residents that arrived within the previous twelve months confirmed that all 25 were asked the risk screening questions the day they arrived. The interview with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness within 24 hours.

115.241 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 5.1.2-A, page 8 states that this screening shall take place within 24 hours of arrival at all facilities, utilizing an objective screening instrument. Policy further states that unless mandated by client contract, facilities shall use the GEO PREA risk assessment tool to conduct the initial risk screening assessment. Policy further states that in addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records which can assist them with risk assessment. A review of the GEO risk assessment tool confirmed that the assessment includes eleven questions for victimization and six questions for abusiveness. The yes responses are totaled and the number indicates whether the resident is at risk of victimization or abusiveness.

115.241 (d): 5.1.2-A, page 9 states that the intake screening shall consider at minimum, the following criteria to assess individuals in a GEO facility or program risk for sexual victimization: mental, physical or developmental disability, age, physical build, previous incarcerations, if criminal history is exclusively nonviolent, prior convictions for sex offenses against an adult or child; if perceived to be LGBTI or gender nonconforming; if previously experienced sexual victimization and his/her own perception of vulnerability. A review of the PREA risk assessment tool confirmed that it contains eleven questions related to the requirements under this provision. The staff responsible for the risk screening indicated that the risk screening is a set format questionnaire with yes or no responses. The staff stated the risk screening has two parts, one for questions related to victimization and another for questions related to predatory behavior. She stated questions include any prior victimization, prior sex offenses, LGBTQ identify, height, age, prior incarcerations, prior domestic violence and any sexual abuse charges while incarcerated.

115.241 (e): 5.1.2-A, page 9 states the intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the risk of being sexually abusive. A review of the PREA risk assessment tool confirmed that it contains six questions related to the requirements under this provision. The staff responsible for the risk screening indicated that the risk screening is a set format questionnaire with yes or no responses. The staff stated the risk screening has two parts, one for questions related to victimization and another for questions related to predatory behavior. She stated questions include any prior victimization, prior sex offenses, LGBTQ identify, height, age, prior incarcerations, prior domestic violence and any sexual abuse charges while incarcerated.

115.241 (f): The PAQ indicated that policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 5.1.2-A, page 9 states that facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individual's in a GEO facility or program risk for victimization or abusiveness, based upon any additional, relevant information received by the facility since the intake screening. The policy further stated that unless mandate by client contract, facilities shall use the GEO PREA vulnerability reassessment questionnaire. A review of the GEO PREA vulnerability reassessment questionnaire confirmed that it includes questions related to LGBTI identification, fear of continued placement in general population, forced or threatened sexual activity and threats or actual physical violence. The PAQ indicated that 931, or 100% of residents entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. The interview with the staff responsible for the risk screening indicated the residents are reassessed within 30 days of their arrival. A review of 25 resident files of those arrived within the previous twelve months indicated that 21 residents were reassessed within the 30-day timeframe. The four residents that were not documented with a reassessment had arrived within the previous 30 days and the reassessment was not yet due. Interviews with 25 residents that arrived within the previous twelve months indicated that eleven were asked the risk screening questions on more than one occasion. Most of the eleven residents stated they are asked these questions all the time, at least every month or so. It should be noted that the reassessment is not the same questionnaire as the initial and this may be attributed to the interview responses.

115.241 (g): The PAQ indicated that policy requires that an resident's risk level 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. 5.1.2-A, page 9 states that facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individual's in a GEO facility or program risk for victimization or abusiveness, based upon any additional, relevant information received by the facility since the intake screening. The policy further stated that unless mandate by client contract, facilities shall use the GEO PREA vulnerability

reassessment questionnaire. Policy further states that at any point after the initial intake screening, an individual in a GEO facility or program may be reassessed for risk of victimization or abusiveness. There were zero sexual abuse allegations and as such there were no substantiated investigations that required a resident reassessment. The staff responsible for the risk screening confirmed that residents are reassessed when warranted due to request, referral or receipt of additional information and/or within 30 days. A review of 25 resident files of those arrived within the previous twelve months indicated that 21 residents were reassessed within the 30-day timeframe. The four residents that were not documented with a reassessment had arrived within the previous 30 days and the reassessment was not yet due. Interviews with 25 residents that arrived within the previous twelve months indicated that eleven were asked the risk screening questions on more than one occasion. Most of the eleven residents stated they are asked these questions all the time, at least every month or so.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer whether or not the resident has mental, physical or developmental disability; whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the resident has previously experienced sexual victimization; and the residents own perception of vulnerability. 5.1.2-A, page 9 states that disciplining individuals in a GEO facility or program for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The interview with the staff who conduct the risk screening confirmed that residents are not disciplined for refusing to answer risk screening questions.

115.241 (i): 5.1.2-AUR, page 9 states that facilities shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or other individuals in a GEO facility or program. Policy further states that sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. The PREA Coordinator stated that corporate PREA policy 5.1.2-A indicates confidential information related to PREA must only be shared on a “need to know” basis. The staff who conduct the risk screening confirmed that the agency implements appropriate controls on the dissemination of information to ensure that sensitive information is not exploited to the resident detriment by staff or other residents. She stated that the information is only accessible to the PCM and the case manager.

Based on a review of the PAQ, 5.1.2-A, GEO PREA risk assessment tool, PREA vulnerability reassessment questionnaire, a review of resident files and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard appears to be compliant.

Standard 115.242: Use of screening information

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing:

lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Sample of Housing Determination Documents
4. At Risk List
5. LGBTI Resident Housing

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with Gay, Lesbian and Bisexual Residents

Site Review Observations:

1. Location of Resident Records
2. Housing Assignments of LGBTI Residents
3. Shower Area in Housing Units

Findings (By Provision):

115.242 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. 5.1.2-A, page 10 indicates that screening information from Section D(1) shall be used to determine housing, bed, work, education and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. The policy further states that the PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. The interview with the PREA Coordinator indicated that each facility is required to conduct an initial risk screening of each resident during intake, per 115.241 and corporate and local policy. Information from the assessment must be used when considering housing, work and program assignments. The interview with the staff responsible for the risk screening indicated that a log is kept for anyone that scores high for victimization or predatory behavior and that these residents are not placed in the same room. She indicated the facility wants all residents to be safe and that the risk information assists with doing this. A review of resident files and of resident housing assignments confirmed that residents at high risk of victimization and residents at high risk of being sexually abusive were not housed together.

115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. 5.1.2-A, page 10 indicates that screening information from Section D(1) shall be used to determine housing, bed, work, education and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. The policy further states that the PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. The interview with the staff responsible for the risk screening indicated that a log is kept for anyone that scores high for victimization or predatory behavior and that these residents are not placed in the same room. She indicated the facility wants all residents to be safe and that the risk information assists with doing this.

115.242 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case by case basis. 5.1.2-A, page 10 indicates that in making housing and programming assignments for transgender or intersex individuals in a GEO facility or program, the facility shall consider on a case by case basis whether the placement would present management or security problems. The policy further describes guidelines related to housing assignments of transgender and intersex residents, including the Transgender Care Committee (TCC) decision. The interview with the PC indicated that the facility conducts and documents a TCC to determine the housing and program assignments for the resident. She stated they take into consideration the residents’ own views respect to his/her safety. She further confirmed that the agency considers whether placement would present any management or security problems and whether the placement would ensure the resident’s health and safety. There were no transgender residents at the facility and as such no interviews were conducted and no documentation was available for review.

