

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

Interim Final

Date of Report July 27, 2021

Auditor Information

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Company Name: Dalton Consulting, LLC	
Mailing Address: P.O. Box 11481	City, State, Zip: Whittier, CA 90603
Telephone: 562.652.0179	Date of Facility Visit: June 14-15, 2021

Agency Information

Name of Agency: The GEO Group, Inc		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL, 33431	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.geogroup.com/PREA (Social Responsibility Section)			

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: 561.999.5827
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator: 102 (46 prisons/jails; 35 re-entry; 7 youth; 14 ICE)

Facility Information

Name of Facility: El Monte Center

Physical Address: 11750 Ramona Blvd.

City, State, Zip: El Monte, CA 91732

Mailing Address (if different from above):
Same as above

City, State, Zip: Same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

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

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

ACA

NCCHC

CALEA

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

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
The facility has received monitoring audits conducted by the Federal Bureau of Prisons who are the referring agency.

Facility Director

Name: Alexandra Bonilla

Email: abonilla@geogroup.com

Telephone: 626.454.4593

Facility PREA Compliance Manager

Name: Same as above

Email: [Click or tap here to enter text.](#)

Telephone: [Click or tap here to enter text.](#)

Facility Health Service Administrator N/A

Name:

Email: [Click or tap here to enter text.](#)

Telephone: [Click or tap here to enter text.](#)

Facility Characteristics	
Designated Facility Capacity:	70
Current Population of Facility:	38
Average daily population for the past 12 months:	44
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:	Adults (21-78)
Average length of stay or time under supervision	6 months
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	152
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	152
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	140
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
<p>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):</p>	<input checked="" 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 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: United States Probation <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	17
Number of staff hired by the facility during the past 12 months who may have contact with residents:	1

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
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>	2
<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>	15
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	15
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" 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: Click or tap here to enter text.)

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 checked="" 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 checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <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?	1
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 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: (Federal Bureau of Prisons)) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative

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

The El Monte Center (EMC) is a community confinement center located in the County of Los Angeles, amidst the San Gabriel Valley. El Monte's city slogan is "Welcome to Friendly El Monte" and is historically known as "The End of the Santa Fe Trail". The center is operated by The GEO Group and houses residents from the Federal Bureau of Prisons (BOP) as well as from the United States Probation Office (USP). Situated on Ramona Boulevard, a main thoroughfare through the city, the center is surrounded by townhouses to the north, fast food, small businesses, and gas stations to the east and west, and single-family homes to the south, behind the center. Traveling from the 605 freeway, the facility is 1.2 miles to the west. The El Monte Center's rated capacity is 70, with an average daily population over the past 12 months of 44. The facility director indicated the numbers had been low since the onset of the pandemic. Upon my arrival at the facility there were 38 residents at the facility: 14 females and 24 males. Additionally, the facility is responsible for monitoring direct home confinement placements. These individuals are brought to the facility, processed, provided PREA information and released to their home confinement setting. There were 36 individuals on direct home confinement. The El Monte Center houses both male and female residents between the ages of 21-78. The center does not house youthful residents.

Karen Dalton, a U. S. Department of Justice (USDOJ) Certified PREA Auditor for Adult Jails and Prisons, a Doctor of Public Health, and a Certified Jail Manager conducted the Prison Rape Elimination Act (PREA) audit of the El Monte Facility.

The GEO Group requested a bid from Dr. Dalton to audit the EMC. A bid was submitted on March 24, 2021 and was accepted and signed by the GEO Group on April 8, 2021. The auditor received a flash drive on April 16, 2021 that included the facility Pre-Audit Questionnaire (PAQ), facility floor plan with camera locations, corporate and local policies, and mission statements. The on-site portion of the audit was scheduled for June 14-15, 2021. With COVID 19 safety protocols in effect, the auditor, and all staff and residents at the facility wore a face covering at all times. The EMC underwent a previous PREA Audit with the final report being issued March 20, 2018. Access to any and all information was provided to the auditor throughout the entire audit process.

PRE-ONSITE AUDIT PHASE

On May 7, 2021 the auditor reached out via email to the Facility Director, who is also the PREA Compliance Manager (PCM) to introduce herself and request a time for a telephone call. The PCM responded immediately and provided her contact information. A telephone call occurred on May 11, 2021. During the phone call the auditor and PCM discussed audit philosophy, expectations, and dates of the onsite portion of the audit. The PCM was enthusiastic, acknowledging if any information was needed it would be provided immediately. During the call we discussed the low count at the facility due to the COVID pandemic and the PCM indicated all safety protocols were in place. I would be screened when I arrived at the facility each day. Anyone on site was mandated to wear a mask and offered one if needed.

On June 3, 2021 a documentation request was sent to the Director. Although much of the documentation had been received on the flash drive, had anything changed or been updated this would be an opportunity to provide that information. The Director indicated there had been no updates. On June 11, 2021 an email was sent from the auditor solidifying the schedule for the upcoming onsite visit.

The PAQ and other documentation received on April 16, 2021 was reviewed by the auditor. The documentation was complete and the supporting documents very helpful as the auditor began to triangulate the information and prepare for the onsite visit. The PAQ indicated the facility was ACA (American Correctional Association) certified and had received monitoring audits conducted by the Federal Bureau of Prisons. The facility received a score of 100 on the ACA audit and the BOP monitoring report dated December 7, 2020 indicated there were no deficiencies found. There was no issue log submitted as the information and documentation received from the facility was complete.

The confirmation of the PREA Audit Notices was sent March 24, 2021. The postings were in both English and Spanish and were posted throughout the facility. While onsite, the auditor confirmed the audit notice postings. Confirmation of audit notices in the EMC front office, lobby, hallways throughout the facility, reading rooms, and education center was made by the auditor while on site. Outgoing mail from the EMC is not screened. Residents are provided envelopes and stamps and an outgoing mail drop is displayed at the entrance to the facility. Residents are able to place their outgoing mail in sealed envelopes in the outgoing mail drop which is picked up by the U.S. Postal Service on a daily basis. The auditor did not receive any correspondence from the EMC.

Included in the request for documentation the auditor would need upon arrival at the facility were complete listings, as well as what files the auditor would need access to. Some of the documentation requested included forms or logs that were mentioned in the PAQ as well as information contained within the EMC policies. The documentation request included:

- Complete staff and resident rosters
- Residents with disabilities
- Residents who are LEP (Limited English Proficient)
- Residents who identify as LGBTI
- Residents in isolation or segregated housing
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Staff organization chart
- Volunteer and contractor roster
- Grievances and or allegations made in the past 12 months
- Any investigative reports for sexual abuse or sexual harassment reported at the facility
- Residents the facility has determined to be at heightened risk of sexual victimization
- Residents the facility has determined to be at heightened risk of sexual abusiveness
- Coordinated response
- Staffing Plan
- Training curriculum for staff
- Resident PREA education
- Cross gender strip search documentation
- Unannounced rounds log
- Documentation of any use of interpreter services
- Statement of search preference form
- PREA After Action Review Form
- PREA Vulnerability Reassessment Questionnaire
- Resident Referral Verification
- At Risk Log

- Risk Assessment Tool

There were zero allegations of sexual abuse or sexual harassment made in the past 12 months at the EMC, therefore there were no cases in progress, no determinations, and no referrals made for investigations.

On May 19, 2021 the auditor reached out to Just Detention International (JDI) to inquire if they had received any correspondence from the El Monte Center. On May 21, 2021 JDI responded confirming they had not received any correspondence. An internet search was conducted on the EMC regarding any litigation, DOJ involvement, federal consent decrees, Bureau of Justice Statistics (BJS) data and news articles. No information of concern was revealed. The YWCA of Greater Los Angeles and Peace Over Violence (POV) are listed on the PREA Posters and in the resident manual as providing victim advocacy services to the residents of the EMC, as is the number for RAINN, the National Sexual Assault Hotline. Documentation was provided to the auditor requesting contracts with the YWCA and POV for victim advocacy services. Additionally, a request was made to UCLA Rape Treatment Center to engage in an MOU. The Facility Director provided a sample email for consideration of an MOU in these requests. Although an MOU has not been established for victim advocacy services, the auditor utilized a resident telephone to reach out the RAINN and was directed to the UCLA Rape Treatment Center.

The El Monte Center utilizes the El Monte Police Department for any criminal issues pertaining to the facility, including the investigation of any criminal allegations of sexual abuse and sexual harassment. There is no formal contract in place, however it was confirmed by the El Monte Police Department they would respond to any criminal activity occurring in their city. In an effort to strengthen the partnership between the El Monte Center and the El Monte Police Department, the facility Director and the facility's Social Services Coordinator enrolled in the El Monte Police Department's Citizen Academy. This 7-week program provided inside on the "how's" and "whys" of the department operations and services.

ON SITE AUDIT PHASE

On Monday, June 14, 2021 the auditor arrived at the El Monte Center at 0900 hours. The auditor spent two full days on site conducting an in-brief, site review, interviews, documentation review, and an out-brief. Day one the auditor hours were 0900-1845, and 0830-1730 hours on day two. From the Ramona Boulevard entrance, the facility appears to be a business. The front door is secure and locked, and entrance granted via push button alert system and confirmation of the individual. Upon entering the facility is a small lobby with a bulletin board of information, including the PREA Audit notice and PREA Posters. A camera is positioned to have full site of the lobby area. The auditor was screened for COVID 19 by completing a questionnaire and having her temperature taken. The auditor was greeted by lobby personnel and then by the facility Director/PCM. The communication throughout the audit process was impeccable, with the Director making herself available throughout the audit. From there the auditor was taken to the Learning Center Classroom where she was provided a secure working environment. The room included tables and chairs with barriers and some staff, and some resident interviews were conducted in this room.

The auditor, Facility Director/PCM and Social Services Coordinator met for the in brief. The auditor provided her auditing philosophy and methodology as being both inclusive and a partnership with the desire to showcase efforts of sexual safety within the facility. The auditor was provided all documentation that had been requested. A plan for interviewing the residents as well as staff members was outlined. The facility employs 19 individuals. Three were off due to injury, two were off on Mondays and Tuesdays, and one position was vacant. It was explained to the auditor that all employees were trained as first responders and anyone in the facility received training and could work as a Monitor 1. Overtime was utilized to fill shift shortages, ensuring there were no deviations from the approved staffing plan. Additionally, several residents were off site due to employment or pre-approved doctor appointments. The auditor worked hours that would ensure she had access to residents who were off site for any reason.

Currently the facility operates at a 7:1 resident to monitor ratio. Added security is provided by the Monitor II positions as well as the case managers. The case managers conduct the resident intake and screening, with housing decisions made by the facility director. The monitors conduct the resident classification process. The auditor was able to observe a resident throughout the classification, intake, and screening process. Resident records and files are located in two areas. Upon intake and classification files are put together by the Office Support Specialist. Once critical paperwork such as intake, classification and screening are completed a resident file is compiled and the assigned case manager maintains the files in a locked filing cabinet in a locked office. Furthermore, Human Resource (HR) employee files are maintained in the Office Support Specialist's office, and copies of the staff and resident PREA Acknowledgement Forms are maintained in the director's office.

Residents can have personal cell phones during their stay at the El Monte Center. The resident education process is currently being done via telephone due to COVID 19 restrictions. Residents will call in to the staff member's office conducting the education and the PREA Resident Education Manual is thoroughly reviewed with the resident. The staff member asks throughout the review if the resident has any questions or needs clarification. The staff member then requests permission to sign the acknowledgement form on the resident's behalf.

Cross-gender announcements were always made. When entering resident rooms, restrooms or shower areas staff would knock, announce, pause, open the door, announce again, and enter. All gender announcements were made in a respectful manner. Although residents may have cell phones, the facility had several pay phone style phones available for residents to use. Prior to the auditor checking the telephones, the PCM indicated the phone contract had just been renewed with four telephones being reduced from operation. The PCM had requested the telephone company remove the inoperable phones, however the phone company had yet to respond. Two phones were operable, and the auditor used one of the phones to call the phone number listed on the poster, which connected to RAINN. The auditor was then connected to the UCLA Rape Treatment Center. During the facility tour the auditor talked with several residents. After a self-introduction and purpose of the visit residents were asked if they had any questions. One resident asked to speak with me however his questions were related to his work status and the resident food storage process. He was referred to facility management. Although no safety concerns were mentioned the auditor did look at the food storage area the resident was referencing. The El Monte Center utilizes the Language Line Services yet has not utilized the service in the past 12-months. When discussing the service, the PCM mentioned staff were going to be reminded of the service at an upcoming staff meeting as she recognized the need for continual reminders of various services available to the residents that may not be utilized often.

PREA Posters and audit notices were displayed throughout the facility. When interviewed supervisors acknowledged they are responsible for ensuring the posters and the information remain intact and undamaged. Postings could be seen in the lobby, hallways, laundry and dining areas, and the learning center. Furthermore, the learning center had a large white board that had PREA information written on it, as well as displays for both English and Spanish PREA pamphlets. Posters contained information in both English and Spanish as well.

The facility operates 24 hours a day, seven days a week. Three shifts are managed: 0000-0800, 0800-1600, and 1530-0000. The onsite staff includes the Facility Director who is also the PREA Compliance Manager, one Security Manager, one Social Services Coordinator, one Office Support Specialist (HR), and one Maintenance Technician. There are seven Monitor I, three Monitor II, three Case Managers and one Job Developer. The Agency PREA Head and PREA Coordinator work out of the GEO Corporate Offices in Boca Raton, Florida.

All staff members who were on site during the two days of the on-site phase were interviewed. The facility employs 19 staff. Three were off with injuries, two had RDOs of Monday and Tuesday, and one vacancy.

