

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 12 May 2019

Auditor Information

Name: David Haasenritter	Email: davidkhaasenritter@gmail.com
Company Name: Haasenritter Correctional Consulting LLC	
Mailing Address: PO Box 1265	City, State, Zip: Midlothian, VA 23113
Telephone: 540-903-6447	Date of Facility Visit: July 30 – August 1, 2018

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: One Park Place, Suite 700, 621 Northwest 53rd Street		City, State, Zip: Boca Raton Florida 33487	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 561-999-5827		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.			
Agency Website with PREA Information: https://www.geogroup.com/PREA			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Phebia L. Moreland	Title: Director, Contract Compliance, PREA Coordinator
Email: pmoreland@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 54 (US Corrections) 46 (Reentry Services) 8 (Youth Services) (3 Lockups) = 111 total

Facility Information

Name of Facility: George W. Hill Correctional Facility			
Physical Address: 500 Cheyney Road, Thornton, PA 19373			
Mailing Address (if different than above): P.O. Box 23, Thornton, PA 19373			
Telephone Number: 610-361-3200			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input checked="" type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail		<input type="checkbox"/> Prison

Facility Mission: The mission of the George W. Hill Correctional Facility is to provide a safe, secure, and humane environment not only for all of our well trained and experienced professionals, visitors to the facility and the community, but for those individuals who are entrusted in our care. We provide innovative services and programs to the inmate population which is comprised of a pre-trial, sentenced male and female, as well as male and female youthful offenders who are remanded to this facility by Delaware County Law Enforcement Officials consistent with court commitment documents and Title 37. The George W. Hill Correctional Facility will continue to strive to be a productive member of the community and a good neighbor.

Facility Website with PREA Information: <https://www.geogroup.com/PREA>

Warden/Superintendent

Name: David Byrne	Title: Warden
Email: dbyrne@geogroup.com	Telephone: 610-361-3232

Facility PREA Compliance Manager

Name: Sarah Bowles	Title: Compliance Administrator
Email: sbowles@geogroup.com	Telephone: 610-361-3291

Facility Health Service Administrator

Name: Kristen Grady	Title: Health Services Administrator
----------------------------	---

Email: krgrady@geogroup.com	Telephone: 610-361-3278
-----------------------------	-------------------------

Facility Characteristics

Designated Facility Capacity: 1883	Current Population of Facility: 1752		
Number of inmates admitted to facility during the past 12 months	10,443		
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	4134		
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:2	8335		
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	0		
Age Range of Population:	Youthful Inmates Under 18: 15-17	Adults: 18-81	
Are youthful inmates housed separately from the adult population?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:	28		
Average length of stay or time under supervision:	60 days		
Facility security level/inmate custody levels:	Maximum, Medium, Minimum		
Number of staff currently employed by the facility who may have contact with inmates:	131		
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	452		
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	13		

Physical Plant

Number of Buildings: 8	Number of Single Cell Housing Units: 10
Number of Multiple Occupancy Cell Housing Units:	8
Number of Open Bay/Dorm Housing Units:	4
Number of Segregation Cells (Administrative and Disciplinary):	72

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

There are 171 real time surveillance pan/tilt cameras. These are monitored by staff in Master Control. Video storage is approximately 60 days.

Medical

Type of Medical Facility:	Sheltered Housing Unit
Forensic sexual assault medical exams are conducted at:	Riddle Memorial Hospital, Crozier Chester Medical Center

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	115 volunteers, 13 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111

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 PREA audit of the George W. Hill Correctional Facility was conducted on July 30 – 1 August, 2018 by Mr. David Haasenritter as the lead auditor and Ms. Theresa Grenier as the second auditor. The announcement of the audit was posted six weeks in advance of the audit. Approximately three weeks prior to the audit, the lead auditor received the Pre-Audit Questionnaire and additional documents through a secure thumb drive. A request was sent to the GEO PREA Coordinator and facility compliance manager for additional information and copies of documentation that should be prepared and available upon auditor's arrival at facility. The lead auditor requested inmate and staff rosters to be provided the night before the audit. The night before the audit the facility provided a roster of all inmates housed at the institution; lists of inmates for specific categories to be interviewed; and a list of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