115.242 (d): 5.1.2-A, page 11 states that serious consideration shall be given to the individual’s own views with respect to his/her own safety. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. The interviews with the

PC and the staff responsible for risk screening confirmed that the residents' own views with respect to his/her safety would be given serious consideration. There were no transgender residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (e): 5.1.2-A, page 11 states that transgender and intersex individuals in a GEO facility or program shall be given an opportunity to shower separately from the other individuals. The interviews with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are provided the opportunity to shower separately. The PC stated that as part of the TCC meeting, the resident completes a shower/pat search/pronoun preference form. During the tour it was observed that four of the six housing units had communal showers, however there were two locations available for transgender or intersex residents to shower separately, if needed. There were no transgender residents housed at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (f): 5.1.2-A, page 11 states that LGBTI individuals in a GEO facility or program shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such individuals. A review of housing assignments for the two residents who identified as LGBTI indicated that residents were assigned to different housing units and as such were not in only one housing unit. The interview with the PC confirmed that GEO does not have a consent decree. The PC stated that placing LGBTI residents in a housing unit solely on their gender identify/sexual preference is a prohibited practice and that the facility considers each individual's own views about their safety as part of the initial PREA risk screening assessment. The interviews with the two LGBTI residents confirmed that both did not feel that LGBTI residents are placed in any specific facility, unit or wing based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 5.1.2-A, a sample of housing determinations, the at risk list, LGBTI resident housing documents and information from interviews with the PC, staff responsible for the risk screenings and LGBTI residents, indicates that this standard appears to be compliant.

REPORTING

Standard 115.251: Resident reporting

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA) (PM 2019-6)
4. PREA Education Manual for Residents
5. PREA Information Flyer
6. Resident Reporting Options Poster

Documents Received During the Interim Report Period:

1. Updated PREA Education Manual for Residents
2. Updated Resident Reporting Options Poster
3. Correspondence with Resident Telephone Service (GTL)
4. Documentation Related to Testing of the Outside Reporting Mechanism (NPD)
5. Photos of the Updated Resident Reporting Options Posters in the Facility

6. Documentation Confirming Information was Provided to the Resident Population

Interviews:

1. Interview with the PREA Coordinator
2. Interview with Random Staff
3. Interview with Random Residents

Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units

Findings (By Provision):

115.251 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for residents to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 5.1.2-A, page 19 states that each facility shall provide multiple ways for individuals in a GEO facility or program to privately report sexual abuse and sexual harassment, retaliation by other residents or employees for reporting sexual abuse and sexual harassment and staff neglect or violations of responsibilities that may have contributed to such incidents. A review of additional documentation to include the PREA education manual for residents, the PREA information flyer and the resident reporting options poster indicates that there are multiple ways for residents to report. These methods include: to any staff member (to include the PCM and Director), verbally or in writing, through a third party such as a family member or friend, through the Essex County PC, through the Union County PC, through a grievance or through the RAINN confidential tip line. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in each of the housing units. The auditor tested the Essex County PC hotline during the on-site portion of the audit. The auditor was provided confirmation from the facility PCM that the call was received, however she advised she could not remember which day. As such, the PCM called the hotline again on August 30, 2021 and left a message. She provided confirmation on August 31, 2021 that the Essex County PC advised the call was received. Interviews with 25 residents indicated that all 25 knew at least one method to report an allegation of sexual abuse or sexual harassment. Most residents indicated that they would tell a staff member or call the hotline. Interviews with thirteen staff confirm that residents have multiple methods to report including to any staff member, through the hotline, through another resident and via a grievance form.

115.251 (b): The PAQ stated that the agency provides at least one way for residents to report abuse or harassment to a public entity or office that is not part of the agency. 5.1.2-A, page 9 indicates that the facilities shall provide individuals in a GEO facility or program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request. During the tour, it was observed that information pertaining on how to report PREA allegations was posted in all housing units, however none of the methods posted were an external reporting mechanism. The interview with the PC indicated that each facility must enter into an agreement with an outside entity to ensure a reporting method to someone other than the client or GEO is available to the resident. She stated that as each facility is faced with site specific challenges and unique solutions they must find an outside reporting entity that satisfies this need. The PC stated in most cases, residents have cellular telephones and can contact outside law enforcement agencies with jurisdiction over that facility on their own. Additionally, she stated that each

facility has its own specific procedures outlined in the PREA intake information and comprehensive PREA education materials related to the procedures related to receipt and immediate transmission of the residents' report of sexual abuse or sexual harassment to the agency officials that allow the resident to remain anonymous upon request. Interviews with 27 residents indicated that none were aware of the outside reporting mechanism while nineteen stated they knew they could report anonymously. During the onsite portion of the audit, the auditor found that the facility did not have an outside reporting mechanism for the resident population. The facility provided the residents numbers to report to RAINN, SAVE of Essex County, the New Jersey Coalition Against Sexual Assault, the Essex County DOC PREA Coordinator and the Union County DOC PREA Coordinator, however the first three are advocacy services and cannot serve as the outside reporting mechanism and the other two are the clients of the agency. The auditor determined that they were not outside reporting mechanisms as they are the agencies that residents are currently incarcerated under. Additionally, the information that was provided via the resident handbook and the PREA reporting poster was unclear about proper reporting, how to report and level of confidentiality. On August 12, 2021 the auditor received documentation confirming that the Newark Police Department (NPD) has an anonymous hotline and web-based portal that allows for reporting of sexual assaults. The PCM contacted NPD who advised that they would not enter into an MOU, however if a resident called the hotline they would respond and investigate the allegation. The PCM tested the phone number on August 12, 2021, however the call would not go through. She contacted the phone service provider and advised them of the issue. The PCM tested the phone again on August 13, 2021 and the call connected to NPD. NPD advised the PCM that they would not provide an email confirming the call, but if they had a legitimate sexual abuse allegation they would respond to the facility and conduct an investigation. The facility provided correspondence to the auditor stating these facts and details. The auditor was also provided the email chain related to the addition of the outside reporting mechanism phone number. The facility updated the English and Spanish reporting posters, the English and Spanish PREA manual and the Delaney Hall acknowledgment of receipt of PREA education manual. The facility provided the auditor confirmation that the information was sent through the resident tablet system, which requires the residents to read and acknowledge the information prior to further tablet utilization. Additionally, the PCM provided photos of the new reporting poster in the housing units.

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 5.1.2-A, page 19 states that employees shall accept reports made verbally, in writing, anonymously and from their parties and shall promptly document any verbal reports. A review of additional documentation to include the PREA education manual for residents, the PREA information flyer and the resident reporting options poster indicates that there are multiple ways for residents to report. These methods include: to any staff member (to include the PCM and Director), verbally or in writing, through a third party such as a family member or friend, through the Essex County PC, through the Union County PC, through a grievance or through the RAINN confidential tip line (800-656-4673). Interviews with 27 residents confirmed that 27 knew they could report verbally or in writing and 23 were aware that they could report through a third party. Interviews with thirteen staff indicate residents can report verbally, in writing, anonymously and through a third party. All thirteen staff stated that if they received a verbal report they would document it immediately/as soon as possible. A review of one incident report that did not rise to the level of PREA indicated that the resident reported verbally to staff.

115.251 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PAQ stated that staff can report through the hotline and through the web-based reporting mechanism. PM 2019-6, page 6 states that employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Facility Director or facility management privately, if requested. The PREA information flyer states

that GEO employees can report sexual abuse or sexual harassment to the Chief of Security or facility management, through the employee hotline, on the internet or through the toll free phone number (866-568-5425). Interviews with thirteen staff indicate that all thirteen were aware that they can privately report sexual abuse and sexual harassment of residents through the phone or directly in person to a supervisor.

Based on a review of the PAQ, 5.1.2-A, PM 2019-6, PREA education manual for residents, PREA information flyer, resident reporting options poster, updated documentation during the interim report period, correspondence with resident telephone service (GTL), documentation related to testing of the outside reporting mechanism (NPD), photos of the updated resident reporting options posters in the facility, documentation confirming information was provided to the resident population, observations from the facility tour related to PREA posted information and interviews with the PCM, random residents and random staff, this standard appears to have been corrected during the interim report period.

Standard 115.252: Exhaustion of administrative remedies

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

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

115.252 (e)

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

115.252 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-5 – Grievance Process (PM 2019-5)
4. PREA Education Manual for Residents

Interviews

1. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.252 (a): The PAQ indicated that the agency is not exempt from this standard. 5.1.2-A, pages 19-20 and PM 2019-5, pages 4-5 describe the requirements for sexual abuse grievances. Additionally, the PREA education manual for residents, page 7 directs residents on how to file sexual abuse grievances.