Twelve of the 13 staff available were interviewed. One Monitor II was conducting home checks for those individuals on home confinement and was not available at the facility during the onsite phase. Seven staff were interviewed with the random staff and first responder protocols. The Agency Head, PREA Coordinator and Rape Crisis Center staff (3) were interviewed remotely. The Facility Director was interviewed utilizing the PCM, Intermediate or Higher-Level Facility Staff, Investigative Staff, Staff Member Charged with Monitoring Retaliation, and Incident Review Team protocols. The Social Services Coordinator was interviewed using the Staff who Perform Screening for Risk of Victimization and Abusiveness, Intermediate or Higher-Level Staff, and Incident Review Team protocols. Case Managers were interviewed utilizing the Staff Who Perform Risk of Victimization and Abusiveness. The Monitor 1 the auditor observed conducting Intake was interviewed using the intake protocols. A total of 15 individuals were interviewed to cover both the random and specialized staff interviews.

The El Monte Center does not utilize volunteers. Two contracts, one for telephones and one for the vending machine are negotiated at the corporate level. The telephone contractor does not come on site and the vending machine contractor services the machines under direct supervision of the staff on site when the vending machines are being serviced.

A total of 12 residents were interviewed. Five were targeted and seven were random. Six male and six female residents were interviewed. One resident from each resident room was selected. One random female resident refused the interview but did acknowledge she understood what PREA was as she had learned about it in the state prison system and received information when she arrived at the EMC. Of the 38 residents at the facility, the interviews consisted of various age ranges, and varying lengths of stay. The facility only accepts minimum security residents. Of the five targeted residents interviewed, one suffered a brain injury as a young adult and had some mental challenges, three scored high risk for victimization during the intake and risk assessment process. One resident was a transgender woman. There were no barriers in identifying targeted individuals. The facility Director/PCM had a list prepared of all targeted individuals at the facility upon the auditor's arrival.

Ten random resident files were reviewed. The files were well organized and included a PREA acknowledgement of required training, PREA risk assessment, PREA vulnerability reassessment, and an acknowledgement. It should be noted that the completed risk assessments are maintained in the Facility Director/PCMs office as a means to control the dissemination of information and ensure the information is used on a need-to-know basis only. The Facility Director/PCM makes all of the housing decisions for the facility ensuring those who are at risk for victimization and those who are at risk for abusiveness are not housed together. Additionally, the files contained medical and mental health information, complete COMPAS (Correctional Offender Management Profiling for Alternative Sanctions) assessments, and case plans. Any disciplinary information and grievance information are included as well.

A total of seven employee files were reviewed, with one file being a new hire. The promotional process was described by the Office Support Specialist who manages all human resource tasks for the El Monte Center. Employee files included their employment application, full background investigation, training records, performance evaluations, and any disciplinary information.

The facility has not had an allegation of sexual abuse or sexual harassment during the Facility Director/PCMs tenure. Although the facility reported zero grievances, during a resident interview it was mentioned a grievance had been submitted having to do with a resident not being supported by a staff member. Upon bringing it to the attention of the facility director/PCM the grievance was located and addressed immediately. With no allegations of sexual abuse or sexual harassment, there were no investigative files to review, however the director/PCM was able to articulate the investigative process.

After the facility tour, review of documentation and interviews an out-briefing was conducted. The facility director/PCM, social services coordinator and a GEO executive representative (via telephone) were present.

The auditor outlined several areas where operational excellence was noted. The facility was commended on their in depth and thorough resident PREA education program as well as the ownership and pride the facility management take in the facility.

The auditor utilized the National PREA Standards for community confinement, the Auditor Compliance Tool for Community Confinement Facilities, available evidence provided by The GEO Group, The El Monte Center, and information obtained during the onsite phase of the audit to draw conclusions for each standard, indicating either exceeds, meets, or does not meet the requirements of the standard.

At the time of the out briefing no areas of identified corrective action were made. The final report was submitted to the GEO Group on 07/27/2021.

POST ON-SITE PHASE

The Auditor and PCM reconnected via telephone on July 9, 2021 to discuss standard 115.242. Specifically, the justification of utilizing a case-by-case analysis when housing transgender and intersex inmates and whether their contract with Bureau of Prisons was the determinant in housing decisions. The GEO Group Corporate policy 5.1.2-A, El Monte Policy 2019-1, and Federal Bureau of Prisons policy 5324.12 contain language consistent with the federal PREA standards. The discussion in standard 115.242 below considers all available evidence to show how the information received from BOP coupled with the information collected at intake/classification and during the risk assessment and the resident's input are utilized in ensuring sexual safety in the El Monte Center.

Facility Characteristics

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

The El Monte Center is a private, for profit community corrections center operating under the GEO Group. The GEO Group's vision is to be the world's leading provider of evidence-based rehabilitation across a diversified spectrum of correctional and community reentry services. Their mission 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 their care. The mission statement of the El Monte Center is as follows – "It is the mission of the GEO Group El Monte Center to provide transitional services in a supervised environment to offenders as they move from prison to the community. Our goal is to assist each offender in obtaining employment or schooling, to help them establish and re-establish family relationships and to reenter their individual communities with a positive purpose and a desire to reinvest in their community. Our services are provided for offenders in the custody of the Federal Bureau of Prisons, United States Attorney General, or under the supervision of the United States Probation Office (USPO)".

Located at 11750 Ramona Boulevard in El Monte, California, the facility has been under the operation of the GEO Group since 2010. It is estimated the building's original structure was built in the 1970's and was utilized as a convalescent home. The EMC facility consists of two buildings and is a T-shaped one-story

structure, with two main corridors. One corridor crosses the administrative offices, control center, laundry, kitchen and dining, lobby, reading and recreation rooms and resident rooms. An exit door is at one end of the corridor which remains locked 24 hours a day and is alarmed. At the other end is a door that remains open and leads to the adjacent building comprised of the learning center classroom, offices, and the maintenance room. Male and female resident and staff restrooms, and resident showers sit along this corridor as well. The second corridor splits down the center of the first corridor and vending machines, storage, an office and resident rooms sit along this corridor with an alarmed and locked exit door at its terminal end.

There are 13 resident rooms, with two jack and jill rooms. All resident rooms include beds, storage lockers, and apart from one, a toilet and sink. All residents shower in designated shower areas. The facility provides three meals per day to residents in the dining area, and laundry services are free to residents. During the tour the auditor observed all areas of the facility. Doors were checked to ensure they were locked, and locks were checked to ensure they were either key entry, or in the case of the resident rooms, did not lock. The resident rooms are comprised of various capacities. Males, and one transgender woman were housed in rooms 13, 14, 15, 16, 17, 19, 20, 21, 26A/B, 28 and 29. Female residents were housed in rooms 30/31 and 32. Rooms consisted of anywhere from two beds to nine beds, with no single occupancy rooms, however two of the female rooms had one resident each during the onsite phase of the audit. One was a high risk medical and the other was in quarantine for COVID-19. The facility has 30 cameras deployed, all are fixed and can be zoomed if needed. Although no blind spots were recognized during the facility tour, there were several convex mirrors throughout the facility for added security. The PCM pointed out one mirror recently installed to add increased observation around the vending machines, as well as the addition of laundry machines as a means to mitigate a potential blind spot. There were no cameras in the resident rooms, restrooms, or shower areas. Common areas in the facility include a reading room, TV room, and learning center. These rooms had limited capacity due to COVID 19 and had clear plexiglass barriers in place. Work areas for staff included individual offices all equipped with cameras, and the learning center is used for staff meetings. There are no medical or mental health services provided on site. A contractual obligation between the Federal Bureau of Prisons and the El Monte Center requires one male and one female staff member to be on duty at all times. An outdoor area is accessible to residents at any time. This area includes several tables for eating and or gathering, some fitness equipment, and a small grass area. This area is equipped with cameras.

The residents of the EMC are fed three meals per day. The meals are prepared in a kitchen area and the residents must come to the kitchen for meals as no eating is allowed in their rooms. Residents can eat at tables in the kitchen area, or in an outdoor patio area.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.213 Supervision and Monitoring, 115.231 Employee Training, 115.233 Resident Education

Standards Met

Number of Standards Met: 38

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements
The GEO Group Corporate Organization Chart

The El Monte Center Organization Chart

Interviews

PREA Coordinator

Facility Director/PREA Compliance Manager

Findings

- (a) Both the GEO Corporate Policy 5.1.2-A and the El Monte Center Policy 2019-1 mandate zero tolerance of sexual abuse and sexual harassment. The corporate policy mandates that each facility have a zero-tolerance policy, and further denotes that if a facility is required to follow specific client PREA policy and the client policy is less restrictive than the National PREA Standards, the PREA Standards shall prevail, and a site-specific supplemental policy shall be developed. Both the corporate and local policy include a plan for implementation of a zero-tolerance environment that includes how the agency prioritizes prevention, detection, and response to any such allegations. Definitions of prohibited behavior regarding sexual abuse and sexual harassment are included in the policies, and the El Monte Policy 2019-1 specifies sexual conduct between employees, volunteers or contractors and residents, regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions.
- (b) The agency employs and has designated an upper-level, agency wide PREA Coordinator who indicated the corporate PREA team, which includes two PREA Coordinators for its Reentry and Youth Services Division work closely with the facility PREA Compliance Managers (PCM) to ensure sexual safety in its facilities. Forty reentry PCMs report to the PREA corporate team. The agency PREA Coordinator attributes annual internal audits as a means to identify any out of compliance issues, and to improve the overall quality of sexual safety in its facilities.

Conclusion

Based on GEO Corporate Policy 5.1.2-A, local policy 2019-1, a review of the corporate and facility organization charts and interviews with the PREA Coordinator and Facility Director/PCM, standard 115.211 is found to be in compliance.

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

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

115.212 (a)

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

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of residents.) Yes No NA

115.212 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements
Statement of Work (SOW) between the Federal Bureau of Prisons and Residential Reentry Center (2017)
U.S. DOJ Federal Bureau of Prisons Residential Reentry Office Monitor Report of the El Monte Residential Reentry Center (2020)

Interviews

Facility Director/PCM

Findings

The El Monte Center does not contract with other agencies for the confinement of its residents, therefore this standard is not applicable. However, GEO Corporate Policy 5.1.2-A indicates that it will adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards. Further, contractors providing services who have direct

contact with individuals in GEO Facility or Program shall be obligated to comply with applicable PREA standards and shall be monitored to ensure compliance with these PREA standards. The El Monte Center indicates in policy 2019-1 that the center shall ensure that all contracts (as well as contract renewals) with other entities include the entity's obligation to adopt and comply with the PREA standards. Contractors providing services who have direct contact with Individuals at the El Monte Center shall be obligated to comply with applicable PREA standards and this obligation shall be incorporated into their new contract or contract renewal. Contractors shall be monitored to ensure compliance with these PREA Standards.

The Facility Director/PCM, who is also the facility contract compliance manager indicated that the EMC has a good working relationship with the entities who place their clientele at the center (i.e., BOP, USPS). The EMC PREA compliance efforts are shared with and audited both internally and by the entities who contract with the EMC for residential reentry services.

Conclusion

The GEO Corporation is a private, for profit entity and does not contract with other entities for the confinement of their residents. Therefore, this standard is not applicable. It should be noted however, the monitoring report with the BOP who contracts with The GEO Group indicates PREA compliance within the El Monte Center for standard 115.212.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements
El Monte Center Staffing Plan
El Monte Center Staffing Schedule (02/28/21 – 03/13/21)
GEO Annual PREA Facility Assessment – Reentry 2020
GEO Annual PREA Facility Assessment – Reentry 2019
GEO Annual PREA Facility Assessment – Reentry 2018
Random documentation of facility unannounced rounds from three shifts
El Monte Center Floor Plan with camera placement
Observation of informal hourly head count

Interviews

Facility Director/PREA Compliance Manager
PREA Coordinator
Social Services Coordinator
Random Staff

Findings

- (a) GEO Corporate policy 5.1.2-A requires a staffing plan to be developed and documentation made when best efforts to comply with the staffing plan are unmet. El Monte Center policy 2019-1 assembles a staffing plan which provides adequate levels of staffing. This policy was created to identify and solve issues before they become concerns. Video monitoring is documented on the facility floor plan with one camera being added during the past 12 months. The camera system is observed continuously via main control. All cameras were operational during the onsite phase of the audit. Staffing and camera placement consider the resident population and facility layout. The staffing plan is developed by the Facility Director/PCM and approval is obtained from the BOP as well as the agency PREA Coordinator.
- (b) The facility has no deviations from the staffing plan in the past 12-months. Previous PREA Annual Facility Assessments showed deviations due to staffing vacancies. Currently there is only one vacant Monitor II position. The EMC is able to mitigate deviations from the staffing plan through overtime.
- (c) As indicated by the Facility Director/PCM and the Social Services Coordinator, the staffing plan is reviewed and documented annually. The review considers staffing patterns, camera placement and, if any allegations were made a complete review of staffing and supervision would be part of the investigation as well as the after-action review.

The facility runs three security shifts; Days (0800-1600), PMs (1530-0000), and the Overnight (0000-0800). Two security staff, one male and one female are on duty each shift. Facility management, case managers, maintenance and the job developer are primarily on day shift, however the Facility Director/PCM indicated these shifts can be modified to meet facility needs.

The El Monte Facility takes supervision and monitoring very seriously. Throughout a 24-hour period several layers of added security checks take place. Nine formal security checks (three each shift) and hourly informal head count checks are conducted by security staff. These checks are documented as are the upper-level unannounced rounds that occur throughout the facility, which are not required per the standard. The head counts are conducted in pairs, with staff members knocking on resident rooms, making announcements, and checking for residents. Those residents who are off site at work or for personal business are noted as are those in the kitchen, outdoors, in the reading or TV rooms. Staff cross reference the count to ensure there are no discrepancies.