The auditor contacted Just Detention International (JDI) about any information previously submitted by inmates at the George W. Hill Correctional Facility and reviewed the GEO website prior to the audit. The GEO website is one of the easiest to find PREA information of all agencies this auditor has audited. GEO PREA page is very informative and has general PREA information on: agency zero tolerance policy; how for staff, inmates, and third parties to report PREA allegations; information on investigations; and where questions and inquiries can be forwarded to the PREA Coordinator (phone number, email, and mailing address). It also has several links to include: PREA standards; GEO basic and investigative PREA policies; GEO facility PREA audit reports; and GEO's current annual PREA Report.

The auditors worked from 8:00 am – 1:30 am on day one; 8:00 am – 7:15 pm on day two; and 7:30 am – 7:00 pm on day three. Following the entrance meeting with staff, the auditors conducted a site review of the facility on July 30, 2018 and went back to certain areas in the institution during the on-site audit. During the site review random informal interviews were conducted with staff and inmates which were not counted toward formal interview requirements. Questions posed were related to training received, awareness of responsibilities, procedures and responsibilities for reporting sexual abuse, sexual harassment, and/or retaliation, services available, and overall knowledge of PREA standards. Adequate PREA posters and announcement of the PREA audit in both English and Spanish were placed throughout the facility and posted on bulletin boards in living units. Area logs were reviewed at various posts to observe that rounds are being conducted and documented. The audit team visited all areas of the facility during the audit. Observations were made of security staff presence, camera placements, site lines, physical plant condition and barriers, general sanitation, inmate movement procedures and general institution operations. Additionally, the auditors tested the inmate phone system for reporting allegations and for emotional support services.

Following the initial site review, the auditor began the formal interviews, review of investigations, checking of cameras views, and random checks of personnel, medical, and training records. Some of the review of staff and inmate records were scanned for review after the on-site audit. The auditors conducted 60 staff interviews (21 random, 35 specialized, 2 volunteers, and 2 contractors). Additionally, the GEO PREA Coordinator and Agency head representative were interviewed by this auditor. Staff interviews were based on the requirements from auditor handbook. Security line and supervisory staff were selected from all shifts. Interview rooms were provided to ensure privacy and confidentiality. Staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; evidence preservation; and the PREA training they annually receive. How to conduct a proper pat search of transgender inmates was weak (7 of 21 knew proper procedures for conducting a pat search of a transgender inmate; three stated they did not receive training); and only seven of 23 could define transgender inmate.

The number of interviews required for inmates was calculated based on the auditor handbook formulas. The auditors used inmate rosters provided by the facility the night before the audit. Specialized interview inmates were selected first, and then random inmates from each housing unit were then selected based on arrival date in order to ensure from various time periods were selected. Each housing unit had at least one inmate interviewed. A total of 60 inmates were formally interviewed: 32 random interviews and 28 specialized interviews: LGB (5); TI (3), inmates who disclosed sexual victimization during screening (8); who reported sexual abuse while confined (6), youthful inmates (3); limited English (1); and handicap (1)). Additionally, three inmates refused to be interviewed. The auditor also interviewed two inmates who wrote letters to the auditor prior to the audit. Staff were organized and kept the inmates moving without them being held for long periods of time waiting to be interviewed. Inmates were respectful. Majority of the inmates interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and inmate's handbooks) outlining the agencies zero tolerance policies towards sexual abuse; and knew the reporting procedures. 30 of 30 inmates who were asked stated they felt safe from being sexually assaulted at the institution. The LGBTI inmates overall were positive about the facility and how they were treated. One transgender inmate stated "new officers are trained reference transgender inmates and preference for gender pronoun. The auditors found the inmates aware and knowledgeable of PREA.