115.252 (b): The PAQ indicated that the agency has a policy that allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have

occurred. Additionally, it states that the policy does not require an resident to use an informal grievance process, or otherwise to attempt to resolve without submitting it to the staff member who is the subject of the complaint. 5.1.2-A, page 19 states that no time limit on when an individual in a GEO facility or program may submit a grievance regarding an allegation of sexual abuse. Additionally, page 20 states that individuals in a GEO facility or program are not required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse. The PREA education manual for residents, page 7 directs residents on how to file sexual abuse grievances.

115.252 (c): 5.1.2-A, page 19 states that individuals in a GEO facility or program have the right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint.

115.252 (d): 5.1.2-A, page 20 states that 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. The policy further states that facilities may claim an extension of time to respond, 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 a response to be a denial at that level. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of eleven grievances confirmed there were no grievances of sexual abuse filed within the previous twelve months. There were no residents identified while on-site that had reported sexual abuse and as such no interviews were conducted.

115.252 (e): 5.1.2-A, page 19 states that third parties may assist individuals in a GEO facility or program in filing requests for administrative remedies relating to allegations of sexual abuse and may file such request on behalf of individuals in a GEO facility or program. The policy further states that 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. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review of the grievance log and a sample of eleven grievances confirmed there were no third-party grievances of sexual abuse filed within the previous twelve months.

115.252 (f): 5.1.2-A, page 20 states that individuals in a GEO facility or program may file an emergency grievance if he/she is subject to risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim. The policy further states that an initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of eleven grievances confirmed there were no grievances of imminent risk of sexual abuse filed within the previous twelve months.

115.252 (g): 5.1.2-A, page 20 states that individuals in a GEO facility or program may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. The PAQ indicated that no residents have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, 5.1.2-A, PM 2019-5, the PREA education manual for residents, the grievance log and sample grievances, this standard appears to be compliant.

Standard 115.253: Resident access to outside confidential support services

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Education Manual for Residents
4. Resident Reporting Options Poster
5. Memorandum from the PREA Compliance Manager Related to the MOU with SAVE

Documents Received During the Interim Report Period:

1. Updated Resident Reporting Options Poster

2. Updated PREA Education Manual for Residents
3. Photos of the Updated Resident Reporting Options Posters in the Facility
4. Documentation Confirming Information was Provided to the Resident Population

Interviews:

1. Interview with Random Residents
2. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.253 (a): The PAQ indicated the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by; giving residents mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving residents mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between residents and these organizations in as confidential a manner as possible. 5.1.2-A, pages 25-26 states that facilities shall provide individuals in a GEO facility or program who allege sexual abuse while in GEO custody with access to outside victim advocates and provide, post or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations (this may be done by providing mailing addresses, telephone numbers, toll free hotline numbers, etc.). A review of the PREA education manual for residents and the resident reporting options poster indicated that residents are provided phone numbers to Rape and Incest National Network (RAINN), SAVE of Essex County and the New Jersey Coalition Against Sexual Assault. During the tour the auditor observed advocacy information posted in each housing unit on the resident reporting options poster and on printed labels on resident telephones. Additionally, the auditor tested the SAVE speed dial number on the resident phones during the on-site portion of the audit and reached a live advocate. Interviews with 27 residents indicated that eighteen were provided a mailing address and telephone number to a local, state or national rape crisis center. Most of the eighteen residents indicated they believed that they could contact the organization anytime and that any contact with these services would be free and confidential. There were no residents who reported sexual abuse identified during the on-site portion of the audit and as such no interviews were conducted. While the facility provided residents with telephone numbers for three different victim advocate organizations, they were not provided mailing addresses. Additionally, the format of the posted and distributed PREA information was not clear and eluded to the fact that residents can report to the victim advocacy organizations, rather than using the organizations for emotional support services. As such the auditor advised the PCM that the materials would need to be updated to adequately express the services and contact information for the victim advocacy organizations. On August 30, 2021 the PCM provided updated materials that included the victim advocate mailing address as well as information that all correspondence sent to the mailing address is subject to inspection and that all calls are no pin, do not record and are auto accept. The PCM updated the information to ensure it was placed in a format that indicated that the three victim advocacy organizations were not the outside reporting mechanism, but rather that SAVE of Essex County has advocates available 24 hours, seven days a week and provide a crisis hotline, medical and legal accompaniment, prevention education and counseling. Additionally, the PCM provided confirmation that the information was sent via the tablet system again, which requires residents to read and acknowledge. She also provided photos of the modified reporting poster in the housing units.

115.253 (b): The PAQ stated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs residents about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law. 5.1.2-A, page 26 states that facilities shall enable

reasonable communication between individuals in a GEO facility or program and these organizations as well as inform individuals in a GEO facility or program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the PREA education manual for residents and the resident reporting options poster indicated that residents are provided phone numbers to Rape and Incest National Network (RAINN), SAVE of Essex County and the New Jersey Coalition Against Sexual Assault. During the tour the auditor observed advocacy information posted in each housing unit. Interviews with 27 residents indicated that eighteen were provided a mailing address and telephone number to a local, state or national rape crisis center. Most of the eighteen residents indicated they believed that they could contact the organization anytime and that any contact with these services would be free and confidential. There were no residents who reported sexual abuse identified during the on-site portion of the audit and as such no interviews were conducted. While information was provided to the residents about the three victim advocacy organization, there was not information distributed related to the level in which the communication with the organizations would be monitored. On August 30, 2021 the PCM provided updated materials that included the victim advocate mailing address as well as information that all correspondence sent to the mailing address is subject to inspection and that all calls are no pin, do not record and are auto accept. The PCM updated the information to ensure it was placed in a format that indicated that the three victim advocacy organizations were not the outside reporting mechanism but rather that SAVE of Essex County has advocates available 24 hours, seven days a week and provide a crisis hotline, medical and legal accompaniment, prevention education and counseling. Additionally, the PCM provided confirmation that the information was sent via the tablet system again, which requires residents to read and acknowledge. She also provided photos of the modified reporting poster in the housing units.

115.253 (c): The PAQ indicated that the agency or facility does not maintains memoranda of understanding or other agreements with community service providers that are able to provide residents with emotional services related to sexual abuse. It further indicated that the agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services and that the facility maintains documentation of attempts to enter into such agreements. 5.1.2-A, page 26 states that facilities are required to maintain or attempt to enter into agreements with community service providers to provide individuals in a GEO facility or program with confidential emotional support services related to the sexual abuse while in custody. It further states that the facility shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements. A review of documentation indicated that GEO had contact with SAVE in 2018 related to an MOU. The MOU terms indicated by SAVE were cost preventive for GEO and as such an MOU was not established. No further communication was made with SAVE. The auditor contacted SAVE and the staff member indicated that they had no contact or information related to an MOU with Delaney Hall. The staff member further indicated they were open to discussing an MOU. On August 30, 2021 the auditor facilitated contact between SAVE and Delaney Hall to work on establishing an MOU.

Based on a review of the PAQ, 5.1.2-A, the PREA education manual for residents, the resident reporting options poster, the updated documents during the interim report period, the documentation of the updated information provided to the residents, photos of the updated information placed around the facility, observations from the facility tour related to posted advocacy information as well as information from interviews with random residents and the staff member from SAVE, indicates that the standard requires corrective action. While the facility provides contact information to the residents, the facility has not attempted to enter into an MOU with SAVE since 2018. Further communication with the SAVE staff member indicated they were open to establishing an MOU with Delaney Hall.

Corrective Action:

The facility will need to work with SAVE to attempt to establish an MOU. If the facility is able to agree on terms and an MOU is established the facility will need to send a signed executed copy of the MOU to the auditor. If terms are not able to be reached, the facility will need to provide the auditor with documentation of why terms could not be reach and the efforts that were made to try to establish the MOU.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Correspondence with SAVE

On November 2, 2021 the PCM advised that they have been in contact with SAVE since September 2021 related to the MOU. The auditor was copied on emails from September where the facility and SAVE set up a conference call to discuss the MOU. On September 17, 2021 the facility provided SAVE a draft MOU for review. The PCM sent emails on October 4, 2021 and October 7, 2021 inquiring about the status of the MOU review. SAVE provided notes on October 7, 2021 and the facility responded the same day related to their inquiries/comments. On October 18, 2021 the PCM sent an email following up on the response sent related to the inquiries/comments. A second email was sent on November 1, 2021. SAVE has not yet responded to the facility. While the facility has not been able to establish an MOU with SAVE, it is well documented the numerous attempts. Thus, based on the information provided to the residents (phone number and mailing address to SAVE) as well as the numerous attempts to enter in a MOU, the facility has done their due diligence related to the standard.