Conclusion

Based on the policy review and extensive documentation review, observation of staff, and staff interviews the El Monte Center exceeds standard 115.213.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements
GEO Group Prison Rape Elimination Act 2019 In-Service Training Curriculum
GEO Group Prison Rape Elimination Act (PREA) In Service Training Acknowledgement
GEO Group Prison Rape Elimination Act (PREA) Basic Training Acknowledgement

Interviews

Facility Director/PCM
Random Staff
Random Residents
Targeted Resident – Transgender Woman

Findings

- (a) Both the GEO Corporate Policy 5.1.2-A and EMC Policy 2019-1 address resident observation and searches. Cross-gender strip and pat searches are prohibited except in Exigent Circumstances. There has been no cross-gender strip or pat searches conducted at the EMC in the past 12-months, however the facility maintains a log of any strip or any type of cross-gender search by staff. Documentation of female strip and cross-gender pat searches must include a written justification for the search. EMC Policy 2019-1 further prohibits strip searches and body cavity searches. The Facility Director/PCM will request authorization to remove the resident

from the program when there is a reasonable suspicion that the resident is in possession of contraband and or prohibited property and the resident is refusing to voluntarily surrender the item(s). All residents interviewed indicated they had not been strip searched, and the female residents all confirmed pat searches are conducted by female staff. The EMC requires staff members to report to the Facility Director/PCM immediately if they observe an opposite-gender resident in an unclothed state for any reason. All residents at EMC are required to change their clothes in the resident bathroom area. Additionally, staff is required to loudly announce their entrance into housing rooms of residents of the opposite gender. Both practices were observed consistently during the on-site phase.

- (b) Cross-gender pat down searches of female residents is prohibited by GEO corporate and EMC policy. Male staff indicated they would not pat search a female resident and further stated there is always a female staff member working and if a pat search of a female resident was necessitated, the female staff member would conduct the search. Because the EMC requires at least one male and one female staff member on every shift, availability of programming or services for female residents would not be prohibited.
- (c) All strip searches or cross-gender searches of any type, with a justification for searches of female residents are documented by the facility. In the past 12-months there has been no documentation of any strip or cross-gender searches of any type.
- (d) Both Corporate Policy 5.1.2-A and EMC Policy 2019-1 require residents to have the ability to shower, change clothing, and perform bodily functions without staff of the opposite gender viewing their breasts, buttocks, or genitalia (except in exigent circumstances). Interviews and observations with random staff indicate staff are professional when considering the privacy of its residents. All staff receive training in cross-gender announcements and proper announcements were observed continuously. Staff were respectful and knocked on resident rooms, paused, and opened the door while continuing to announce their presence. All residents acknowledged staff are mindful of their privacy and always announced themselves before entering. Most residents acknowledged staff of the same gender announced themselves as well.
- (e) GEO Corporate Policy 5.1.2-A delineates three distinct means to respectfully searching transgender and intersex residents. The policy gives Facility Directors the option to (a) have a search conducted only by medical staff; (b) search conducted by only a female staff; or (c) asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. EMC Policy 2019-1 states that individuals who are transgender or intersex shall be known to the facility upon delivery to the El Monte Center. This information is confirmed during the intake process. The policy further states that unless the referring agency written mandates dictate otherwise, searches of transgender and intersex individual shall be performed at the facility either by female staff only or asking the individual to identify the gender of the staff with whom they would feel most comfortable conducting the search. This information is documented on a *Statement of Search Preference* form. An interview with a transgender woman revealed she was asked her search preference upon arrival at the EMC. A review of her file shows the *Statement of Preference* form completed and signed by the staff member completing the form, the resident, and the Facility Director/PCM.
- (f) All EMC staff members, whether security, management, or support staff receive training on how to conduct cross-gender pat searches and searches of transgender and intersex residents in a respectful manner. Objective 8 of the GEO Staff In-Service Training illustrates proper and respectful pat search protocol and emphasizes the benefit of effective communication with residents when conducting pat searches. Staff were able to demonstrate how to conduct a pat search, and for those who were asked to demonstrate a pat search, they verbally indicated respectful informing of the process. A review of training records showed all employees had completed and signed the PREA In-Service and Basic Training Acknowledgements. The basic

training is received prior to having any contact with residents, and the in-service training is an annual PREA refresher. Multiple years of the in-service were present in employee files.

Conclusion

Provisions (a)(b)(c)(d)(e) and (f) were demonstrated through policy, on-site observation and through interviews with both staff and random and targeted residents. Based upon the review of all the available evidence, the El Monte Center is found in compliance with standard 115.215.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements
GEO Group Prison Rape Elimination Act 2019 In-Service Training Curriculum
Language Line Solutions Document
El Monte Center PREA Education Manual for Residents – Spanish and English
El Monte Center PREA Education Manual for Residents – Large Print – Spanish and English
El Monte PREA Posters
El Monte PREA Pamphlet – Spanish and English
El Monte Center PREA Education Video
Statement of Fact

Interviews

GEO Agency Head
Facility Director/PREA Compliance Manager
Targeted Resident – Cognitive Disability

Findings

- (a) The GEO Corporate Policy 5.1.2-A and El Monte Center Policy 2019-1 mirror their requirements for ensuring residents 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 efforts to prevent, detect, and respond to sexual safety in its facilities. As indicated by the Agency Head and the Facility Director/PCM, all GEO facilities have developed PREA education materials in various formats. On-site, the El Monte Center has PREA posters, pamphlets and a PREA Education video produced in both English and Spanish. Although there were no residents who were LEP, blind or low vision, deaf or hard of hearing, or with limited reading skills, the Facility Director/PCM was able to articulate and show evidence of ensuring sexual safety materials are available for any resident with a disability. In addition to materials being printed in both English and Spanish, large print versions were available as well. Any language other than Spanish or English could be accommodated through the language line services. The PREA Education Video is equipped with closed caption capabilities.

A TTY machine was available for those with hearing disabilities. It was learned during a resident interview that the resident was involved in an automobile accident as a young adult and had experienced head trauma leaving him with mild cognitive impairment. Although he did not acknowledge this at the time of intake, and his impairment did not interfere with employment, he was asked if the information provided to him at intake and classification was understood. He was able to articulate how to report, acknowledged receiving the education and watching the video and felt if he ever needed a referral for services the facility would assist in his request. The Facility Director/PCM acknowledged through a *Statement of Fact* there had been no use of residents for interpreters, readers, or assistants during the past 12 months.

- (b) Staff interpreters are used for residents speaking Spanish as their first language. However, in the event a staff member was not available to speak Spanish, the Language Line Solutions Document with explicit instructions on how to use the services is available to all staff members.

- (c) Staff acknowledged during interviews they would not rely on resident interpreters at any time. They further understood the EMC policy 2019-1 prohibits the use of resident interpreters and their training in first responder duties relied on effective communication with the residents being important should there be an allegation of sexual abuse or sexual harassment.

Conclusion

The documentation provided coupled with interviews and policy show compliance with provisions (a)(b) and (c) of standard 115.216 and therefore the El Monte Center is found in compliance.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements
The GEO Group Employment Application
The GEO Group PREA Disclosure and Authorization Form Annual Performance Evaluation Form
The GEO Group Background Release Form – Disclosure and Consent
The GEO Reentry Services HR Transaction Checklist
The GEO Group Annual Performance Evaluation for Exempt Employees
The GEO Group Annual Performance Evaluation for Non-Exempt Employees
The GEO Reentry Services HR Transaction Checklist
Email Transaction of Customer Background Check
Employee Files
Recently Hired Employee File
Statement of Fact

Interviews

Office Support Specialist – Human Resource Manager
Facility Director/PREA Compliance Manager

Findings

- (a) A review of GEO Corporate Policy 5.1.2-A and El Monte Policy 2019-1, hiring individuals or soliciting the work of contractors and or volunteers who have engaged in, been convicted of engaging in, or has been civilly or administratively adjudicated to have engaged in sexual abuse or sexual activity in the community or in any type of confinement facility. Although the El Monte Center does not utilize volunteers or contractors, their policy addresses the prohibition of utilizing them under any circumstance that applies to general hiring practices of employees. The CBES – CareerBuilder Employment Screening is utilized for employee background checks. Additionally, the FBOP also conducts a criminal background check for potential employees.

The El Monte Center Office Support Specialist maintains *The GEO Reentry Services HR Transaction Checklist* for each applicant. This checklist is used for new hires, re-hires, transfer, and promotions. The checklist includes sections for “New Hire/Rehire”, “Transfer to Part-Time/Full Time within Facility (Employee Status Change)”, and “Promotions within Facility”. Each section includes acknowledging a criminal background check has been completed.

- (b) All incidents of sexual harassment are considered when hiring, promoting, or enlisting the services of a contractor or volunteer. When considering hiring or promoting individuals both the Corporate Policy and El Monte Policy take into account any allegations of sexual harassment. Both policies also require an affirmative duty to disclose any such incidents.
- (c) A review of seven personnel files and interview with the Office Support Specialist showed all files included a criminal background records check and inquiries with previous employers. *The GEO Group Background Release Form – Disclosure and Consent* was included in all files reviewed, and the Office Support Specialist indicated the form is required to be submitted as part of the application process.
- (d) The El Monte center does not utilize contractors or volunteers for their operation. Although the GEO Group Corporate Offices contracts with a telephone provider who provides pay phones in the facility, the contract is negotiated at the corporate level. Since the Facility Director/PCM has been in her position, no one from the telephone company has been on site. The Facility Director/PCM is attempting to have some telephones removed in light of a newly negotiated contract through GEO Corporate Offices. The background process will be engaged in with both the Corporate Offices, the El Monte Center, and the contracting agency to ensure a background check is completed prior to the contractor being onsite to remove the telephones.
- (e) An annual driver’s license check is completed as is a five-year criminal background check for every employee at the El Monte Center. Additionally, whenever a contract is renegotiated, such as the BOP contract was in 2019, a criminal background check is completed on every employee. An email confirmation that a background check had been completed on each El Monte Center employee was submitted as evidence of this practice.
- (f) At both the initial application process and for every annual performance evaluation, employees from the El Monte Center are asked the following on *The GEO Group Prison Rape Elimination Act (PREA) Disclosure and Authorization Form Annual Performance Evaluation*;
 - a. Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution?
 - b. 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 if the victim did not consent or was unable to consent or refuse?
 - c. Have you ever been civilly or administratively adjudicated 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?Completion of the form requires that any “yes” response requires an explanation.
- (g) *The GEO Group PREA Disclosure and Authorization Form Annual Performance Evaluation*, GEO Corporate Policy 5.1.2-A, El Monte Policy 2019-1, and initial employee application indicate any omission regarding misconduct, or the provision of material false information shall be grounds for termination. There have been no terminations at the El Monte Center for material omissions, failure to report, or provide false information.
- (h) As part of the initial application process, employees complete and sign a form indicating a criminal background check will be conducted. Further, the *Background Release Form Disclosure and Consent* provides information that allows for an employee’s information to be released upon request.

Conclusion

Provisions (a)(b)(c)(d)(e)(f) and (g) were documented through a review of employee files by cross referencing the HR checklist to the contents of the files, policy, and interviews with specialized staff. Based upon the review and analysis of all available evidence, the El Monte Center is found in compliance with standard 115.217.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements

El Monte Center Facility Design with Camera Locations
El Monte Center PREA Annual BOP Facility Assessments, 2018, 2019, 2020

Interviews
Agency Head
PREA Coordinator
Facility Director/PREA Compliance Manager

Findings
GEO Corporate Policy 5.1.2-A and El Monte Center Policy 2019-1 requires considerations of sexual safety be made when acquiring a new facility or making facility upgrades. The Agency Head indicated that GEO is the world leading in providing sound and effective security measures in the facilities it manages and operates. Additionally, acknowledging the security and safety of their residents and staff is at the forefront of every decision made by the company. The Facility Director/PCM indicated in the past three years four exterior cameras were added to the facility at the request of BOP. A review of the El Monte Center PREA Annual BOP Facility Assessments show a cost out for the four cameras. Inside the building one mirror was added for increased observation around the vending machines.

Conclusion
Standard 115.218 is found to be in compliance based on the evidence presented. This includes facility assessments, identification of need, costs, and installation of camera and mirror installments observed during the facility tour.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements

El Monte Center PREA Education Manual for Residents

El Monte Center PREA Poster

Use of El Monte Center Resident Telephone

Email documentation – MOU Agreement Regarding PREA; UCLA Rape Treatment Center, YWCA of Greater Los Angeles, Peace Over Violence

Peace Officer Standards and Training (POST) Guidelines on Adult/Adolescent Sexual Assault Investigation Publication

Documentation of completed specialized training for investigations in confinement settings

UCLA Rape Treatment Center website

Interviews

Facility Director/PREA Compliance Manager

Random Staff

UCLA Rape Treatment Center Staff

Findings

- (a) The GEO Corporate Policy 5.1.2-A presents a detailed and specific uniform evidence protocol for allegations of sexual abuse, as well as for the forensic medical examination. The El Monte Center utilizes the El Monte Police Department for their criminal investigations of sexual misconduct. The GEO Corporate Offices (Office of Professional Responsibility (OPR)), and the BOP are informed immediately if there is an allegation of sexual abuse or sexual harassment at the El Monte Center. There have been no allegations of sexual abuse nor the need for forensic exams by any resident at the El Monte Center in the past 12-months. Staff are aware of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse, however, staff were consistent in their knowledge that the El Monte Police Department would be called immediately and take over the investigation.
- (b) The El Monte Police Department officers are POST certified and trained appropriately via the POST Guidelines on Adult/Adolescent Sexual Assault Investigation protocol. Although the El Monte Police Department conducts the criminal investigations, the Facility Director/PCM has completed the specialized training for investigating sexual abuse in confinement settings. As required by provision (f) the El Monte Center will utilize the El Monte Police Department who will in turn utilized uniform evidence protocol to conduct the investigation.
- (c) The El Monte Center will offer all victims of sexual abuse access to forensic medical examinations. Forensic examinations are performed at the UCLA Rape Treatment Center. The Rape Treatment Center provides free and comprehensive treatment for sexual assault victims 24-hours per day. SAFE/SANE staff are on site at the Rape Treatment Center 24-hours per day as well.
- (d) The El Monte Center has made several attempts to secure MOUs for victim advocate services from various local rape crisis centers. Emails were sent to the UCLA Rape Treatment Center, the YWCA of Greater Los Angeles, and Peace Over Violence requesting an MOU. The UCLA Rape Treatment Center indicated they are not likely to enter into written agreements when the services they provide are free of charge, 24-hours a day for any sexual abuse victim. The treatment center further acknowledged they do not ask where or monitor where a phone call is received from and the individual seeking treatment in person is not mandated to provide identifying information.
- (e) If accompaniment through the forensic process was requested by the victim or a victim advocate the UCLA Rape Treatment Center would provide the service.