Auditors reviewed the PREA Allegation Spreadsheet from 2016, 2017, and 2018. There were 36 PREA allegations in the last 12 months: 29 sexual harassment, and seven (7) sexual assaults. Six (6) were referred as criminal. Prior to the audit, the auditor reviewed two cases from 2017. On site the auditor reviewed 15 closed cases from 2017 and 2018. The cases reviewed included six (6) Inmate on inmate sexual assault (IISA) (four (4) unsubstantiated, two (2) unfounded); five (5) inmate on inmate sexual harassment (IISH) (five (5) unsubstantiated); two (2) staff on inmate sexual harassment (SISH) (one (1) unsubstantiated, one (1) unfounded); one (1) staff on inmate sexual assault (SISA) (one (1) unfounded); and one (1) willful sexual activity (substantiated). All the cases were referred to the appropriate investigative agency.

When the on-site audit was completed (40 hours), the auditor conducted an exit meeting. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of his findings. While the auditors could not give the facility a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked GEO and George W. Hill Correctional Facility staff for their hard work and commitment to the Prison Rape Elimination Act.

Following the interim report, the facility went into Corrective Action. The George W. Hill Correctional Facility completed all Corrective Action Plans and was found to meet or exceed all applicable PREA

standards on February 12, 2019. Specific Corrective Action Plans are addressed in the appropriate standard.

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 George W. Hill Correctional Facility is located at 500 Cheyney Road, Thornton, Pennsylvania. Formerly known as the Delaware County Prison, it is found at approximately 30 miles southwest of Philadelphia. The current prison sits on roughly 900 acres of ground with approximately 250 acres enclosed in the prison perimeter. The operation of the George W. Hill Correctional Facility was statutorily vested in the Delaware County Board of Corrections by an act of the Pennsylvania Legislature in 1866. The operation of the George W. Hill Correctional Facility is also governed by the Administrative Code of Delaware County and by regulations governing correctional facilities promulgated by the Pennsylvania Department of Corrections; i.e. 37 PA Code 95.221. In 2009, the Community Education Centers (CEC) assumed operational responsibility for the complex. In 2017, CEC was purchased by the GEO Group with GEO again assuming operational responsibility.

The mission of the George W. Hill Correctional Facility is to provide a safe, secure, and humane environment for all well trained and experienced staff, visitors to the facility and community, and those entrusted to be housed at the facility. The jail houses inmates pending trial or serving a sentence from courts in Delaware county PA, U.S. Marshal's prisoners, and ICE (Immigration and Customs Enforcement) detainees. It is considered the largest and most complex county jail in southeastern Pennsylvania. The jail utilizes a K-9 (trained canine) program for security enhancement, narcotic detection, and escapee apprehension. The facility had an inmate population of 1817 at the time of the audit, and houses adult males, adult females and youthful offenders (under 18 years of age). The facility is accredited by the American Correctional Association, the National Commission on Correctional Health Care, and the state of Pennsylvania. Prisoners housed at the facility are classified at three custody/security levels (Minimum, Medium, or Maximum), which represents inmate supervision requirements from low to high. Those inmates at the Maximum level are housed in a special, separate housing unit within the jail, with enhanced supervision. Within the secure perimeter, the institution has six general population units, a Receiving/Discharge area, a 50 bed in-patient medical wing, a female offender unit, two Special Housing Units (one for adults and one for youthful offenders), and an indoor Gym for recreation. Youthful and female inmates are clearly housed separately from adult males (observed by the auditor). There is a mix of single/double bed, and multi-bed dormitory housing configurations within the units. Inmates in need of special management considerations are housed in the unit program that best suits their needs (there is a special wing housing low-functioning adult male inmates). Meals are prepared in the facility kitchen and served in the housing units. Medical services are provided generally by George W. Hill Correctional Facility employees in a clinical setting. Inmate programs/activities include several personal self-improvement/ treatment courses (sex offender, anger management, violent offender, wellness), adult basic education, and mental health counseling services.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 4

115.11, 115.64, 115.65, 115.88

Number of Standards Met: 41

115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.89, 115.401, 115.403.

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

On July 30 – August 1, 2018, the on-site visit was completed. This interim report was completed sooner than the 45 days allowed in order to meet the August 18, 2018 suspense date for either an interim report or interim report date is passed. At the interim report 6 standards are listed as not meet: 115.14, 115.15, 115.33, 115.41, 115.73, and 115.81. During the corrective action period policies were modified, training was conducted, and physical plant issues were corrected in accordance with (IAW) the corrective action plan. On February 8, 2019 the auditor conducted interviews of staff. On February 12, 2019, the auditor found all standards to be meet or exceed standards. Specific corrective action plans and implementation is described in the respective standards.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (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

115.11 (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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 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.