Standard 115.254: Third-party reporting

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*)

Documents:

1. Pre-Audit Questionnaire

2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Information Flyer

Findings (By Provision):

115.254 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. The PAQ indicated that a third party can report in person, over the phone, in writing and/or anonymously. The PAQ stated that the information on how to report is found publicly on the agency website. 5.1.2-A, page 20 states that GEO shall post publicly, third party reporting procedures on its public website to show its methods of receiving third party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. It further states that in all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include lobby, visitation and staff break areas within the facility. The PREA information flyer states that individuals can report on behalf of an individual who is or was housed in a GEO facility or program by contacting the Facility Administrator's Office or by reporting over the phone, in person, in writing or anonymously if desired. It further states that an individual can contact the corporate PREA office directly at 561-999-5827. Contact information and reporting direction are found at <https://www.geogroup.com/prea>.

Based on a review of the PAQ, 5.1.2-A, the PREA information flyer and the agency's website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Incident Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Director
4. Interview with the PREA Coordinator

Findings (By Provision):

115.261 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 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. 5.1.2-A, pages 20-21 states that employees are required to immediately report any of the following; knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility, retaliation against individuals in a GEO facility or program or employees who reported such an incident and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with thirteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. All thirteen staff stated they would immediately report the information to their direct supervisor.

115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 5.1.2-A, page 21 states that apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone. Interviews with thirteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. All thirteen staff stated they would immediately report the information to their direct supervisor.

115.261 (c): 5.1.2-A, page 21 states that unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. The policy further states that practitioners shall inform individuals in a GEO facility or program of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting and that they notify residents on their limitations of confidentiality and their duty to report. Both staff stated that they had never had a resident directly report sexual abuse to them.

115.261 (d): 5.1.2-A, page 21 states that unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. The interview with the PC indicated that unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse for alleged victims under the age of 18 or considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. The Director stated the facility does not house anyone under eighteen or vulnerable adults and as such this would not apply.

115.261 (e): 5.1.2-A, page 21 states that facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators or outside agency responsible for investigating these types of incidents. The interview with the Director confirmed that all allegations of sexual abuse or sexual harassment are reported to the designated facility investigator. A review of the reported sexual abuse allegations that were deemed to not rise to the level of PREA confirmed they were referred to the client for an investigation into any possible misconduct.

Based on a review of the PAQ, 5.1.2-A, incident reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Director indicate that this standard appears to be compliant.

Standard 115.262: Agency protection duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-5 – Grievance Process (PM 2019-5)

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director
3. Interview with Random Staff

Findings (By Provision):

115.262 (a): The PAQ indicated that when the agency or facility learns that an resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. 5.1.2-A, page 21 states that when a facility learns that an individual in a GEO facility or program is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. The policy further states that all allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. PM 2019-5, page 5 states that if an emergency grievance indicates a resident is subject to substantial risk of imminent sexual abuse, the Facility Director will take immediate corrective action to protect the potential victim. If staff is the alleged abuser, separation orders requiring “no contact” shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The PAQ stated that there have been zero residents who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head Designee indicated that GEO takes immediate action protect the victim from further harm and refers him/her for necessary services (medical, mental health, etc.). The Director stated that actions would be based on resident housing location in consultation with the client. He stated they would make sure the resident could remain

housed at the facility safely and the resident would be seen by medical and mental health care staff. The Director indicated that the resident would be placed where they are supposed to be and where they would get the best care. Interviews with thirteen staff confirmed that twelve staff would remove the resident from the area/harm's way and the one that stated he would not remove the resident advised he would contact his supervisor to take action.

Based on a review of the PAQ, 5.1.2-A, PM 2019-5 and interviews with the Agency Head Designee, Director and random staff indicate that this standard appears to be compliant.

Standard 115.263: Reporting to other confinement facilities

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Incident Reports
4. Notification Email

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director

Findings (By Provision):

115.263 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 5.1.2-A, page 24 states that in the event that an individual in a GEO facility or program alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegations and the Facility Administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. The PAQ indicated that during the previous twelve months, the facility had zero residents report that they were sexually abused while confined at another facility. A review of documentation indicated there was one allegation reported by a resident in February 2021 that occurred at the client facility (jail). Delaney Hall provided the jail the appropriate information on the same day it was reported (February 9, 2021).

115.263 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 5.1.2-A, page 24 states that in the event that an individual in a GEO facility or program alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegations and the Facility Administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. A review of documentation indicated there was one allegation reported by a resident in February 2021 that occurred at the client facility (jail). Delaney Hall provided the jail the appropriate information on the same day it was reported (February 9, 2021).

115.263 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 5.1.2-A, page 25 states that the facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. A review of documentation indicated there was one allegation reported by a resident in February 2021 that occurred at the client facility (jail). Delaney Hall provided the jail the appropriate information on the same day it was reported (February 9, 2021).

115.263 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 5.1.2-A, page 25 states that any facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA Standards. The PAQ indicated there have been zero allegations of sexual abuse the facility received from other facilities. A review of documentation confirmed that Delaney Hall had not received any sexual abuse or sexual harassment allegations from other facilities/agencies. The interview with the Agency Head Designee indicated that PREA allegations should be reported to the Facility Director. He further stated that regardless of how one of the facilities receives a PREA allegation that abuse occurred in one of GEO's facilities, the allegation would be referred to designated investigators (internal or external) for investigation. The PREA Coordinator is also informed of all allegations of this type via email. The Agency Head Designee stated that according to the PREA Coordinator, GEO receives PREA notifications from other confinement facilities. Facilities are required to

enter these allegations on their monthly PREA report submissions and into the PREA Database where they can be tracked. The interview with the Director indicated that the information would be reported to the Office of Professional Regulation and that an investigation would be opened up internally. He stated they have not had any sexual abuse allegations investigated but there were other types of allegations completed, including consensual sexual activity.

Based on a review of the PAQ, 5.1.2-A, incident reports, the notification email and interviews with the Agency Head Designee and Director, this standard appears to be compliant.

Standard 115.264: Staff first responder duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. First Responder Card
4. Incident Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff
3. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an resident was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 5.1.2-A, pages 21-22 state that upon receipt of a report that an individual in a GEO facility or program was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall: separate the alleged victim and abuse; immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking and eating. A review of the first responder card confirms that first responder duties are outlined for staff reference. The PAQ indicated that during the previous twelve months, there have been zero allegations of sexual abuse and a such none required the separation of alleged victim and abuser, the preservation of the crime scene or evidence and requested/ensure actions were not taken to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. There were no reported sexual abuse allegations and as such no first responder duties were required to be taken. Interviews with first responders indicated that security staff would separate the alleged victim and abuser, immediately notify the on call supervisor, preserve and protect the crime scene and not let the residents take any action to destroy evidence such as washing, changing clothes, eating, drinking, etc. The non-security first responder stated she would separate the residents, put them somewhere safe and then alert security of the situation. She further stated that she would ask them not to shower to preserve evidence. There were no residents who reported sexual abuse identified during the on-site portion of the audit and as such on interviews were conducted.

115.264 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 5.1.2-A, page 22 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, remain with the alleged victim and notify security staff. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse and

as such there were none that involved a non-security first responder. There were no reported sexual abuse allegations and as such no first responder duties were required to be taken. Interviews with first responders indicated that security staff would separate the alleged victim and abuser, immediately notify the on call supervisor, preserve and protect the crime scene and not let the residents take any action to destroy evidence such as washing, changing clothes, eating, drinking, etc. The non-security first responder stated she would separate the residents, put them somewhere safe and then alert security of the situation. She further stated that she would ask them not to shower to preserve evidence. Interviews with thirteen random staff indicated all staff would separate the victim and alleged perpetrator. Most of the thirteen stated they would contact their supervisor and a few indicated that they would secure the crime scene and contact medical.