Conclusion

Provisions (a)(b)(c)(d)(e) and (f) were documented by both corporate and local policy, through staff interviews, internet searches and documentation of attempted collaboration. Based on the review of evidence, The El Monte Center is found in compliance with standard 115.221.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior
El Monte Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)
El Monte Center Annual PREA Tracking Log 2018, 2019, 2020
BOP Written Mandate on Referrals
The GEO Group Website

Interviews

Agency Head
Facility Director/PREA Compliance Manager/Investigator
Random Staff

Findings

- (a) GEO Corporate Policy requires its facilities to have in place a policy that ensures all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency. The El Monte Center refers criminal allegations of sexual abuse to the El Monte Police Department. Further, GEO Corporate Policy 5.1.2-E provides policy protocol for the referrals. In the past 12-months there have been zero allegations of sexual abuse or sexual harassment made by residents or staff. With zero allegations, there have also been zero referrals for administrative or criminal investigations. The Agency Head acknowledges the requirements of allegation referrals from its corporate offices, client contract requirements, and local law enforcement agencies.
- (b) The El Monte Center maintains an Annual PREA Incident Tracking Log. The logs submitted for 2018, 2019 and 2020 show no incidents at the EMC. The form is broken out by month and includes the type of allegation (inmate/inmate or staff/inmate) whether the alleged incident was willing sexual activity or staff voyeurism, names of persons involved, and their race and sex. Additionally, the form includes the PREA Incident Survey number, and the outcome and agency name the incident was referred to. This information is provided to the BOP and GEO Corporate Offices no later than the 5th day of each month for the previous month. The aggregate information is provided on the GEO Group's website.
- (c) The El Monte Center provided written documentation from the BOP Residential Reentry Center the expectation of the GEO Group and its facilities on ensuring referral of allegations for investigations are properly made. Staff indicated they would immediately make notification to the Facility Director/PCM in the event of an allegation.

Conclusion

Provisions (a)(b) and (c) are met through documentation of policy and staff interviews, therefore the El Monte Center is found in compliance with standard 115.222.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements

El Monte Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)

The GEO Group PREA DOJ 2019 In-Service Training Curriculum

The GEO Group Prison Rape Elimination Act (PREA) Basic Training Acknowledgement forms signed by staff

The GEO Group Prison Rape Elimination Act (PREA) In-Service Training Acknowledgement forms signed by staff

El Monte Center employee files

Interviews

Random Staff

Facility Director/PREA Compliance Manager

Findings

(a) The El Monte Center policy 2019-1 states employees shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention program prior to working with residents, which is also required by GEO Corporate Policy 5.1.2-A. Staff acknowledged receiving PREA training immediately upon being hired and were did not have contact with the residents prior to being trained. A review of the GEO Group PREA DOJ 2019 In-Service Training curriculum outlines the ten training requirements (1) Zero Tolerance Policy for Sexual Abuse and Sexual Harassment, (2) Fulfilling responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, (3) Resident's rights to be free from sexual abuse and sexual harassment, (4) The right of residents and employees right to be free from retaliation for reporting, (5) The dynamics of sexual abuse and sexual harassment in confinement, (6) Common reactions of sexual abuse and sexual harassment by victims, (7) How to detect and respond to signs of abuse, (8) avoiding inappropriate relationships, (9) Effective communication with LGBTI residents, and (10) Compliance with relevant laws related to mandatory reporting. Several training segments were above and beyond the minimum requirements of the standard. The following outline the means by which the El Monte Center exceeds in staff training:

- a. Although the definition for sexual harassment requires behavior to be repeated as noted in the El Monte Center Policy 2019-6 and in the National PREA Standards, the training curriculum emphasizes that the facility will investigate any form of sexual harassment even if it is a one-time occurrence.
- b. Objective 4 – Freedom From Retaliation provides employees with reasons why a resident might not want to report and barriers to reporting allegations of sexual abuse and sexual harassment
- c. Objective 6 – Detection and Response details not only general signs to look for if someone is being abused, but breaks down observations to be aware of physically, visually, environmentally as well as behaviorally.
- d. Objective 7 – Disciplinary Sanctions and Corrective Action – provides an overview and includes a slide entitled "Are You Compromised". This slide asks 12 "yes" or "no" questions and acknowledges that one "yes" answer indicate at risk behaviors that could lead to inappropriate relations and should be discussed with a supervisor immediately.

The questions asked are:

- i. Do you look forward to seeing a particular inmate when you come to work?
- ii. Have you done anything with an inmate you would not want your supervisor or your family to know about?
- iii. Would you be reluctant to have a coworker observe your behavior for a whole day?
- iv. Do you talk about personal matters with inmates?
- v. Have you said anything to an inmate that you would not want tape recorded?
- vi. Do you have thoughts or fantasies of touching a particular inmate?
- vii. Do you have the right to touch an inmate whenever and wherever you want?
- viii. Do you have a feeling of not being able to wait to share good/bad news with an inmate?
- ix. Do you think inmates are not allowed to say no to your, no matter what you ask?

- x. Have you ever allowed an inmate to talk about past sexual experiences or sexual fantasies, or tell sexual jokes in your presence?
 - e. Section 8 of the training includes a disclaimer slide that both acknowledges discussions regarding the LGBTI community can be uncomfortable, personal opinions of such must be set aside and recognize safety and professionalism as the cornerstone of the facility operations.
- (b) The GEO Group Prison Rape Elimination Act (PREA) DOJ 2019 In-Service Training curriculum, Objective 8 – Limits to Cross-Gender Viewing and Searches shows respectful pat searches of both male and female residents. Pat search considerations include distinctions on pat searching breasts and inner thighs.
 - (c) All employees of the El Monte Center receive the PREA In-Service training immediately upon being hired. A review of random employee files confirms training has been provided. A separate notebook with just the PREA Basic and PREA In-Service training records was reviewed and shows training for every employee, and employees acknowledged the training via signature. Furthermore, a refresher training is provided annually to every employee. The Facility Director/PCM or the Social Services Coordinator provide the training to the new hires.
 - (d) Both the GEO Group Prison Rape Elimination Act (PREA) In Service Training Acknowledgement and Prison Rape Elimination Act (PREA) Basic Training Acknowledgement are signed and dated by the employee and a witness, which is the individual providing the training. Employee files show acknowledgement of both initial and annual training confirmed by signature.

Conclusion

Using evidence from corporate and local policy, staff interviews, and a review of the training curriculum provide justification for meeting this standard. The training curriculum substantially exceeds the minimum requirements of this standard. The El Monte Center is found to exceed standard 115.231.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements
Statement of Fact

Interviews

Facility Director/PCM

Findings

Corporate policy 5.1.2-A requires all contractors and volunteers to be trained on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to their assignment, and that the training be based on the services and level of contact the contractors and volunteers will have with the residents. The El Monte Center has not utilized volunteers or contractors during this audit cycle. However, policy 2019-1 states that volunteers and contractors will receive training.

The Facility Director/PCM indicated representatives from the resident telephone contract have been requested to remove inoperable telephones from the facility. Also acknowledged was that the representatives will receive training on sexual safety and will be always supervised and escorted by staff.

Conclusion

Provisions (a)(b)(c) and (d) were documented by policy and a staff interview. There were no volunteers or contractors utilized during this audit cycle. Based on the information provided, the EMC is compliant with standard 115.232.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 El Monte Center Policy 2019-2 – Intake and Orientation
 Observation of Intake
 El Monte Center PREA Pamphlet – Sexual Assault Awareness Program – English and Spanish
 El Monte Center PREA Poster – English and Spanish
 El Monte Center PREA Resident Education Manual – English and Spanish
 El Monte Residential Reentry Center Acknowledgement of Receipt of PREA Educational Manual
 El Monte PREA Video – PREA – What You Need To Know

Interviews

Monitor 1 – Intake Staff
 Facility Director/PCM
 Random Residents
 Social Services Coordinator

Findings

- (a) During the intake process at the El Monte Center residents are provided a copy of the *El Monte Center PREA Resident Education Manual*. The manual is reviewed with each resident. The manual covers the center's zero-tolerance policy, how to report sexual abuse and sexual harassment, and their right to be free from retaliation for making a report. GEO Corporate Policy 5.1.2-A and El Monte Center Policy 2019-2 outline requirements for resident education indicating such education will take place within 24 hours of arrival. While onsite, the auditor was present during an intake, which took place less than 24 hours within arrival of the resident and was very comprehensive. Intake staff discussed their responsibility to provide a thorough overview of the zero-tolerance policy and PREA information and acknowledged posters, pamphlets, and a review when group classes were being held as means to ensuring

information is dispersed throughout the facility. All residents interviewed acknowledged and appeared to understand the center's zero-tolerance policy, how to report, and their right to be free from retaliation and not be punished for making a report. Zero residents reported needing to make a report. Furthermore, residents reported receiving the information within hours of arriving at the facility.

A cross reference review of resident files showed that residents had been provided the information during the intake process. Each resident file contained a resident signed copy of the *El Monte Residential Reentry Center Acknowledgement of Receipt of PREA Educational Manual*.

As part of the intake process, residents are required to watch a video entitled "PREA – What You Need To Know". All residents interviewed acknowledged watching the video. Each resident signed an acknowledgement they had viewed the video covering the zero-tolerance policy, right to report, and free medical and mental health care should they need it.

The El Monte Facility has residents who are "direct" intakes from the BOP facility to home confinement. The Monitor II positions are responsible for conducting random home confinement checks of these individuals. At the time of the onsite phase of the audit the center had 36 individuals who were being monitored on home confinement. Those on home confinement do not reside ever during their transition from BOP to home confinement at the El Monte Center. However, the center requires the individuals to report to the center, receive and sign for the PREA Educational Manual, and a link to the video is sent to the individual via a text message so they can watch the video. The Facility Director/PCM indicated the importance of this process as it ensured the individual knew their ability to access emotional support services, or make a report was not limited to being in a confinement setting. Additionally, if an individual on home confinement violates their status, they are taken into custody and remanded to a BOP facility and do not come through The El Monte Center as part of their process. The Facility Director/PCM maintains a copy of acknowledgement of receiving the PREA Educational Manual.

- (b) All residents arriving at the El Monte Center are arriving from a BOP facility. There are no direct intakes at the center. El Monte Policy 2019-2 specifically states that PREA refresher information is provided whenever an offender from another facility is received. All residents interviewed acknowledged learning about PREA initially at their BOP facility and were provided a review and specific information during intake at the center.
- (c) It is the policy of The GEO Group (5.1.2-A) and The El Monte Center (2019-2) to provide PREA Education and information to the residents of community reentry facilities needing assistance with hearing, sight, learning and language limitations in accessible formats. For non-English speaking residents all PREA related materials are printed in Spanish. If an individual speaking a language other than English or Spanish were to arrive, either the Language Line Solutions would be utilized, and the PCM/Facility Director would ensure the resident's language needs were met. During this audit cycle there have been no residents needing to utilize the Language Lines Services or speaking any other language than English or Spanish. A large font copy of the PREA information is maintained at the facility as is a TTY machine. The resident PREA Educational Manual is gone over with each resident one-on-one with the Social Services Coordinator or Case Manager and any learning difficulties are addressed during the one-on-one process.
- (d) Each resident at The El Monte Center is required to sign for the receipt of the PREA education manual and the viewing of the PREA video. Resident files as well as an aggregate file

maintained by the Facility Director/PCM confirm the documentation of participation in education sessions on sexual safety.

- (e) Upon entering The El Monte Center, a bulletin board is hung and contains PREA reporting information in English and Spanish, how to make a report, who to make the report to, that reporting is confidential, can be anonymous and can be done by a third party. This PREA information is displayed throughout the facility. In the learning center is a large white board which displays multiple PREA pamphlets in both English and Spanish. All residents interviewed acknowledged having a copy of their PREA education manual in their housing room.

Conclusion

The El Monte Center has a robust resident education program that through policy, printed materials, video, and interviews with both staff and residents ensures provisions (a)(b)(c)(d) and (e) have been met. The assurance that even those individuals who are direct assignments to home confinement be educated on sexual safety, and that all residents receive the information in a one-on-one setting provides evidence of an exceeds standard for standard 115.233.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Investigator Specialized Training Completion Certificate

The GEO Group Course GEO 286 PREA Specialized Investigative Training Performance Objectives

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) (b) (c) – GEO Corporate Policy 5.1.2-A requires any facility investigator receive specialized training on conducting investigations in a confinement setting. The El Monte Center Facility Director/PCM has received the specialized training and provided documentation of the training via a completion certificate. GEO Course Code GEO286 entitled PREA Specialized Investigation Training includes the following six performance objectives:
 - a. Identify how trauma can affect a victim's cooperation in an investigation
 - b. Describe the Forensic Medical Exam Process and the Role of Victim Advocates
 - c. Identify best practices and policy requirements on evidence collection in confinement settings.
 - d. Understand the use of, and the difference between Miranda and Garrity

- e. Learn techniques for interviewing and interrogating during investigations of sexual abuse in confinement settings
- f. Explain criteria required for administrative action and prosecutorial referral

The Facility Director/PCM understood the investigative process. With the contract with BOP, any allegations of sexual abuse would be a collaboration of efforts between The El Monte Facility, The GEO Office of Professional Responsibility, BOP, and The El Monte Police Department.