GEO has very good written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The main PREA policies are GEO Policy 5.1.2, Sexual Abuse Behavior Prevention and Intervention Program (PREA); GEO Policy 5.1.2-A, Sexual Abuse Behavior Prevention and Intervention Program (PREA for Adult Prison, Jail, and Adult Community Confinement Facilities); and GEO Policy 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA). Other agency policies supplement these main PREA policies. George W. Hill Correctional Facility Policy 1400.02 Prison Rape Elimination Act – Sexual Abuse/Assault Prevention is the facility PREA policy dated 24 May 2018. It replaced the facility previous policy under Community Education Centers. GEO policies and procedures were very well organized. These policies collectively establish the agency's zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It is clear to the auditor that the Prison Rape Elimination Act is part of the GEO fabric.

GEO employs an upper-level, agency-wide PREA Coordinator and a PREA Compliance Manager at each facility. Ms. Phebia Moreland is GEO agency-wide PREA Coordinator. She has the authority to develop, implement, and oversee PREA compliance. She oversees 54 US Corrections; 46 Reentry Services; eight (8) Youth Services; and three (3) Lockups = 111 total through three regional corrections coordinators, one community corrections coordinator, and one juvenile coordinator. She is very active in coordinating PREA, consistently sending updates to facilities, especially as FAQs are posted on the PREA website. She conducts training and meetings to keep unit PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO's PREA program. The GEO organization chart demonstrates Ms. Moreland is in a position of authority. The auditor has observed her develop, implement and oversee compliance during this and other audits the auditor conducted. She often goes directly to the compliance managers to coordinate changes, provide updates, conduct training, and on-site during audits. For acquired Community Education Centers Facilities, she conducted PREA training with compliance managers and key staff. It was evident of the changes she implemented at George W. Hill Correctional Facility to bring them into compliance with the PREA standards. Ms. Moreland is very knowledgeable of and believes in PREA; and sets the tone for the agency. She is the best PREA Coordinator I have

Sarah Bowles is the George W. Hill Correctional Facility PREA Compliance Manager. She reports to the Warden, and has access to the GEO PREA Coordinator. She was knowledgeable of PREA standards and was actively involved in PREA activities. The auditor reviewed George W. Hill Correctional Facility organizational chart that demonstrated that she is in a position of authority to make changes and discuss issues with the Warden. She coordinates actions through staff meetings, roll call for security staff, meetings with case managers, posters, etc.. She claimed to have enough time to perform her PREA duties. She is a very good PREA compliance manager.

GEO acquired George W. Hill Correctional Facility from Community Education Centers on April 5, 2017. George W. Hill Correctional Facility transitioned to GEO PREA protocols in October 2017 following PREA training by GEO staff. Some standards came into compliance following the transition.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates 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 inmates.) Yes No NA

115.12 (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 inmates OR the response to 115.12(a)-1 is "NO".) 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.

GEO is a private provider and does not contract with other agencies for the confinement of inmates. GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA for Adult Prison and Jail and Adult Community Confinement Facilities) states GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adapt and comply with the PREA standards.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable

State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the 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.

GEO ensures each institution it operates develops, documents, and make its best efforts to comply on a regular basis with the staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse by monitoring and reviewing the staffing plans. GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 establishes procedures to develop and monitor staffing plans uses the criteria found in standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan.

The auditor reviewed the George W. Hill Correctional Facility staffing plan; and 2017 annual review. The staffing plan is reviewed annually by the facility, GEO Corrections Division, and PREA Coordinator. The plan follows generally accepted correctional practices. All components of the facility's physical plant are considered, and the staffing plan review was thorough. Cameras are included in the staffing plan review. The signature of the PREA Coordinator on the Annual Review confirmed that this was done in consultation with her. Interviews of the PREA Coordinator, Warden, and PREA Compliance Manager confirm that the George W. Hill Correctional Facility does annual reviews of the staffing plan to ensure adequate staffing levels and technology is used to protect inmates against sexual abuse.