Based on a review of the PAQ, 5.1.2-A, the first responder card, incident reports and interviews with random staff and staff first responders, this standard appears to be compliant.

Standard 115.265: Coordinated response

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*)

Documents:

1. Pre-Audit Questionnaire
2. PREA Coordinated Response Plan

Interviews:

1. Interview with the Director

Findings (By Provision):

115.265 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the PREA coordinated response plan confirms that the plan has information outlining duties for first responders, shift supervisors, the Facility Director, the facility investigator and medical and mental health care staff. Additionally, the plan describes crime scene preservation and required notifications. The Director confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, the PREA coordinated response plan and the interview with the Director, this standard appears to be compliant.

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

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*)

Documents:

- Pre-Audit Questionnaire
- Collective Bargaining Agreement with the United States Security Officers of America International Union, and its Local #840 (UGSOA)

Interviews:

- Interview with the Agency Head Designee

Findings (By Provision):

115.266 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. A review of the Collective Bargaining Agreement with UGSOA, page 9 confirms that any rules, regulations or directives which are not in effect, or which may be later imposed upon the company by its client, or any other governmental agency having jurisdiction will apply with equal force and effect to the officers hereunder. Officers are also required to adhere to company rules and regulations. Additionally, page 19 states that except where otherwise prohibited in this agreement, where appropriate, the company will adhere to concepts of progressive discipline, which it defines as the corrective process of applying penalties short of dismissal where

conduct is of a less serious nature. The nature of discipline should be appropriate to the conduct and need not begin with the least serious disciplinary action. Acceptance of the principle discipline does not limit the company's authority to immediately dismiss for serious offense that cannot be condoned. The interview with the Agency Head Designee indicated that the Reentry Services Division currently has four of its 35 facilities which have a collective bargaining agreement. He further stated none of the collective bargaining agreements preclude investigations and disciplinary action against staff, up to and including termination, for substantiated allegations of sexual abuse and sexual harassment.

115.266 (b): The auditor is not required to audit this provision.

Based on a review of the PAQ, Collective Bargaining Agreement with UGSOA and the interview with the Agency Head Designee, this standard appears to be compliant.

Standard 115.267: Agency protection against retaliation

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA) (PM 2019-6)
4. Protection from Retaliation Log
5. Incident Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.267 (a): The PAQ indicated that the agency has a policy to protection all residents and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PAQ further indicated that the Facility Director is responsible for monitoring for retaliation. 5.1.2-A, page 26 states that facilities shall implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other individuals in a GEO facility or program or employees. The facility PREA Compliance Manager or mental health personnel shall be responsible for monitoring for retaliation of individuals in a GEO facility or program PM 2019-6, page 12 states that the facility PREA Compliance Manager shall be responsible for monitoring retaliation of residents.

115.267 (b): 5.1.2-A, pages 26-27 state that facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of the alleged staff or abusers from contact with victims, who fear retaliation from reporting sexual abuse or sexual harassment or for cooperating with investigations. The policy further states a mental health staff member or the PREA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a resident or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers (staff or resident) and emotional support services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor residents who reported the allegation for possible retaliation. They meet with the individual in private and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. The interview with the Director indicated that possible protective measures include ensuring that the residents are separated through a housing change in the same building or through transfer back to the client facility. He further stated that protection is paramount and the resident would be provided mental health services. The staff responsible for monitoring indicated that if a resident reports sexual abuse a separation order

is put in place and he/she is monitored weekly for a period of 90 days or until released, whichever is sooner. The staff member stated that possible protective measures could include the separation order, removal of one of the individuals from the unit, transfer of one of the residents back to the client facility and/or removal of staff from the unit. The staff member further stated that she monitors the resident weekly. She stated she sits down with the resident and asks them how they are feeling and if anyone has said anything to them that would be retaliatory in nature. There were no residents identified during the on-site portion of the audit that reported sexual abuse and as such no interviews were completed.

115.267 (c): The PAQ states that the agency/facility monitors the conduct and treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 5.1.2-A, page 27 indicates for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of individuals in a GEO facility or program who reported sexual abuse to see if there are changes that may suggest possible retaliation by individuals in a GEO facility or program or staff, and shall act promptly to remedy such retaliation. Items to be monitored for individuals in a GEO facility or program include disciplinary reports and housing and program changes. Policy further states that for at least 90 days following a report of staff sexual misconduct (abuser or harassment) by another employee, the facility Human Resource staff or facility investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct or employee witnesses who cooperate with these investigations to see if there are any changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Items to be monitored for employees include negative performance reviews and employee reassignments. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The Director indicated that if an allegation of retaliation was reported or suspected an investigation would be opened and the appropriate action would be taken based on the outcome. The staff responsible for monitoring stated that she looks to see if there are any physical changes or behavior changes of the resident. She stated she monitors when residents are moved and she would monitor any staff work assignments. The staff member stated that she monitors for 90 days unless the resident leaves the facility and that she would monitor, if necessary, longer than 90 days up to until the resident leaves Delaney Hall.

115.267 (d): 5.1.2-A, page 26 states that a mental health staff member or the PREA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The staff member responsible for monitoring stated that she sits down with residents weekly and asks them how they feel and if anyone has said anything to them that is retaliatory in nature. A review of documentation indicated there were no reported sexual abuse allegations and as such no instances of monitoring for retaliation were required.

115.267 (e): 5.1.2-A, page 27 states that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. The interview with the Agency Head Designee indicated that designated staff at each facility are assigned to monitor residents who reported the allegation for possible retaliation. They meet with the individual in private and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. The interview with the Director indicated that possible protective measures include ensuring that the residents are separated through a housing change in the same building or through transfer back to the client facility. He further stated that protection

is paramount and the resident would be provided mental health services. The Director indicated that if an allegation of retaliation was reported or suspected an investigation would be opened and the appropriate action would be taken based on the outcome.

115.267 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, PM 2019-6, the protection from retaliation log form, incident reports and interviews with the Agency Head Designee, Director and staff responsible for monitoring for retaliation, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (I)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Delaney Hall RRC Local Policy Manual 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA) (PM 2019-6)
4. Correspondence with the Newark Police Department
5. Investigator Training Records
6. Annual PREA Incident Tracking Log
7. Incident Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with the Director
3. Interview with the PREA Coordinator

Findings (By Provision):

115.271 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 5.1.2-E, page 5 states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse at GEO facilities. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of sexual abuse. Page 5 further states that when the facility conducts its own investigations into allegations of sexual abuse, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. The completed preliminary investigation will be forwarded to the Corporate PREA office for review and approval no later than 60 calendar days after the allegation is reported. PM 2019-6, page 6 states that allegations of sexual abuse that include penetration or touching of the genital area (unrelated to staff performing official duties) shall be referred to outside law enforcement agencies. There were no reported sexual abuse or sexual harassment allegations during the previous twelve months and as such no investigations were

completed. The auditor requested any investigations that were completed over the previous 24 months, however none were reported. The allegations documented over the previous 24 months involved a consensual incident and incidents that did not rise to the level of PREA. The interview with the facility investigator confirmed that an investigation is initiated within 24 hours, sometimes sooner than that. She stated that all a third party or anonymous allegation would not be investigated any differently.

115.271 (b): 5.1.2-A, page 14 states that the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the PREA specialized training investigating sexual abuse in adult/juvenile correctional settings. A review of the training indicates that it encompasses the eight PREA Resource Center training modules. Modules two and six go over information related to interview techniques, modules three and four discuss evidence collection, module five discusses legal liability including Miranda and Garrity and module eight discusses the standard of evidence to substantiate an investigation. The PAQ indicated there is one facility investigator that conduct investigations. A review of documentation indicated that two facility staff are documented with the specialized training. The interview with the facility investigator confirmed that the required topics were covered in the training. She did state that they do not utilize Miranda or Garrity at the facility investigation level.