Conclusion

Based on The GEO Group Corporate Policy, confirmation of specialized training, and investigator interview, the El Monte Center is found compliant with provisions (a)(b) and (c) of Standard 115.234.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) (b) (c) (d) – The GEO Corporate Policy 5.1.2-A outlines specialized training for medical and mental health practitioners. Each facility is required to train full and part-time medical and mental health staff who work regularly in its facilities on 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 suspicions of sexual abuse and sexual harassment.

The El Monte Center does not utilize medical or mental health staff at its facility at any time. If medical or mental health services are needed, they are provided off site.

Conclusion

The GEO Group Corporation has policy requirements that pertain to facilities utilizing medical and mental health care practitioners. The El Monte Center does not utilize medical or mental health providers, therefore this standard does not apply to the El Monte Center.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 El Monte Center Policy 2019-3 – Oversight
 The GEO Group Reentry Facilities PREA Risk Assessment
 The GEO Group PREA Vulnerability Reassessment Questionnaire
 Resident Files
 Aggregate annual notebook of PREA Risk Screenings
 Observation of The GEO Group Reentry Facilities PREA Risk Assessment being conducted

Interviews

Facility Director/PREA Compliance Manager
Staff Responsible for Risk Screening
Random Sample of Residents
Case Manager

Findings

- (a) Both The GEO Group and The El Monte Center have policies that address screening for Risk of Victimization and Abusiveness. The policies, 5.1.2-A and 2019.3 respectively require the assessment be conducted at intake and upon transfer to another facility. The El Monte Center does not transfer residents to other facilities; however, they do conduct the risk assessment during intake which was confirmed by both staff responsible for risk screening and resident interviews.
- (b) Both corporate policy (5.1.2-A) and The El Monte Center policy (2019-3) requires the resident be assessed and screened within 24-hours of arrival at the facility, exceeding the requirement of the 72-hours from the PREA national standards. During staff and resident interviews, it was confirmed the risk assessment occurs immediately upon arrival at the facility. The El Monte Center received 152 residents during the past 12-months. The Facility Director/PCM maintains notebooks based on calendar year that confirms all residents entering the facility are assessed within 24 hours of arrival. The risk assessment is administered to individuals placed on direct home confinement as well. Home confinement individuals are given an appointment at the center whereby the risk assessment is conducted. Residents recalled being asked specific questions such as whether they had previously been sexually abused or sexually abusive, how they identify, and their perception of safety.
- (c) (d) and (e) The GEO Group has developed a comprehensive objective screening instrument. Staff conducting the risk assessments are required to conduct a thorough review of any available records (i.e., medical files or pre-sentence investigative reports) to assist with the risk assessment. The El Monte Center reviews all documentation received from the BOP as well. The Facility Director/PCM will review all documentation received from BOP which generally includes medical files, any grievances or investigative reports generated during the resident's time at a BOP facility, looking for information that will assist in better understanding the needs each resident might have. The GEO risk assessment screening instrument considers all nine criteria required under provisions (d) and (e) and utilizes it in the following manner:
- a. Eleven elements for risk of victimization, with one point given for each affirmative response: 1. Have you ever been approached for sex/threatened with sexual assault while incarcerated?, 2. Have you ever been the victim of sexual assault?, 3. Do you have any reason to fear placement in general population?, 4. Younger (< or = to 21 years of age) or elderly (= or > than 65 years of age), 5. Small stature (men: <5'6" and <120 pounds) (women <5'0" and <118 pounds), 6. Does the resident have a developmental/mental/physical disability?, 8. First-time offender, 9. Criminal history of sex offenses with adult/child victims, 10. Criminal history is exclusively nonviolent, and 11. History of prior sexual victimization while incarcerated. A score of 3 or more on these items, or YES to questions 2, 9, or 11 will warrant the resident as at risk for victimization.
 - b. There are six elements for at risk of abusiveness, with one point given for each affirmative response. These include: 1. Convicted sex offender with adult or child victim, 2. History of domestic violence as a perpetrator, 3. Prior crimes of violence (excluding sex offenses), 4. Incident reports for violent offenses while incarcerated (excluding sexual misconduct), 5. Incident reports for sexual misconduct while incarcerated, and 6.

- History of prior sexual abuse perpetration while incarcerated. A score of 3 or more or YES to elements 1 or 6 warrants the resident as at risk for abusiveness.
- c. Collectively of the 17 elements, a YES response to items 2, 9, 11 for risk of victimization, and 1 and 6 for risk of abusiveness requires a referral to the Facility Director/PCM. If the total score between both victimization and abusiveness is 3 or greater, a referral to mental health is made. The screening tool asks if the resident requires a referral, if yes, the date of the referral, and an indication the referral must take place within 48-hours and the Shift Supervisor must be notified prior to housing. Intake staff indicated they would make the notification of any score 3 or above to the Facility Director/PCM and the Social Services Coordinator in the even the Facility Director/PCM was not available.
 - (f) Both GEO Corporate (5.1.2-A) and El Monte (2019-3) require a reassessment within 30 days, or upon additional relevant information received, through a referral, request, or allegation.
 - (g) If the resident provides information rendering the need for a reassessment. All reassessments were completed within 30-days. Furthermore, residents who remain at the facility 180-days or longer receive a reassessment within 180-days of their initial assessment, in an effort to ensure they are reassessment every six months. A review of resident files shows a completed risk screening as well as the initial 30-day reassessment and 180-day reassessment where applicable.
 - (h) Corporate and local policy prohibit a resident from being disciplined for refusing to answer any of the questions or providing incomplete responses during the risk screening process.
 - (i) The information obtained from residents entering The El Monte Center are maintained and visible on a need-to-know basis. Monitor I and Monitor II staff do not see the results of resident risk assessments. The assigned case manager maintains a copy of the risk assessment since they are generally staff who conduct the risk screenings. The Social Services Coordinator also maintains a caseload and will have access to the completed risk assessments. An additional copy of the completed risk assessments is maintained in the Facility Director/PCMs office. All copies of the risk assessments are maintained in locked offices, and in files held in locked cabinets.

Conclusion

Based on the evidence provided which included policy, review of documentation, interviews, and practice, The El Monte Center is found to in compliance with provisions (a)(b)(c)(d)(e)(f)(g)(h) and (i), and meeting compliance for standard 115.241.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-3 – Oversight
Statement of Fact – Residents requiring referrals
The GEO Group Reentry Facilities PREA Risk Assessment
El Monte Residential Reentry Center Resident Referral Verification
El Monte Residential Re-Entry Center “At-Risk” Log
El Monte Residential Reentry Center LGBTI Tracking Log
Federal Bureau of Prisons (BOP) Policy 5324.12 – Sexually Abusive Behavior Prevention and Intervention Program
Observation of resident Intake and Risk Assessment

Resident file of Transgender Resident

Interviews

PREA Coordinator

Facility Director/PREA Compliance Manager

Staff Responsible for Risk Screening

Case Managers

Transgender Resident

Findings

- (a) Parameters for utilizing information obtained from the PREA Risk Assessment for housing, bed, work, education, and program assignments are provided in GEO Corporate policy 5.1.2-A and The El Monte Center policy 2019-3. The PREA Coordinator, as well as the staff conducting risk assessments, case managers, and the Facility Director/PCM acknowledged using this information as a means of keeping individuals at high risk of victimization separate from those at high risk for abusiveness. The Facility Director/PCM maintains an “at-risk” log that contains information on those residents who are at risk for victimization, abusiveness, or both, although staff interviewed could not recall any residents scoring at risk for both victimization and abusiveness.
- (b) Policies reviewed (corporate, local) state individualized determinations are made with respect to the safety of each resident. Staff interviews supported the policies by acknowledging resident BOP files are reviewed, appropriate referrals are made if a resident is determined to be at risk of abusiveness or victimization. Additionally, case managers meet with residents at least every other week and ensuring the safety of each resident is forefront of their meetings.
- (c) Both the GEO Corporate Policy, El Monte Policy, and BOP Policy state that in making housing and programming assignments for transgender or intersex offenders, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. A transgender woman who had recently arrived at the El Monte Center indicated she was housed in a safe, but not preferred location at the facility. She was housed with other male residents. When asked, she indicated she had requested to be housed at a female facility during her time with BOP but had not made the request at The El Monte Center. She further indicated the decision at BOP would take some time and knew she would be transferred out before a decision could be made.

The GEO Corporate policy 5.1.2-A provides guidance on utilizing a Transgender Care Committee (TCC) to collectively consider the following in making housing or programming decisions:

- i. The individual’s documented criminal history and past/present behavior;
- ii. The individual’s physical, mental, medical and special needs;
- iii. The individual’s self-assessment of his/her safety needs (do they feel threatened or at risk of harm);
- iv. Privacy issues, including showers, available beds and or housing;
- v. All records and prior assessments of the effects of any housing placement on the individual’s health and safety that has been conducted by a medical or mental health professional; and,
- vi. Those individuals with a diagnosis of Gender Dysphoria through mental health shall afforded feminine hygiene products and a sports bra as determined by the committee

The El Monte Facility does not utilize a TCC. The Facility Director/PCM indicated the TCC is an institution requirement and the elements above are considered by the Facility Director/PCM and Case Manager when making decisions to ensure safety for the resident. Both the transgender resident and Facility Director/PCM indicated that during intake the resident did not express any safety concerns. A staff member stated during an interview that a transgender resident would likely be housed in the same manner as they were at the BOP facility. An effort to identify any information that shows case-by-case considerations are made at the El Monte Facility revealed the following: No transgender residents have been at the facility during the last audit cycle. Therefore, there were little data available to review. The Facility Director/PCM stated that in addition to the review of BOP records and the implementation of the PREA Risk Assessment, the resident was consulted additional times regarding whether she felt safe, or if anything had been missed during her intake that she would like to discuss. The resident indicated she was interested in obtaining items that would keep her appearance up and would help with her transition. This included cosmetics, and female clothing. Both were made accessible to the resident. Further, the results of the PREA risk assessment prompted a referral for mental health services, which the resident declined. Ultimately the institutional behavior of the resident which included violence against other inmates raised concerns about the appropriate housing of the resident. Coupled with the acknowledgement that she had no safety concerns, had not filed a grievance or request to be housed with other female residents, and was accommodated with her requests for female items, the Facility Director/PCM felt confident in the manner by which the resident was housed.

- (d) Policy 5.1.2-A from GEO Corporate and 2019-6 from The El Monte Center instruct that a transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration. The Facility Director/PCM indicated that in addition to bi-weekly meetings with the resident's case manager, the transgender resident was approached and asked about their perception of safety at the facility.
- (e) Both GEO Corporate policy 5.1.2-A and The El Monte Center policy 2019-6 require separate shower and changing areas for transgender and intersex residents. Residents at The El Monte Center are required to change clothes in a restroom/changing area so as not to be in a state of undress at any time a staff member enters their housing room. A shower and changing area was identified for the transgender residents and during the interview confirmed the separate shower and changing areas were provided and utilized by the transgender resident.
- (f) As indicated by the PREA Coordinator, no GEO facilities are under a consent decree or lawsuit that would allow for dedicated housing for LGBTI inmates. Further, The El Monte Center does not have any housing dedicated to a resident's LGBTI identification, nor are residents housed based solely on their identification as such.

Conclusion

Based on corporate, local, and BOP policies, a review of resident's files, interviews with staff and an interview with a transgender resident, The El Monte Center is found proficient in provisions (a)(b)(c)(d)(e) and (f) and therefore meets standard 115.242.

Recommendation

It appeared at least one staff member felt the housing of transgender and intersex residents is driven by the way the BOP housed the individual in their facility. It is recommended training be provided to all staff on the case-by-case analysis required to make appropriate and safe housing and program decisions that gives serious consideration to each transgender and intersex resident's own views despite how the BOP housed the individual at their facility. Additionally, any information obtained

through verbal or written conversation related to the safety of a transgender or intersex resident, and how the issues were managed should be clearly documented and records maintained.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-2 – PREA Intake and Orientation
El Monte Center PREA Pamphlet in English and Spanish
El Monte Center PREA Poster - Resident Reporting Options in English and Spanish
El Monte Center PREA Education Manual for Residents
The GEO Group website – Reporting Sexual Abuse (PREA)

Interviews

Random Staff
Random Residents
Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate policy 5.1.2-A and El Monte policy 2019-2 outline various requirements for resident reporting options. The policies cover reporting sexual abuse, sexual harassment, retaliation by other residents or staff for making a report, and reporting staff neglect or violation of responsibilities that may have contributed to the abuse
- (b) The El Monte Center provides multiple internal and external ways for residents to report sexual abuse, sexual harassment, retaliation, or staff neglect. The El Monte Center PREA Pamphlet outlines reporting indicating reporting to a trusted staff member, submitting a grievance, and talking to a trusted friend or family member. The El Monte Center PREA Poster provides the following reporting options, addresses and phone numbers:
- a. Inform a staff member immediately
 - b. Contact the PREA Compliance Manager (Facility Director Bonilla)
 - c. If you do not feel comfortable informing a staff member in person or in writing, you or a third party can report anonymously
 - d. External reporting – El Monte Police Department (Anonymous 24/7)
 - e. Bureau of Prison Office
 - f. U.S. Probation Supervisor

If a resident wishes to report via U.S. Mail, the facility will provide them with paper and a stamped envelope. The resident is not required to give a reason for requesting the paper and envelope. The envelope is sealed by the resident and placed in the outgoing U.S. Mailbox. Staff do not search or review outgoing mail.