By policy the facility documents all deviations to the plan and it is reported to GEO. Per the Pre-audit questionnaire and interview of the Warden and PREA Compliance Manager; and review of manning sheets; there were no deviations from the plan. The facility uses overtime to fill all its positions in the plan.

Throughout the site review, the auditor saw evidence that intermediate and higher-level supervisors conduct and document unannounced rounds on all shifts to deter and identify staff sexual abuse and sexual harassment. PREA unannounced rounds are documented in housing unit logs. Staff interviews confirmed unannounced rounds included checking for PREA signs/posters; opposite gender staff announce their presence when entering housing units; blind spots and privacy curtains, unsecure areas; and questioning staff and inmates about PREA. Staff and inmate interviews further confirmed the unannounced rounds by supervisors. Rounds are conducted in a manner that prevents other staff from being warned of these visits. The staff conducting unannounced rounds who were interviewed were very knowledgeable of the procedures and what should be checked, observed, and asked about

during their PREA unannounced rounds. The interviewed staff stated the PREA checks was a more defined process than the normal unannounced rounds they used to conduct.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) 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.

GEO policy 5.1.2.A does cover all parts of the standards for GEO facilities that do confine juveniles to include: requires that youthful offenders be housed separately from adult inmates; avoid placing youthful offenders in isolation to keep them separated from adults and will not deny large muscle exercise and any legally required special education services, except under exigent circumstances.

George W. Hill Correctional Facility houses youthful inmates. The facility provides sight, physical and sound separation from adults at all times, including when youthful inmates are outside of a cell. One exception is when maintenance staff bring inmates into the youthful inmates housing unit. They sometimes lock youthful inmates in their cells in sight and sound of adult inmates or place out in recreation area with staff outside with them. Youthful inmates are provided access to programs and recreational/religious activities, there are no restrictions to large-muscle exercise. When female youthful inmates are received, the second floor of the medical unit is emptied, and female youthful inmates are housed there. Only male youthful inmates were housed during the audit. Youthful inmates interviewed stated they have no contact with adult inmates except when they come in for maintenance. Log books and observation documented youthful inmates have access to programs and recreation.

Standard 115.14 (a) A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.

(1). Finding: During the audit, the auditors observed maintenance staff and adult inmates come into the youthful inmates housing unit while the youthful inmates were locked into their cells. Interview with inmates and staff indicated sometimes the youthful inmates are locked down in their cells when maintenance adult inmates are brought into the housing unit for maintenance or placed in the recreation area.

Corrective Action Plan. George W. Hill Correctional Facility needs to either place youthful offenders outside when maintenance crews with adult inmates are in their housing areas or not bring adult inmates in the housing unit for maintenance. On 28 August 2018, George W. Hill Correctional Facility implemented guidance that no adult inmates would enter the youthful inmates housing. Staff were interviewed on 8 February 2019, and George W. Hill Correctional Facility was found to be compliant with the standard on 12 February 2019.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (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 inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates 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 inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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

115.15 (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 inmates 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.

Based on review of GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02, review of GEO training material, interview of staff and inmates, and observation it was determined the facility limits cross-gender viewing and searches. George W. Hill Correctional Facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches, and staff is prohibited and does not search transgender or intersex inmates to determine inmates' genital status. Review of training curriculum on Cross-Gender Viewing and Searches addressed the training requirements of this standard. Strip searches and cross gender pat search logs demonstrate male staff conducted searches of male inmates and female staff conduct searches of female inmates. George W. Hill Correctional Facility Policy has not had any incident of cross-gender strip searches or visual body cavity searches during this review period.

Based on review of GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02, review of training material, and interview of staff and inmates; inmates are able to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks (115.15(d)). Most inmates interviewed stated they could shower and change clothes without being observed by opposite gender staff. Standard 115.15 (d) The facility shall implement policies and procedures that enable inmates 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. Observation during the audit identified inmates were not able to perform bodily functions in housing unit 9 showers and one of the medical showers. The facility corrected the medical showers while the auditors were on-site. Corrective Action Plan.