115.271 (c): 5.1.2-E, page 5 states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse at GEO facilities. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of sexual abuse. There were no reported sexual abuse or sexual harassment allegations during the previous twelve months and as such no investigations were completed. The auditor requested any investigations that were completed over the previous 24 months, however none were reported. The allegations documented over the previous 24 months involved a consensual incident and incidents that did not rise to the level of PREA. The interview with the facility investigator indicated that upon notification of an allegation she would enter it into the PREA portal which initiates the investigation. She stated she would interview the resident victim and find how who the alleged perpetrator is to conduct an interview. She indicated she would identify any witnesses for interview, review video footage, timesheets, log books and other relevant materials and then she would create an investigative report and piece all the information together. She indicated she would determine the appropriate investigative outcome and complete the investigation. The investigator stated she could be responsible for collecting evidence such as statements, video footage, log books and any other paperwork. She further stated that if forensic evidence was required she would not be responsible for that collection.

115.271 (d): 5.1.2-E, page 5 states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse at GEO facilities. There were no reported sexual abuse or sexual harassment allegations during the previous twelve months and as such no investigations were completed. The auditor requested any investigations that were completed over the previous 24 months, however none were reported. The allegations documented over the previous 24 months involved a consensual incident and incidents that did not rise to the level of PREA. The interview with the facility investigator indicated that she would contact the client who would be responsible for contacting the prosecutor related to compelled interviews.

115.271 (e): 5.1.2-E, page 5 states that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an individual in a GEO facility or program or staff. Policy further states that no agency shall require an individual in a GEO

facility or program who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The interview with the investigator confirmed that she would not require a resident victim to take a polygraph or truth telling device test. She further stated that credibility would be based on what is found during the investigation. There were no residents identified during the on-site portion of the audit that reported sexual abuse and as such no interviews were completed.

115.271 (f): 5.1.2-E, page 6 states that an investigative report shall be written for all allegations of sexual abuse. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. The policy further states that administrative investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigative facts and findings. The interview with the facility investigator confirmed that administrative investigations would be documented in written reports and include the initial allegation, dates, times, statements, video footage, any documentation gathered and reviewed, facts, findings and a conclusion. She further indicated that during the investigation she ensures that staff followed policy and she reviews Human Resource files to determine if staff signed off on policies and training.

115.271 (g): 5.1.2-E, page 6 states that an investigative report shall be written for all allegations of sexual abuse. There were no reported sexual abuse or sexual harassment allegations during the previous twelve months and as such no investigations were completed. The auditor requested any investigations that were completed over the previous 24 months, however none were reported. The allegations documented over the previous 24 months involved a consensual incident and incidents that did not rise to the level of PREA. The interview with the facility investigator confirmed that all criminal investigations are documented in a written report by the client and the report is provided to the facility.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution and that there were zero substantiated allegations of conduct that were referred for prosecution since the last PREA audit. 5.1.2-E, page 6 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. There were no reported sexual abuse or sexual harassment allegations during the previous twelve months and as such no investigations were completed. The auditor requested any investigations that were completed over the previous 24 months, however none were reported. The allegations documented over the previous 24 months involved a consensual incident and incidents that did not rise to the level of PREA. The interview with the facility investigator indicated that if there was a sexual abuse allegation with a staff member or resident and the client determined a criminal investigation was warranted they would handle the criminal prosecution and charges.

115.271 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 5.1.2-E, page 6 states that GEO shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, however for any circumstance, files shall be retained no less than ten years. A review of historical investigative reports indicate that information is retained by the PCM.

115.271 (j): 5.1.2-E, page 6 states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The facility investigator confirmed that an investigation would be completed regardless of whether the resident or staff member departed the facility. She stated that they have the ability to go to other places and reach out to other agencies to make sure the investigation is able to be completed.

115.271 (k): The auditor is not required to audit this provision.

115.271 (l): 5.1.2-E, page 5 states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports. The facility contacts the client and the NPD when sexual abuse is reported. A review of correspondence with NPD indicates that they would respond to any reported sexual abuse and conduct an investigation, however they would not enter into an MOU with Delaney Hall related to investigations. The PC stated that facilities are instructed to request an update from the outside law enforcement entity at least once a month in order to track the status of the investigation. The investigation outcome affects monitoring for retaliation, resident notices of outcomes and after-action reviews. She stated that generally, the facility administrators have developed great working relationships with these entities so there is regular dialog about the status of outstanding investigations. The interview with the Director indicated that the clients/outside agencies typically provide notifications every month and if they don't the facility will reach out to them to inquire about the status. The facility investigator stated she would serve as the liaison and would assist with gathering any information, setting up any interviews and any other necessary investigative activities.

Based on a review of the PAQ, 5.1.2-E, PM 2019-6, correspondence with NPD, investigator training records, the tracking log, incident reports and information from interviews with the Director, PREA Coordinator, and the facility investigator, this standard appears to be compliant.

Standard 115.272: Evidentiary standard for administrative investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Incident Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 5.1.2-E, page 6 states that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. There were no reported sexual abuse or sexual harassment allegations during the previous twelve months and as such no investigations were completed. The auditor requested any investigations that were completed over the previous 24 months, however none were reported. The allegations documented over the previous 24 months involved a consensual incident and incidents that did not rise to the level of PREA. The interview with the facility investigator indicated that video footage is usually a big component of evidence required to substantiate an allegation. She stated that she completes a report and sends it to the corporate office and they review it and advise her if her findings are correct and if the outcome should be changes based on the evidence.

Based on a review of the PAQ, 5.1.2-E, incident reports and information from the interview with the facility investigator indicates that this standard appears to be compliant.

Standard 115.273: Reporting to residents**115.273 (a)**

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

115.273 (b)

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

115.273 (c)

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

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Notification of Outcome of Allegation Form
4. Incident Reports

Interviews:

1. Interview with the Director
2. Interview with Investigative Staff
3. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 5.1.2-E, page 11 states that at the conclusion of an investigations, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded. The PAQ indicated that was one investigation completed within the previous twelve months and there were zero residents notified, verbally or in writing, of the results of the investigation. Further communication with the PCM indicated that one sexual abuse allegation was reported but it was immediately identified as being related to official medical duties and as such did not rise to the level of PREA and did not require a resident notification. A review of documentation indicated there were no reported sexual abuse allegations and as such no notifications were required. The interviews with the Director and investigator confirmed that residents are notified of the outcome of the investigation into their allegation. There were no residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.273 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. 5.1.2-E, page 12 states that if the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual. The PAQ indicated that there was one investigation completed within the previous twelve months by an outside agency. Further communication with the PCM indicated that one sexual abuse allegation was reported but it was immediately identified as being related to official medical duties and as such did not rise to the level of PREA. The allegation was forwarded to Essex County Correctional Facility for review for any misconduct. The outside agency did not conduct a sexual abuse investigation and as such clarification indicated there were zero sexual abuse allegations completed by an outside agency within the previous twelve months. A review of documentation indicated there were no reported sexual abuse allegations and as such no notifications were required.

115.273 (c): The PAQ indicated that following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 11 states that if the alleged abuser was an employee, the victim shall also be informed whenever; the employee is no longer posted within the victim's housing unit/area; the employee is no longer employed at the facility; the facility learns that the employee has been indicated on a charge related to the sexual abuse within the facility; or the facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. A review of the notification of outcome of allegation form confirmed that a section exists on the form for the four requirements under this provision. The PAQ indicated that there have been no substantiated or

unsubstantiated allegations of sexual abuse committed by a staff member against an resident in the previous twelve months. Additionally, the PAQ indicated that the agency informs residents of the required components under this provision if applicable. A review of documentation indicated there were no reported sexual abuse allegations and as such no notifications were required. There were no residents identified who report sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.273 (d): The PAQ indicates that following an resident’s allegation that he or she has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 11 states that if the alleged abuser was another individual in a GEO facility or program, the victim shall be informed whenever; the facility learns that the alleged abuser has been indicted on a charge related to the sexual abuse within the facility or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of the notification of outcome of allegation form confirmed that a section exists on the form for the two requirements under this provision. A review of documentation indicated there were no reported sexual abuse allegations and as such no notifications were required. There were no residents identified who report sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.273 (e): The PAQ indicated that the agency has a policy that all notifications to residents described under this standard are documented. 5.1.2-E, page 11 states that at the conclusion of an investigations, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded. The policy further states that the individual shall receive the original completed notification of outcome of the allegation form in a timely manner and a copy of the form shall be retained as part of the investigative file. The PAQ stated that there were zero notifications made pursuant to this standard. A review of documentation indicated there were no reported sexual abuse allegations and as such no notifications were required.