- (c) GEO Corporate policy 5.1.2-A states that employees shall accept reports made verbally, in writing, anonymously and from third parties. During interviews with staff, they were able to provide information such as any report made by a resident would be immediately reported to the

Facility Director, or if it is after hours the shift supervisor. Supervisory staff indicated if a report was made to them, they would immediately reach out to the Facility Director. The director takes calls 24 hours per day, 7 days per week. Any report of sexual abuse or sexual harassment, regardless of how it is made is documented on an incident log. All interviewed residents were aware of various means to report.

- (d) The GEO Group website and policy 5.1.2-A outlines employee reporting options stating that reports can be made to the Chief of Security or facility management. Staff indicated they would feel comfortable reporting to the Facility Director. Staff were also aware of the corporate Employee Hotline, (866) 568-5425, which is an independent, professional service available to them 24 hours per day, 7 days per week, and a reporting portal www.reportineweb.com/geogroup. The website utilizes a drop-down menu to establish the country, state, and facility the report is being made about. A report for sexual abuse or sexual harassment (PREA) will be found under the "Abuse" tab. The corporate website also provides a direct phone number to the agency wide PREA Coordinator (561) 999-5827 for making reports. The El Monte Center PREA Pamphlet includes all the aforementioned information as well, in both English and Spanish.

Conclusion

Provisions (a)(b)(c) and (d) were documented by policy, posters, pamphlets, resident education manual, and during interviews with staff and residents. The GEO Group website provided confirmation of compliance as well. Based upon the review of all evidence provided, The El Monte Center is found in compliance with standard 115.251.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

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

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

El Monte Center Policy 2019-5 – Grievance Process

El Monte Center PREA Education Manual for Residents

El Monte Facility Grievances

Interviews

Facility Director/PREA Compliance Manager

Random Residents

Findings

- (a) GEO Corporate policy 5.1.2-A and El Monte Center policy 2019-5 clearly outlines the administrative procedures for handling all resident grievances, including those regarding sexual abuse. The El Monte Center written grievance procedure is approved by the Federal Bureau of Prisons, Residential Reentry Manager. Grievance information is also provided to the residents in the PREA Education Manual for Residents.
- (b) Neither GEO Corporate nor the El Monte Center impose a time limit on submitting a grievance regarding sexual abuse, however time limits are imposed for any grievance that does not allege an incident of sexual abuse.
- (c) El Monte policy 2019-5 and the PREA Education Manual for Residents indicates if the allegation involves the Facility Director, the grievance may be submitted directly to the referring agency, the GEO PREA Coordinator and or the GEO Residential Reentry Services Manager and mailing addresses are provided.
- (d) Corporate policy 5.1.2-A states an extension of up to 70 days can be made, and a final decision is required to be issued within 90-days (not including time consumed by individuals in preparing any administrative appeal). During the audit cycle there were no grievances filed at the El Monte Center. Two resident interviews included dialogue about the grievance process, both related to general grievances and not sexual abuse. The Facility Director/PCM maintains a notebook of all grievances filed at the facility. A review of the grievances indicated that all grievances are handled in accordance with the agency and facility grievance process.
- (e) The PREA Education Manual for Residents, corporate policy and local policy outline the ability of third parties, including fellow residents, staff members, family attorneys or advocates to assist with the filing of grievances. Any refusal to have a request processed on the resident's behalf would be documented in the resident file. There were no third-party reports made during the past 12-months.
- (f) Emergency grievance procedures are outlined in GEO Corporate policy 5.1.2-A, El Monte Center policy 2019-5, and the PREA Education Manual for residents. The Facility Director is the center's grievance coordinator and would make the determination on whether the issue raised is a life-threatening situation. Emergency grievances are required by both corporate and local policy to be given top priority with an initial response provided within 48 hours and a final decision made within 5 days. There were no emergency grievances filed within the past 12-months at the El Monte Center.
- (g) Corporate policy 5.1.2-A acknowledges individuals in a GEO Facility or Program may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. There was no documentation at the El Monte Facility of any disciplinary actions being taken as there were no bad faith, or grievances alleging sexual abuse at the center in the past 12-months.

Conclusion

The GEO Group and El Monte Center outlined provisions (a)(b)(c)(d)(e)(f) and (g) through policy and via the resident education manual. Staff and resident interviews showed knowledge of the grievance process. General grievances were reviewed and found to be consistent with policy. Based upon the review and analysis of all available evidence, the El Monte Center is found in compliance with standard 115.252.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

EI Monte Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)

EI Monte Center PREA Education Manual for Residents

EI Monte Center PREA Posters

Email Attempts for Entering into MOU for Confidential Emotional Support Services

Interviews

RAINN Telephone Call from The EI Monte Center

UCLA Rape Treatment Center

Facility Director/PCM

Random Residents

Case Managers

Findings

- (a) Both GEO Corporate (5.1.2-A) and EI Monte Center (2019-6) policy require information who allege sexual abuse while in a GEO facility to be given access to outside victim advocates. Both name, telephone numbers and addresses for the YWCA Greater Los Angeles (1020 S. Oliver Street, 7th Floor, Los Angeles CA 90015; (213) 365-2991) and Peace Over Violence (1015 Wilshire Blvd., Los Angeles CA 90017; (310) 392-8381) are provided on the EI Monte Center PREA posters and included in the PREA Education Manual for Residents. Residents can have personal cell phones while housed at the EI Monte Center. They may use their personal phones or resident phones available throughout the facility. Resident phones are free of charge to the residents. Residents acknowledged they were aware of victim advocate services and would likely utilize their personal cell phones if the service was needed. Residents also stated if they needed to use their personal phones in private, they could request that from their case manager and were confident the request would be granted. There have been no reports of sexual abuse in the past 12-months at the EI Monte Center. Staff stated that residents quite often need to make private phone calls, whether it be for employment, or medical appointments and are provided a room with a telephone, or they may use their personal phones.
- (b) The EI Monte Center PREA Education Manual for Residents indicates phone calls made on the resident telephones are not recorded or monitored. The manual also discusses mandatory reporting rules as well as ensuring safety and protection after making a report.
- (c) The EI Monte Center provided copies of email correspondence of attempts to enter into an MOU with the two rape crisis centers listed on their PREA posters and in the resident education manual; YWCA Greater Los Angeles and Peace Over Violence. Additionally, a request was sent to the UCLA Rape Treatment Center, which is the medical facility the EI Monte Center would have residents who allege sexual abuse transported to. Additionally, if residents call the RAINN telephone number for reporting, they are transferred to the UCLA Rape Treatment Center. In conversation with the UCLA Rape Treatment Center, the auditor was told an MOU was unlikely

because the confidential, emotional support services provided to the El Monte Center residents would mirror those provided to any member of the public who sought services. They indicated they would not maintain records or provide services in any different manner and considered anyone seeking services to be a member of the public.

Conclusion

Provisions (a)(b) and (c) are confirmed through policy, written materials, and interviews with staff, residents, and community-based service providers. Based on this evidence, The El Monte Center is found in compliance with standard 115.253.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)
El Monte Center PREA Education Manual for Residents
The GEO Group website

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate policy 5.1.2-A outlines the requirements for third-party reporting. The El Monte Center PREA Education Manual for Residents discusses how to make third-party reports and policy 2019-6 requires employees to accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. The GEO Group website, www.geogroup.com, under Social Responsibility contains information on reporting sexual abuse or sexual harassment on behalf of an individual who is or was housed in any GEO facility or program. Residents were asked if they knew others could make a report on their behalf, and they confirmed this knowledge with many stating they would utilize family or friends to make a third-party notification. Staff stated awareness of the GEO corporate and local policy for receiving third-party reports. They collectively indicated any and all allegations are processed the same way, and that any allegation is investigated promptly.

Conclusion

This standard was documented with staff and resident interviews and a review of information available on the corporate website. Based on this information the El Monte Center is found to be in compliance with standard 115.254.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

El Monte Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Fifty State Survey of Vulnerable Person Statutes – NIC/WCL Project on Addressing Prison Rape

Interviews

Random Staff

Facility Director/PREA Compliance Manager

Case Managers

Findings

- (a) The GEO Group and The El Monte Center have written policy (5.1.2-A and 2019-6, respectively) that stipulate reporting duties. In both policies, staff are required to immediately report any knowledge, suspicion, or provide information relevant to an incident of sexual abuse or sexual harassment. This includes any information related to an occurrence in a facility that is not part of the agency or facility. Staff neglect or violation of responsibilities that contributed to the occurrence are reportable as well. Finally, reporting stipulations apply to any form of retaliation as well. Staff were very aware of their reporting requirements and would not hesitate to report to the Facility Director/PCM any incidents, including retaliation.
- (b) Both GEO Corporate (5.1.2-A) and El Monte Center (2019-6) address the confidentiality of information related to sexual abuse, sexual harassment, retaliation. Staff understood the need to keep the information confidential. Case Managers at the El Monte Center were the gatekeepers of information on each resident, and protected all information related to the residents confidential, stating that little information is provided to Monitors, however the Facility Director/PCM and Social Services Coordinator often met to discuss resident status.
- (c) The El Monte Center does not have on-site medical or mental health practitioners, however GEO Corporate policy 5.1.2-A does state that practitioners at any GEO Facility of Program shall inform individuals of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
- (d) Corporate policy 5.1.2-A and El Monte Center Policy 2019-6 address vulnerable adults and acknowledge that the California includes individuals in correctional treatment centers in the Fifty State Survey of Vulnerable Persons Statutes. The El Monte Center does not house individuals under the age of 18.
- (e) All allegations require immediate reporting to designated investigators according to both corporate and local policy. The El Monte Center has one trained investigator, the Facility Director/PCM which all staff indicated any report of sexual abuse, sexual harassment, retaliation, or suspicious behavior would be reported to. Staff also reported that the El Monte Police Department handles the investigation. The Facility Director/PCM indicated her obligation to report was to the GEO OPR (Office of Professional Responsibility), BOP, and the El Monte Police Department.

Conclusion

The policies presented, coupled with staff interviews, and a review of the California statues on vulnerable persons documented the requirements of this standard. Based on the review and analysis of the evidence, The El Monte Center is found in compliance with standard 115.261.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Interviews

Facility Director/PREA Compliance Manager
Random Staff
Statement of Fact

Findings

GEO Corporate policy 5.1.2-A requires immediate action to protect an alleged victim when it is learned an individual is at substantial risk of imminent sexual abuse. Staff are required to respond to all allegations of sexual abuse and sexual harassment and assume that regardless of the source of the report, the report is credible. El Monte Center policy 2019-6 requires immediate action of protection to occur as well. Both policies give action steps for protection, including protecting and respecting the victim's security, identity, and privacy in a confidential manner, and instructing conversations and contact with the victim being sensitive, supportive, and non-judgmental. El Monte Center policy further directs there shall be no contact between the alleged abuser and the alleged victim pending the outcome of the investigation. Staff indicated an immediate implementation of first responder duties with an immediate report to the Facility Director/PCM would occur if risk of imminent abuse were recognized. The Facility Director/PCM indicated staff would protect the victim and an immediate report to OPR and BOP would be made.

The El Monte center has had zero determinations of a resident being at substantial risk for imminent abuse in the past 12-months.

Conclusion

Based on policy and staff interviews, The El Monte Center is found to be in compliance with standard 115.262.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

El Monte Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA) Statement of Fact

The GEO Group Prison Rape Elimination Act (PREA) DOJ 2019 In-Service Training Curriculum

Interviews

Agency Head

Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate policy 5.1.2-A requires that in the event an individual in a GEO facility or program alleges sexual abuse occurred while confined at another facility, the allegation shall be documented, and notification made to the facility administrator where the alleged abuse occurred. The El Monte Center designates the Facility Director or Assistant Facility Administrator in the absence of the director, and notification to the facility administrator where the alleged sexual abuse occurred will be made. During the past 12-months there have been no reports of sexual abuse occurring at another facility. The GEO Agency Head noted any allegation received from another facility would be referred to the designated investigators (internal or external) for investigations. Reporting to another confinement facility is also covered in the 2019 GEO PREA In-Service Training under Objective 5 – Describe how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- (b) The corporate policy and El Monte Center policy further states notifications to the facility administrator where the alleged abuse occurred must be made as soon as possible, but no later than 72 hours after receiving notification.
- (c) It is stipulated in the corporate policy 5.1.2-A that documentation of any notifications and all actions taken as a result be maintained by the PREA Compliance Manager and forwarded to the Corporate PREA Coordinator.
- (d) Both GEO Corporate and El Monte Center policy outline the obligation to fully investigate any notification received of an allegation of sexual abuse from another facility. There were no reports or notifications made to The El Monte Center regarding allegations of sexual abuse in the past 12-months. The GEO Agency Head stated that GEO facilities are required to enter these types of allegations on their monthly PREA report submissions and into the PREA Database where they can be tracked.

Conclusion

Provisions (a)(b)(c) and (d) were documented by corporate and local policy and by corporate and local staff interviews. Based upon the review and analysis of all available evidence, The El Monte Center is found in compliance with standard 115.263.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 El Monte Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
 Statement of Fact
 The GEO Group Prison Rape Elimination Act (PREA) DOJ 2019 In-Service Training Curriculum
 Training Records of Random Employees
 First Responder Badges

Interviews

Random Staff

Findings

- (a) First responder duties are outlined in GEO Corporate policy 5.1.2-A. The El Monte Center trains all employees on first responder duties. All security personnel as well as administrative personnel and management receive training in first responder duties during their in-service training. Additionally, all staff wear their identification badges and attached to that badge is a first-responder duty badge. This badge directs the first responder to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to

collect evidence; request the alleged victim and alleged abuser not engage in any action that could destroy evidence.