Standard 115.15(d) The facility shall implement policies and procedures that enable inmates 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.

(1). Finding: Opposite gender staff who walk by the showers in housing units 9A – 9D can see inmate groin/buttocks in the shower.

Corrective Action Plan. Raise the shower curtain on the door to a height that blocks the groin area, but still allows staff to see in the showers. The audit team was provided pictures of the new view. The modifications were done professionally and was not rushed to simply meet a standard. GW Hill Correctional Facility was found to be compliant with the standard.

Based on review of GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02, review of training material, interview of staff and inmates, review of logs, and observation it was determined staff do announce their presence when entering an opposite gender inmate housing unit, but medical staff do not announce themselves in the medical housing unit.

Standard 115.15(d) Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

(1). Finding: Female medical staff do not announce when entering medical cell area. It was observed and confirmed during staff and inmate interviews.

Corrective Action Plan. Provide training for medical staff and put sign up on the door. Document training and send to auditor training provided and sign in rosters, along with picture of sign on door. Will conduct interview of staff following implementation and documents provided, The auditor observed female nurses while on the last two days of the on-site audit. A sign was placed on the door reminding staff to announce when entering a housing unit of the opposite gender. Training was conducted, documented (July 20 – August 1, 2018) and was provided to the auditor. The auditor conducted interviews of two medical/mental health staff on February 8, 2019. The interviews confirmed the process had been implemented and maintained. The sign to announce, training documents, auditor observation and staff interviews demonstrated the facility implemented the Corrective Action Plan and came into compliance with this standard.

Review of training records and lesson plans demonstrated staff had been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. 2016 and 2017 PREA training have emphasized proper search techniques. During interviews staff could not correctly define transgender and intersex inmates, or properly describe or perform a proper pat search procedure of a transgender inmate.

Standard 115.15(f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

(1). Finding: Seven of 21 staff interviewed could not describe or demonstrate a proper pat search of a transgender inmate; three stated they did not receive training. Staff to include some of those interviewed in specialty interviews did not know definition of transgender (only five of 23 could define transgender inmate).

Corrective Action Plan. Conduct retraining on transgender inmates and proper searches, provide the auditor copies of the training documents, and the auditor will conduct interviews. Staff was retrained between May and July. The auditor was provided the training to review. The auditor reviewed training sign-in rosters demonstrating 150 staff received the training in September. The auditor conducted interviews of ten staff which all ten were knowledgeable of the definition of transgender and the proper way of conducting a pat search of a transgender inmate.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (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 inmates 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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 ensure inmates with disabilities and who are limited English proficient have access to PREA information and programs. Inmates, whose primary language is not English, will normally be provided a copy or translation of the orientation materials in their own language. If an inmate with disabilities (including, for example, inmate who are visual/hearing impaired, or those who have intellectual psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, or response to sexual abuse and sexual harassment. The inmate will be assisted in understanding the material."

GEO and George W. Hill Correctional Facility has taken appropriate steps to ensure that inmates who are limited English proficient or disabled 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. Seven (7) staff were identified as being bi-lingual. GEO and the facility have a contract for translation services with Language Line Solutions. The auditor used the Language Line system to conduct one interview of an inmate who spoke Spanish. PREA handouts and inmate handbooks are in English and Spanish. One inmate interviewed claimed he did not get a handbook in Spanish, the lead auditor asked the staff to provide him one. English and Spanish PREA posters are posted throughout the institution for inmates, staff, and visitors to see. Staff and inmates interviewed stated inmates are not used as interpreters when addressing sexual abuse and sexual harassment allegations. Based on staff and inmate interviews no inmate interpreters had been used.

Informational and educational materials for inmates with physical and mental disabilities are provided in ways that will enable the inmate to understand the GEO zero tolerance policy and related material and be able to make a claim of sexual abuse or sexual harassment, if necessary. Interviewed one handicap inmate in a wheel chair, who felt his handicap did not prevent him from getting same PREA information and services as non-handicap inmates. For inmates who are hearing impaired, the facility has a Teletype (TTY) machine available for inmates who are hearing impaired, and the regular phones have volume control. Provisions can be made for inmates who may be visually impaired, though those with limited vision are assisted by some of the posters and handouts having been printed in larger print. For inmates with a mental disability, staff will spend time to ensure they understand the PREA basics of definitions and reporting.