115.273 (f): This provision is not required to be audited.

Based on a review of the PAQ, 5.1.2-E, incident reports, the notification of outcome of allegation form and information from interviews with the Director and facility investigator, this standard appears to be compliant.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Employee Handbook
4. Incident Reports

Findings (By Provision):

115.276 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 5.1.2-E, page 12 states that employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and sexual harassment policies, up to and including termination for any employee found guilty for sexual abuse. Page 18 of the employee handbook states that GEO has a zero tolerance for sexual abuse or sexual harassment and that unwelcome sexual advances, requests for sexual favors, and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination.

115.276 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies over the previous twelve months and zero staff who were terminated for violating agency sexual abuse or sexual harassment policies. 5.1.2-E, page 12 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.276 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 5.1.2-E, page 12 states that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of documentation indicated there were no reported sexual abuse allegations and as such discipline was unnecessary.

115.276 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 5.1.2-E, page 12 states all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff members were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, 5.1.2-E, the employee handbook and incident reports indicate that this standard appears to be compliant.

Standard 115.277: Corrective action for contractors and volunteers

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Incident Reports

Interviews:

1. Interview with the Director

Findings (By Provision):

115.277 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 5.1.2-A, page 15 states that any volunteer who has engaged in sexual abuse shall be prohibited from contact with individuals in a GEO facility or program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal. Page 16 states that any contractor who has engaged in sexual abuse shall be prohibited from contact with individuals in a GEO facility or program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal. Each facility shall make reasonable efforts to report to any relevant licensing body, to the extent know, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. The PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of documentation indicated there were no reported sexual abuse allegations and as such discipline was unnecessary.

115.277 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 5.1.2-A, page 15 states that in the case of any other violation of GEO sexual abuse or sexual harassment policies by the volunteer, the facility shall notify the applicable GEO contracting authority who will take appropriate remedial measures, and shall consider whether to prohibit further contact with individuals in a GEO facility or program. Page 16 states that in the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor the facility shall notify the applicable GEO contracting authority who will take appropriate remedial measures, and shall consider whether to prohibit further contact with individuals in a GEO facility or program. The interview with the Director indicated that any violation of the sexual abuse and sexual

harassment policies by a volunteer or contractor would result in an investigation being opened and actions would be taken based upon the investigative findings. He stated that the volunteer or contractor would be banned from entering the facility during the investigation. The Director confirmed that there have not been any contractors or volunteers who violated the sexual abuse or sexual harassment policies over the audit period.

Based on a review of the PAQ, 5.1.2-A, incident reports and information from the interview with the Director, this standard appears to be compliant.

Standard 115.278: Interventions and disciplinary sanctions for residents

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Resident Handbook
4. Incident Reports

Interviews:

1. Interview with the Director
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.278 (a): The PAQ stated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. 5.1.2-E, page 12 indicates that individuals in a GEO facility or program who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility or program (either through administrative or criminal investigations) shall subject to formal disciplinary sanctions. Pages 5 and 6 of the resident handbook describes sanction types of minor infractions, serious infractions and major infractions, with sexual abuse falling under major infractions. The PAQ indicated there has been zero administrative and criminal finding of guilt for resident-on-resident sexual abuse within the previous twelve months. A review of documentation indicated there were no reported sexual abuse allegations and as such discipline was unnecessary.

115.278 (b): 5.1.2-E, page 12 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar history. The interview with the Director indicated that discipline could involve in house discipline or outside law enforcement review which would be forwarded to the prosecutor for criminality. He stated that the facility could remove the resident from Delaney Hall and send him/her back to the client facility and that the resident would undergo a disciplinary hearing. He indicated that disciplinary sanctions are consistent and that they would be commensurate

with the nature and circumstances of the abuse committed, the resident's disciplinary history and sanctions imposed for comparable offenses by other residents.

115.278 (c): 5.1.2-E, page 12 states that the disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Director confirmed that a residents' mental disability or mental illness would be considered in the disciplinary process.

115.278 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending resident to participate in these interventions as a condition of access to programming and other benefits. Interviews with medical and mental health staff indicated that the facility does not really have those types of services but that if more services were required related to mental health that they would be transferred back to the client facility.

115.278 (e): The PAQ stated that the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. 5.1.2-E, page 12 indicates that disciplining an individual in a GEO facility or program for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

115.278 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 5.1.2-E, page 12 indicates that a report of sexual abuse made in good faith by an individual in a GEO facility or program, based upon a reasonable believe that the alleged conduct occurred, will not constitute false reporting or lying.

115.278 (g): The PAQ indicates that the agency prohibits all sexual activity between residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 5.1.2-E, page 12 states that facilities may not deem that sexual activity between individuals in a GEO facility or program is sexual abuse unless it is determined that the activity was coerced.

Based on a review of the PAQ, 5.1.2-E, the resident handbook, incident reports and information from interviews with the Director and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Resident who Reported Sexual Abuse
3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 5.1.2-A, page 25 states victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. Reentry community confinement facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. During the tour the auditor noted that the medical and mental health area included an examination room with a door and an office with a door for confidentiality. The auditor reviewed one sexual abuse allegation that was deemed not a PREA and confirmed that the resident was provided medical care and refused mental health services. Interviews with medical and mental health care staff confirm that residents receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical staff stated they would respond right way while mental health care staff stated the resident would be sent out for services if needed, otherwise they would see her during the one day a week she is at the facility. Staff stated that the nature and scope of service would be based on tehri professional judgement as well as the severity and nature of the situation. There were no residents identified on-site that reported sexual abuse and as such no interviews were conducted.

115.282 (b): 5.1.2-A, page 25 states reentry community confinement facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Non-routine medical care is provided at local hospitals and any non-routine mental health care would be provided by an outside organization. Interviews with first responders indicated that security staff would separate the alleged victim and abuser, immediately notify the on call supervisor, preserve and protect the crime scene and not let the residents take any action to destroy evidence such as washing, changing clothes, eating, drinking, etc. The non-security first responder stated she would separate the residents, put them somewhere safe and then alert security of the situation. She further stated that she would ask them not to shower to preserve evidence.

115.282 (c): The PAQ states that resident victims of sexual abuse while incarcerated are 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. 5.1.2-A, page 25 indicates that this access includes offering timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, when medically appropriate. There were zero sexual abuse allegations involving penetration reported during the audit period and as such there was not documentation available under this provision. Interviews with medical and mental health staff indicated that resident victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. There were no residents identified on-site that reported sexual abuse and as such no interviews were conducted.

115.282 (d): The PAQ indicated that treatment and services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 5.1.2-A, page 28 states that all services shall be provided without financial costs to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, 5.1.2-A, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and first responders, the facility appears to meet this standard.

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Residents who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.283 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 5.1.2-A, page 26 indicates that each facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse that occurs in any prison, jail, lockup or juvenile facility. During the tour the auditor noted that the medical and mental health area included an examination room with a door and an office with a door for confidentiality. All medical records are electronically maintained. Medical services are provided during normal business hours and any resident who requires emergency medical treatment or crisis intervention is transported to a local hospital and/or back to the client facility.

115.283 (b): 5.1.2-A, page 26 states that the evaluation and treatment should include follow-up services, treatment plans and (when necessary) referrals for continued care following a transfer or release. The

auditor reviewed the one sexual abuse allegation that was deemed not a PREA and confirmed that the resident was provided medical care and refused mental health services. Interviews with medical and mental health care staff confirmed that residents are offered follow-up services. A few of the services include physical injury treatment, mental health counseling, a psychiatric assessment, medication, etc. There were no residents identified on-site that reported sexual abuse and as such no interviews were conducted.