Staff indicated they were well trained on first responder duties and stated they would also make immediate notification to the Facility Director/PCM. In the past 12-months there were no allegations that a resident had been sexually abused. Staff referred to their first responder badges when asked about first responder duties. A review of employee files showed signed acknowledgement that the staff member had received and understood their PREA in-service training.

- (b) All staff at The El Monte Facility are trained in the same manner as first responders. This includes both security and non-security staff. Any staff member receiving an allegation of sexual abuse would request the alleged victim not take any action that could potentially destroy evidence.

Conclusion

Provisions (a) and (b) were documented in policy, training curriculum, first responder badges and interviews with staff. Employee files document staff are trained as first responders. Based upon the review and analysis of all available evidence, The El Monte Center is found in compliance with standard 115.264.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
El Monte Center's PREA Coordinated Response Plan
El Monte Center Reentry PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment
Emergency Response Contact Numbers and Addresses

Interviews

Facility Director/PREA Compliance Manager

Findings

The GEO Corporate policy 5.1.2-A requires that each facility have a written coordinated response plan, and that the plans coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership. The El Monte Center has developed a comprehensive coordinated response. There are six main sections to the coordinated response. These include:

1. Actions required after a report of sexual abuse
2. Initial response
3. Notification required when sexual abuse is alleged
4. Evidence protocol
5. Responsibilities when sexual harassment is alleged
6. Responsibilities when sexual activity is alleged

An after-action checklist is utilized to ensure all reporting and after-action requirements have been completed. The El Monte Center utilizes emergency medical services for allegations and a list of emergency response contact numbers and addresses is readily available to ensure appropriate services are secured.

Conclusion

A review of policy and the El Monte Center written coordinated response plan, standard 115.265 is found to be in compliance.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 El Monte Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
 GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection
 Statement of Fact

Interviews

Agency Head
 Facility Director/PREA Compliance Manager

Findings

GEO Corporate policies 5.1.2-A and 5.1.2-E collectively covers the ability to protect individuals from contact with abusers, by stating no contact orders being implemented between alleged abuser and victim. Additionally, for facilities that have collective bargaining agreements, and as reported by the Agency Head, none of GEO’s collective bargaining agreements prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.

As reported by the Facility Director/PCM, and via a Statement of Fact, the El Monte Center does not have a collective bargaining unit.

Conclusion

Based on corporate policy and interview, and local acknowledgement and staff interviews, The El Monte Center is found in compliance with standard 115.266.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
Statement of Fact
Resident Protection from Retaliation Log
Employee Protection from Retaliation Log

Interviews

Agency Head
Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate policy 5.1.2-A provides protection against retaliation for both staff and individuals in a GEO Facility. The policy designates the Facility PREA Compliance Manager or Mental Health personnel as responsible for monitoring retaliation. The El Monte Center Facility Director is responsible for monitoring retaliation, as stated in policy 2019-6. However, policy states the El Monte Center Office Support Specialist can monitor retaliation as well.
- (b) The Agency Head and Facility Director note housing changes, transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations as part of their protection duties.
- (c) Both corporate and local policy require monitoring for retaliation for at least 90-days following a report of sexual abuse or sexual harassment. The Facility Director stated that 90-days is a starting point, and if more monitoring is needed the 90-days would be exceeded. All information pertinent to the monitoring will be added to the *Resident Protection from Retaliation* log. In the past 12-months there were no incidents of retaliation at The El Monte Center.
- (d) The El Monte Center Facility Director/PCM 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.
- (e) Both corporate and local policy address protection for any other individual cooperating with an investigation who fear retaliation. Protection will occur for up to 90-days and all information pertinent to the monitoring will be documented on the *Employee Protection from Retaliation* log.

Conclusion

Provisions (a)(b)(c)(d) and (e) are defined in corporate and local policy and confirmed by interviews with staff. There have been no incidents of retaliation during the audit cycle. Based on the review and analysis of all available evidence, The El Monte Center is found in compliance with standard 115.267.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)
El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements
El Monte Center Policy 2019-5 – Grievance Process
El Monte Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)

El Monte Facility Incident Tracking Log
Federal Bureau of Prisons Written Mandate on Referrals
Certificate of Completion – Specialized Training for Sexual Abuse Investigations In Confinement Settings

Interviews

Facility Director/PREA Compliance Manager (Investigator)

Findings

- (a) GEO Corporate Policy 5.1.2-E provides comprehensive language regarding criminal and administrative investigations. Corporate policy requires investigations for all allegations of sexual abuse and sexual harassment. Corporate policy 5.1.2-E requires the facility administrator and contracting agencies be notified prior to investigating all allegations of sexual abuse and sexual harassment. El Monte Policy 2019-1 states all alleged sexual conduct shall be thoroughly investigated. El Monte Center Policy 2019-6 discusses promptness in addressing allegations of sexual abuse and sexual harassment. Policy 2019-5 discusses allegations being investigated objectively. The El Monte Center works with GEO's Office of Professional Responsibility (OPR) for administrative allegations of sexual harassment. The El Monte Police Department conducts criminal allegations of sexual abuse. The Facility Director/PCM indicated the client (BOP) is notified for any allegation of sexual abuse or sexual harassment made at the El Monte Facility, as is the OPR.
- (b) The El Monte Center's Facility Director/PCM has received specialized training for investigations of sexual abuse in confinement settings. The El Monte Police Department utilizes California POST (Peace Officer Standards and Training) certified officers who have all received specialized training in investigations.
- (c) The El Monte Center investigative staff understood the gathering and preserving of direct and circumstantial evidence. The El Monte Police Department would be the responsible entity for criminal investigations, and as directed by GEO Corporate policy 2.1.5-E, the El Monte Center would fully cooperate with the El Monte Police Department in the investigative process.
- (d) Corporate policy 5.1.2-E outlines 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. There were no allegations of sexual abuse referred for investigation to the El Monte Police Department, and therefore referred for prosecution.
- (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by a person's status as an individual in a GEO facility or program, or staff as stated in corporate policy 5.1.2-E. Furthermore, no individual in a GEO facility or program who alleges sexual abuse will be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation.
- (f) Administrative allegations at The El Monte Center are conducted by the Facility Director after notification to the BOP and OPR have been made. An *Annual PREA Incident Tracking Log* is completed by the El Monte Center and includes the type of allegation (inmate on inmate or staff on inmate), the alleged incident (sexual abuse, sexual harassment, willing sexual activity, or staff voyeurism), persons involved, their race and sex, the PREA Incident Survey number and whether the allegation was deemed substantiated, unsubstantiated, unfounded, or ongoing. If the allegation was referred, the agency it was referred to is listed as well.
- (g) An interview with the Facility Director indicated during this audit cycle there have been zero allegations of sexual abuse or sexual harassment, but that if there had been, regular communication with the investigating agency would occur. This would ensure that those investigations being criminally investigated are documented with a thorough description of

evidence, and all reports provided to the center, noting this information would be passed to the BOP and OPR.

- (h) There were no substantiated criminal allegations of conduct that were referred for prosecution, as is required by GEO Corporate policy 5.1.2-E.
- (i) Corporate policy 5.1.2-E requires written reports be retained whether administrative or criminal investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than 10 years.
- (j) There is no reason for an investigation to terminate prior to its conclusion according to the Facility Director/PCM.
- (k) This provision is not applicable.
- (l) The requirement of GEO corporate policy 5.1.2-E is that facilities cooperate with outside investigators and endeavor to remain informed about the progress of investigations. The El Monte Center director has not been involved in any investigation being conducted by the El Monte Police Department but maintains knowledge of this requirement of corporate policy.

Conclusion

The GEO Corporate policy regarding investigations is robust and thorough. There were no investigative reports to review as The El Monte Center has not had any administrative or criminal investigations conducted within the last audit cycle. Based upon policy and staff interviews, provisions (a)(b)(c)(d)(e)(f)(g)(h)(i)(j) and (l) are met. Provision (k) is not required to be audited. The El Monte Center is found compliant with standard 115.271.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)
Statement of Fact

Interviews

Facility Director/PREA Compliance Manager

Findings

GEO Corporate policy 5.1.2-E establishes as an evidentiary standard for administrative investigations facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.

Conclusion

Based on the corporate policy and a statement of fact that The El Monte Center did not have any administrative investigations during this audit cycle, standard 115.272 is found in compliance.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)
El Monte Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Statement of Fact

Notification of Outcome of Allegation Form

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate policy 5.1.2-E requires that at the conclusion of an investigation, 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 found substantiated, unsubstantiated, or unfounded. The El Monte Center policy 2019-6 indicates all sexual abuse and sexual harassment investigations shall adhere to GEO Corporate policy 5.1.2-E.
- (b) If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual is required by GEO Corporate policy 5.1.2-E. In the past 12-months there were zero investigations completed by an outside agency and zero residents alleging sexual abuse.
- (c) El Monte Policy 2019-6 states that it will follow the GEO Corporate Policy 5.1.2-E for any investigation conducted. Corporate policy stipulates that in addition to the victim being notified by the Facility administrator in writing whether the allegation was substantiated, unsubstantiated or unfounded, 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 indicted on a charge related to the sexual abuse within the facility, or the facility learns the employee has been convicted on a charge related to sexual abuse within the facility. The El Monte Center had no investigations, and therefore zero notifications in the past 12-months.
- (d) Similarly, GEO Corporate Policy 5.1.2-E states victims will be notified when the agency learns the alleged abuser has been indicted or convicted on a charge related to sexual abuse when the alleged abuser is another resident. With no allegations being made in the past 12-months, the auditor asked about any investigation occurring in the past. The Facility Director/PCM reported that there have not been any allegations of sexual abuse at the El Monte Center since 2012, when the PREA was passed.
- (e) Although there have been no allegations made at the El Monte Center in the past 12-months, a blank copy in both English and Spanish of the *Notification of Outcome of Allegation* form was provided. This form includes the facility, report date, PREA incident number, date, time and area of the incident, the victim's name and whether the alleged abuser was a resident or staff member. The form further provides a definition for substantiated, unsubstantiated, and unfounded findings. The findings section indicates who conducted the investigation; the facility or an outside agency, and the outcome determination. The abuser status is listed with a checklist that mirrors the required notification scenarios in provisions (c) and (d) of this standard. The form is signed and dated by the resident and includes who issued the notice and their title.

Conclusion

Provisions (a)(b)(c)(d) and (e) were documented in policy. Additionally, although no allegations have been made and thus no investigations conducted the El Monte Center does have a form in place to make appropriate notification to residents regarding the findings of any allegation. Based upon the

review and analysis of the available evidence, The El Monte Center is found in compliance with standard 115.273.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)
El Monte Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements
The GEO Group Employee Handbook (Sexual Abuse and Sexual Harassment)
Statement of Fact
Employee Files

Interviews

Facility Director/PREA Compliance Manager
Office Support Staff/HR

Findings

- (a) GEO Employees, including those employed at The El Monte Center may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. This is well documented in GEO Corporate Policy 5.1.2-E, El Monte Center Policy 2019-1, and The GEO Group Employee Handbook.
- (b) GEO Corporate Policy 5.1.2-E states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Facility Director/PCM indicated there have been no staff who have violated agency sexual abuse or sexual harassment policies, and no one at the facility has been terminated or resigned prior to termination for violating sexual abuse or sexual harassment policies. The Office Support Staff/HR confirmed there had been no violations or terminations from the facility in the past 12-months.
- (c) According to GEO Corporate Policy 5.1.2-E, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The El Monte Center has had zero staff from the facility disciplined short of termination, for violation of agency or local sexual abuse or sexual harassment policies.
- (d) Both corporate 5.1.2-E and El Monte Center (2019-1) policies require all terminations and resignations for sexual abuse be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. The El Monte Center has had no reports to law enforcement or licensing agencies for violations of policy in the past 12-months.

Conclusion

Provisions (a)(b)(c) and (d) were defined in the corporate policy, local policy and confirmed by the Facility Director/PCM and Office Support Staff. Based upon the review and analysis of all available evidence The El Monte Center is found in compliance with standard 115.276.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)
 GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention & Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 El Monte Center Policy 2019-1 – PREA Staffing and Facility Requirements
 Statement of Fact

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) Both GEO Corporate policies 5.1.2-A and 5.1.2-E discuss contractors and volunteers being prohibited from contact with individuals in a GEO facility or program when they engage in sexual abuse or sexual harassment. The policy directs notification to law enforcement and relevant licensing bodies unless the activity was clearly not criminal. Because there were zero

contractors or volunteers utilized at The El Monte Center in the past 12-months, there have been no action taken in reference to standard 115.277.

- (b) Any other violation by a contractor or volunteer would prompt the agency to consider whether to prohibit further contact with residents. The Facility Director acknowledged verbally and through a statement of fact that no discipline or remedial measures were taken against any contractor or volunteer during the past 12-months, as no contractors or volunteers were at the facility during this time. El Monte Center policy 2019-1 however does address discipline and possibly termination from a contractor or volunteer status should they engage in sexual abuse or sexual harassment at the El Monte Center.

Conclusion

Provisions (a) and (b) are defined in agency policy and confirmed in local policy and discussions with the Facility Director. Based upon the review and analysis of all available evidence, The El Monte Center is found in compliance with standard 115.277.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)
El Monte Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
El Monte Center Resident Handbook
El Monte Center Resident Files
Incident report (2019)

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate Policy 5.1.2-E outlines disciplinary sanctions for individuals in a GEO facility or program. The El Monte Center Resident Handbook provides information on the disciplinary process, and scale for violations of resident rules. A review of a 2019 incident of resident rule violations shows residents are subject to discipline when an incident between two residents occurred.