115.283 (c): 5.1.2-A, page 26 states that services shall be provided in a manner that is consistent with the level of care the resident would receive in the community and include pregnancy test and all lawful pregnancy related medical services where applicable. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. The auditor reviewed one sexual abuse allegation that was deemed not a PREA and confirmed that the resident was provided medical care and refused mental health services. Interviews with medical and mental health care staff confirm that medical and mental health services are consistent with the community level of care. The mental health care staff member stated that while her services are consistent, she is only there once a week and if they need more than what she can provide they are referred to community organizations.

115.283 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 5.1.2-A, page 26 states that services shall be provided in a manner that is consistent with the level of care the resident would receive in the community and include pregnancy test and all lawful pregnancy related medical services where applicable. There were no reported sexual abuse allegations by female residents.

115.283 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services 5.1.2-A, page 26 states that services shall be provided in a manner that is consistent with the level of care the resident would receive in the community and include pregnancy test and all lawful pregnancy related medical services where applicable. The interviews with medical and mental health care staff confirm that female victims of sexual abuse would be offered pregnancy tests. The staff further confirm that female victims of sexual abuse would be offered information and access to all lawful pregnancy related material when results were provided from the pregnancy test. There were no reported sexual abuse allegations by female residents.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 5.1.2-A, page 26 states that victim shall also be offered tests for sexually transmitted infections as medically appropriate. There were zero sexual abuse allegations involving penetration reported during the audit period and as such there was not documentation available under this provision. There were no residents identified on-site that reported sexual abuse and as such no interviews were conducted.

115.283 (g): The PAQ stated that treatment services are provided to the resident victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 5.1.2-A, page 26 states that all services shall be provided without financial costs to the victim. There were no residents identified on-site that reported sexual abuse and as such no interviews were conducted.

115.283 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 5.1.2-A, page 26 states that the facility shall attempt to

conduct a mental health evaluation on all known inmate-on-inmate or resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners. There were no resident-on-resident sexual abuse allegations reported and as such there were no known resident-on-resident abusers that were required to be evaluated by mental health. Interviews with medical and mental health staff indicate that they have never had the situation happen, however services would be offered to any resident perpetrator and the resident would be seen within a week by mental health.

Based on a review of the PAQ, 5.1.2-A, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to be compliant.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Interviews:

1. Interview with the Director
2. Interview with the PREA Coordinator
3. Interview with Incident Review Team

Findings (By Provision):

115.286 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 5.1.2-A, page 28 indicates facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. The PAQ indicated that zero reviews were completed within the previous twelve months. A review of documentation confirmed there were zero sexual abuse allegations reported over the previous twelve months and as such no sexual abuse incident reviews were required to be completed. It should be noted the facility conducted a sexual abuse incident review for one allegation that did not rise to the level of PREA. The review was completed the same day the investigation was concluded and included the Director, Assistant Director, the PCM, a line supervisor and medical and mental health.

115.286 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 5.1.2-A, page 28 indicates that such reviews shall occur within 30 days of the conclusion of the investigation. The PAQ indicated that zero reviews were completed within the previous twelve months. A review of documentation confirmed there were zero sexual abuse allegations reported over the previous twelve months and as such no sexual abuse incident reviews were required to be completed. It should be noted the facility conducted a sexual abuse incident review for one allegation that did not rise to the level of PREA. The review was completed the same day the investigation was concluded and included the Director, Assistant Director, the PCM, a line supervisor and medical and mental health.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 5.1.2-A, page 28 states that the review team shall consist of upper level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and medical and mental health practitioners. The Corporate PREA Coordinator may be consulted as part of the team. A review of documentation confirmed there were zero sexual abuse allegations reported over the previous twelve months and as such no sexual abuse incident reviews were required to be completed. The interview with the Director confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials, line supervisors, investigators and medical and mental health care staff. It should be noted the facility conducted a sexual abuse incident review for one allegation that did not rise to the level of PREA. The review was completed the same day the investigation was concluded and included the Director, Assistant Director, the PCM, a line supervisor and medical and mental health.

115.286 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 5.1.2-A, page 28 states that unless mandated by the client contract, a PREA After Action Review Report of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA database. A review of documentation confirmed there were zero sexual abuse allegations reported over the previous twelve months and as such no sexual abuse incident reviews were required to be completed. Interviews with the Director, PCM and incident review team member confirmed that these the facility conducts sexual abuse incident reviews and they include the required elements under this standard. The Director stated that they review to determine if the staffing plan is adequate, whether the camera system was up and running appropriately and the physical layout of where the incident occurred to include how the resident was able to move around. He stated they would review security measures to see what actions can be taken to prevent it from happening again. The PC stated that all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective action is forwarded to the corporate PREA Coordinator for review. She confirmed that she reviews these reports and that any trends would be documented in the annual report. She stated that any recommendations for improvement would be reviewed with divisional and regional supervisory staff, as well as facility staff to ensure any required revisions/corrective action are made.

115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. A review of documentation confirmed there were zero sexual abuse allegations reported over the previous twelve months and as such no sexual abuse incident reviews were required to be completed.

Based on a review of the PAQ, 5.1.2-A and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

Standard 115.287: Data collection

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Annual Report

Findings (By Provision):

115.287 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 28 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

115.287 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 5.1.2-A, page 28 states that this data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of the PREA Annual Reports confirmed that each annual report includes aggregated facility and agency data.

115.287 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 28 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

115.287 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 5.1.2-A, page 28 states that each facility will collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. Policy further states that facility PREA Compliance Managers shall be responsible for compiling data collected on sexual activity, sexual harassment and sexual abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis.

115.287 (e): The PAQ indicated this provision does not apply. The agency does not contract for the confinement of its residents. The agency is a private for profit company and houses other agency residents

115.287 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 5.1.2-A, page 28 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most

recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

Based on a review of the PAQ, 5.1.2-A and the PREA Annual Reports, this standard appears to be compliant.

Standard 115.288: Data review for corrective action

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Annual Report

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator

Findings (By Provision):

115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 5.1.2-A, pages 28-29 state that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including by: identifying problems areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. The policy further states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract. A review of annual reports indicates that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions and program enhancements. The report compares the data from the current year with the previous year. The interview with the Agency Head Designee indicated that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. She stated that all of GEO's clients, except USMS, include GEO PREA data in their annual PREA reports as well. The PC stated all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to him for review. Additionally, she stated

that the agency takes corrective action on an ongoing basis and that several corrective actions have been implemented since the PREA programs inception in 2012. The PC stated that She further confirmed that GEO publishes a PREA report annually and that it is available on GEO's website.

115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 5.1.2-A, page 29 states that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions and program enhancements. The report compares the data from the current year with the previous year.

115.288 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 5.1.2-A, page 29 states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. The interview with the Agency Head Designee confirmed that the annual PREA report is approved by the appropriate divisional authority for Secure Services, Reentry Youth Service and the CEO. The report is published online at <https://www.geogroup.com/prea>.

115.288 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 5.1.2-A, page 29 states that GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of the annual report confirms that no personal identifying information is included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that GEO only reports numbers and incident types; personally, identifiable information is omitted for confidentiality purposes.

Based on a review of the PAQ, 5.1.2-A, the PREA Annual Report, the website and information obtained from interviews with the Agency Head Designee and PC, this standard appears to be compliant.

Standard 115.289: Data storage, publication, and destruction

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Annual Report

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.289 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 5.1.2-A, page 29 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The interview with the PREA Coordinator indicated that all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all our PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. These recommended improvements are submitted to the appropriate divisional authority (Secure Services, Reentry and Youth Services) annually for review and approval.

115.289 (b): The PAQ states that the agency will 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 through other means. A review of the website:

<https://www.geogroup.com/prea> confirmed that the current annual report, which includes aggregated data for all GEO facilities, is available to the public online.

115.289 (c): 5.1.2-A, page 29 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.289 (d): 5.1.2-A, page 29 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, 5.1.2.-A, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.401 (a): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year.

115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from residents.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.403 (f): The facility was previously audited on June 18-20, 2018. The final audit report is publicly available via the agency website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Kendra Prisk

November 2, 2021

Auditor Signature

Date