- (b) The El Monte Resident Handbook provides a Table entitled “Prohibited Acts and Available Sanctions”. This table lists “Greatest Severity Level Prohibited Acts”, and this includes violation 114 – sexual assault of any person, involving non-consensual touching by force or threat of force. There are 15 possible sanctions that can be imposed for any type of violation including rescission or retardation of parole, monetary fine, loss of privileges, or extra duty. The “High Severity Level Prohibited Acts” includes violations (205, 206) engaging in sexual acts, making sexual proposals or threats to another respectively, and (221 & 229) being in an unauthorized area with a person of the opposite sex without staff permission and sexual assault of any person, involving non-consensual touching without force or threat of force. Moderate Severity Level Prohibited Acts include indecent exposure (301), being in an unauthorized area without staff authorization (316). There are no sexual safety violations listed for low severity level prohibited acts.
- (c) GEO Corporate Policy 5.1.2-E requires that the disciplinary process considers whether a resident’s mental disability or mental illness contributed to his or her behavior with determining type of sanction to be imposed. The 2019 incident report provided a detailed overview of the violation and there did not appear to be a mental health concern. The Facility Director/PCM indicated that any time there is a violation, there is a consultation with the assigned case manager to ensure any concerns are addressed.
- (d) The El Monte Facility does not offer on-site therapy, counseling, or other interventions designed to address the potential causes or motivations for abuse. However, the El Monte Facility does have a process for referring to medical and mental health professionals. Residents have the right to refuse these referrals. A review of several resident files shows medical and mental health referrals are made and can be refused by the resident.
- (e) Residents are not subject to the disciplinary process for sexual contact with an employee unless it is found that the employee did not consent to the contact, according to GEO Corporate policy 5.1.2-E.
- (f) GEO Corporate Policy 5.1.2-E indicates a report of sexual abuse made in good faith by an individual in a GEO facility or program, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying. The Facility Director/PCM indicated that all allegations of sexual abuse and sexual harassment are taken seriously and taken at face value without a preconceived notion that any lying or false reporting has occurred.
- (g) Both The GEO Group and The El Monte Center prohibit all forms of sexual activity between residents. Consideration is given to each incident that occurs, and The El Monte Center uses a code of “WSA”. Willing Sexual Activity when it is determined the sexual activity is not coerced, and the incident is not constituted as sexual abuse.

Conclusion

Provisions (a)(b)(c)(d)(e)(f) and (g) are defined in both the corporate policy, the resident handbook, and a review of a 2019 incident report. Based upon the review and analysis of all available evidence, the El Monte Center is found to be compliant with standard 115.278.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

The El Monte Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Statement of Fact

El Monte Center referrals for medical and or mental health services
UCLA Rape Treatment Center website
PREA Risk Assessment Screening
The El Monte Center PREA Education Manual for Residents

Interviews

Facility Director/PREA Compliance Manager
UCLA Rape Treatment Center Representative
Random Staff/First Responders

Findings

- (a) GEO Corporate Policy 5.1.2-A discusses in detail and provides directives for individuals who have been sexually victimized being provided access to emergency medical and mental health services. The El Monte Center policy 2019-6 provides information directly related to access to emergency medical and mental health care being provided to residents at the UCLA Rape Treatment Center. These services are to be provided at no cost to the victim and referrals will be timely.
- (b) The Facility Director/PCM walked the auditor through the referral process for medical and mental health care since there have been no victims referred for offsite emergency medical or mental health services related to sexual abuse or sexual harassment. Referrals for other medical and mental health services were reviewed and found to be consistent with provision (a). All staff at the El Monte Center are trained as first responders and indicated if a resident required emergency medical and or mental health care, they would make immediate notification to the Facility Director.
- (c) Information related to access to medical and mental health care for the El Monte Center residents is outlined in the El Monte Center's *PREA Education Manual for Residents*.
- (d) GEO Corporate Policy 5.1.2-A, El Monte Center policy 2019-6, the education manual and the UCLA Rape Treatment Center website all indicate treatment services are provided to the victim without financial burden. The policies and education manual do not require victims to name their abuser and are not required to cooperate with the investigation to receive such services.

Conclusion

Provisions (a)(b)(c) and (d) are covered in corporate and local policy and addressed by the UCLA Rape Treatment Center website information. Based on the review and analysis of all available evidence, the El Monte Center is found to be in compliance with standard 115.282.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 The El Monte Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Statement of Fact

El Monte Center referrals for medical and or mental health services
 UCLA Rape Treatment Center website
 PREA Risk Assessment Screening
 The El Monte Center PREA Education Manual for Residents

Interviews

Facility Director/PREA Compliance Manager
 UCLA Rape Treatment Center Representative

Findings

GEO Corporate Policy 5.1.2-A discusses in detail and provides directives for individuals who have been sexually victimized being provided ongoing access to medical and mental health services. The El Monte Center policy 2019-6 provides information directly related to access to ongoing medical and mental health care being provided to residents at the UCLA Rape Treatment Center. These services are to be provided at no cost to the victim and referrals will be timely.

The Facility Director/PCM walked me through the referral process for medical and mental health care since there have been no victims referred for offsite emergency medical or mental health services related to sexual abuse or sexual harassment. Referrals for other medical and mental health services were reviewed and found to be consistent with provisions (a)(b) and (h). Both the victim and abuser are referred for a mental health evaluation immediately upon meeting the threshold scores deeming a need for referral during the PREA Risk Assessment screening. Ongoing, comprehensive, free counseling services are provided to victims of sexual assault at the UCLA Rape Treatment Center.

For provisions (c)(d)(e)(f) and (g), a review of the UCLA Rape Treatment Center website provides for services being provided consistent with the community level of care, since the representative stated it would not be known to practitioners where the referral originated from. Additionally, pregnancy tests are provided as well of services related to sexually transmitted infections. Information on the website

includes an FAQ states that if pregnancy does occur a healthcare provider can discuss your options with you. The UCLA Rape Treatment Center provides free, comprehensive, state-of-the-art treatment for sexual assault victims – adults and children – 24 hours a day.

Information related to access to emergency and ongoing medical and mental health care services are provided to residents in the *PREA Education Manual for Residents*.

Conclusion

Provisions (a)(b) and (h) are covered in corporate and local policy. Provisions (c)(d)(e)(f) and (g) are addressed by the UCLA Rape Treatment Center. Based on the review and analysis of all available evidence, the El Monte Center is found to be in compliance with standard 115.283.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)
The GEO Group PREA After Action Review Report

Interviews

Facility Director/PREA Compliance Manager
Specialized Staff – Incident Review Team Member

Findings

- (a) GEO Corporate and El Monte Center policies 5.1.2-A and 2019-6, respectively provide requirements for conducting a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. In the past 12-months there were zero allegations and therefore zero sexual abuse incident reviews.
- (b) Both corporate and local policy require sexual abuse incident reviews to occur within 30-days of the determined outcome of the investigation.
- (c) The Facility Director, Social Services Coordinator, and Case Managers comprise the El Monte Facility Incident Review Team. Further, the Facility Director indicated, and is offered in corporate policy 5.1.2-A that the corporate PREA Coordinator may be consulted as part of a sexual abuse incident review.
- (d) GEO Corporate policy 5.1.2-A requires the use of The GEO Group PREA After Action Review Report for every incident review conducted at any of their facilities or programs. This three-page report considers whether the allegation or investigation indicates a need for a change in policy, practice, or facility structure to better address sexual safety at its facilities or programs. Page 1

of the report includes the facility, region/division, date, time, and area the incident occurred, the PREA #, after action review date and who submitted the report. The allegation finding and date, who the investigator was, a short summary of the incident and the involved parties conclude the first page. Page 2 notes any and all documentation utilized during the investigation, and the name and titles of the after-action review team for the incident being reviewed. Five questions are asked and answered with “yes” or “no” responses. These questions are:

- a. Is there a need to change policy or practice to better prevent, detect or respond to sexual abuse,
- b. Was incident motivated by race, ethnicity, gender identity LGBTI status or perceived status, gang affiliation, or motivated or otherwise cause by other group dynamics,
- c. Are there any physical barriers present in the area where the incident allegedly occurred that may enable abuse,
- d. Are the staffing levels inadequate in the area where the incident allegedly occurred during different shifts, and
- e. Is there a need for deployment or augmentation to monitoring technology to supplement supervision by staff in the area where the incident allegedly occurred.

Staff interviewed stated they had never been involved in an incident review but were familiar with the requirements. Further, staff acknowledged the Facility Director would be the main point of contact for such reviews.

- (e) Page 3 of The GEO Group PREA After Action Review Report requires a detailed description for all questions stated above with an affirmative response. Also required is the question “were the actions taken by staff in regard to this incident reasonable and appropriate based on policy”. If the response is “no”, a detailed explanation is required. Finally, and recommendations or results of the after-action review are documented, and the facility administrator signature and date are required. Completed after-action reviews are required to be emailed to the Corporate PREA Coordinator no later than 10 working days after the review and retained in the investigative file of the corresponding PREA incident. There have been no allegations and therefore no incident reviews conducted during the past 12-months.

Conclusion

Provisions (a)(b)(c)(d) and (e) are addressed in policy and in the required after-action review report. Based on the documentation and interviews with staff, the El Monte Center is found to be in compliance with standard 115.286.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A – Sexual Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
El Monte Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
El Monte Center PREA Incident Tracking Logs (2018, 2019, 2020)
The GEO Group PREA Annual Report – 2019 & 2020

Interviews

Facility Director/PREA Compliance Manager

Findings

Provisions (a)(b)(c)(d)(e) and (f) are covered in corporate policy 5.1.2-A. The El Monte Center collects monthly data on sexual abuse and sexual harassment on their PREA Incident Tracking Log. El Monte Policy 2019-6 requires the PREA Compliance Manager to collect the monthly data and forward it to the corporate PREA Coordinator each month. This data is then aggregated and used in The GEO Group's annual PREA report. The GEO Group's PREA Annual Reports for 2019 & 2020 were reviewed and are available to the public at the agency's website www.geogroup.com under the social responsibility section.

Upon request, The GEO Group provides data collected to the Department of Justice for the previous calendar year no later than June 30th.

Conclusion

A review of the corporate website, the corporate annual reports, and interview with the PREA Compliance Manager provides confirmation that The El Monte Center is found in compliance with provision 115.287.

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Facilities
The GEO Group PREA Annual Report – 2020
The GEO Group website

Interviews

PREA Coordinator
Agency Head
Facility Director/PREA Compliance Manager

Findings

- (a) The GEO Group reviews data collected and aggregated pursuant to standard 115.287 as a means to improve the effectiveness of sexual safety in facilities and programs. The Agency Head discussed the sexual abuse incident reviews after each substantiated or unsubstantiated case as means for identifying problem areas. Further, any recommendations for improvement, identified problem areas or corrective actions needed are documented and forwarded to the Corporate PREA Coordinator for review. The Corporate PREA Coordinator acknowledged receiving and reviewing pertinent information to sexual safety in all facilities.
- (b) A review of the 2020 agency PREA Annual Report, shows a comparison of 2019 data to 2020 data and includes a column for a numeric indication of differences.
- (c) The Agency Head states the annual PREA reports are approved by the appropriate divisional authority for reentry and the agency's CEO. In 2019 the Contract Compliance Department assigned a corporate PREA manager that serves as a single point of contact for each facility and that this manager will facilitate investigations, audits and PREA compliance for facilities under GEO's operational control. This annual report is readily available through the website www.geogroup.com.

(d) A review of the 2020 corporate PREA Annual Report includes aggregate data only. Therefore, there were no redacted data.

Conclusion

Provisions (a)(b)(c) and (d) were demonstrated by policy, review of the 2019 annual report, and through interviews with staff. Based on available evidence provided, the El Monte Center is found in compliance with standard 115.288.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

Interviews

PREA Coordinator

Findings

- (a) GEO Corporate Policy 5.1.2-A requires data collected be securely retained. The PREA Coordinator stated a secure PREA portal with restricted access was developed to retain all PREA related data.
- (b) The GEO Group annual PREA reports are readily available on its website www.geogroup.com, with the 2018, 2019 and 2020 reports posted.
- (c) GEO Corporate policy 5.1.2-A indicates that before making aggregated sexual abuse data publicly available, all personal identifiers should be removed. A review of the 2020 PREA Annual Report shows no personal identifiers.
- (d) The GEO Group retains data for at least 10 years or longer if required by state statute.

Conclusion

Provisions (a)(b)(c) and (d) were documented in policy, review of the annual report and interviews with staff. Based upon the review and analysis of all available evidence, the El Monte Center is found in compliance with standard 115.289.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

El Monte Center PREA Audit Notices

El Monte Facility tour

Findings

GEO Corporate Policy outlines a three-year process beginning on August 20, 2013 and each three-year period thereafter, ensuring each facility is audited at least once by a U.S. Department of Justice certified PREA Auditor. The auditor had access to and the ability to observe any and all areas of The El Monte Center. The auditor made a request for additional information which was provided by the Facility Director/PCM. All interviews of staff and residents took place in a private area. Residents were provided an opportunity to send confidential information or correspondence to the auditor. The PREA Audit Notices were hung throughout the facility which included the auditor's mailing address. The mailing procedures for The El Monte Center were reviewed, and communication was provided as if the residents were communicating with legal counsel.

Conclusion

All provisions were met for standard 115.401, deeming The El Monte Center in compliance with the standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28

C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The GEO Group's website www.geogroup.com contains annual PREA reports for 2018, 2019, and 2020. The El Monte Center's previous final report was submitted by the auditor to the facility April 9, 2018. Based on the information available on the website and the confirmed submission of the 2018 El Monte Center PREA report, compliance with standard 115.403 is met.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Karen S. Dalton

July 27, 2021

Auditor Signature

Date

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

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