115.16a(a) The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the

nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 ensure inmates with disabilities and who are limited English proficient have access to PREA information and programs.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 outlines policy and procedures to ensure staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; 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; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 also requires the institution to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Prior to and during the audit, and the interim report writing period the auditor reviewed four (4) staff hiring packets, and two (2) contractor hiring packets. Through review of staff and contractor records and staff interviews it was determined George W. Hill Correctional Facility staff and contractors are not hired or promoted if they have engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; 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; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated GEO and the facility considers incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires background checks for staff; and 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. Prior to the audit reviewed a background check for one correctional officer. During the audit, the auditor reviewed 48 background checks, and George W. Hill Correctional Facility background check spreadsheet that demonstrated background checks were done prior to employment and are currently done annually. Interviews of Human Resource staff and employees, and review of application packets also demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The county does the initial background checks through Commonwealth Law Enforcement Assistance Notification (CLEAN) system which is a conduit to the FBI, NCIC, and Pennsylvania systems; and annually through NCIC checks done by the facility.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires criminal background records check before enlisting the services of any contractor who may have contact with inmates. The auditor reviewed one contractor background check prior to the audit, and two contractor background check during the audit. Interviews of Human Resource staff and contractors, and review of contractor packets demonstrated background checks were conducted.

GEO policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 states, shall ask all applicants and employees who may have contact with inmates directly about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. Any individual promoted must complete a PREA Disclosure and Authorization and successfully complete a new background check. All employees in are required to complete a PREA Disclosure annually. The PREA Disclosure must be completed as part of the employee's annual performance evaluation. Prior to the audit, the auditor received one (1) promotion packet, and one (1) annual review demonstrating they addressed previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. On-site two (2) promotion packets were reviewed and demonstrated the staff member had completed a PREA Disclosure and Authorization and new background check. During the audit 48 additional employees' files that demonstrated employees who may have contact with inmates directly are asked about previous sexual misconduct as described in PREA standard 115.17 (a) in written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct were reviewed. It was noted the GEO form was started in late 2017, early 2018 for the annual review, which brought the facility into compliance for the CEC form did not meet the standard for the annual self evaluation/

GEO Policy 5.1.2-A state's material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination.

GEO Policy 5.1.2-A states GEO will 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. Per interview of Human Resource Staff, George W. Hill Correctional Facility would 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.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 inmates 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

115.18 (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 inmates 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.

Through review of GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02; and interviews of the Agency Head representative, PREA Coordinator, PREA Compliance Manager, and Warden it was determined that the GEO considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The auditor has seen from other audits how GEO has considered the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

There has been no substantial expansion at George W. Hill Correctional Facility during the last three years. During the review of the staffing plan, the video monitoring system is also reviewed to ensure coverage enhances the ability to protect inmates from sexual abuse. George W. Hill Correctional Facility had 171 cameras located throughout the facility.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (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

115.21 (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

115.21 (c)

- Does the agency offer all victims of 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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.21 (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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

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.

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and George W. Hill Correctional Facility Policy 1400.02 outline evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals.

George W. Hill Correctional Facility makes available to the victim a victim advocate from a rape crisis center. MOU with George W. Hill Correctional Facility Policy and Delaware County Women Against Rape to provide services that includes: victim advocate services and support through medical exam process and investigator interviews, provide confidential emotional support services, crisis intervention, information, and referrals.

There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The protocols were reviewed and found to be in line with DoJ's National Protocol for Sexual Assault Medical Forensic Examinations. Staff interviewed were very knowledgeable of the evidence protocols and could explain the protocol for obtaining useable evidence when an inmate alleged sexual abuse. The auditor interviewed one of the George W. Hill Correctional Facility investigators, who had a good understanding of the investigative procedures and responsibilities and evidence protocols.

GEO Policy 5.1.2-E and George W. Hill Correctional Facility Policy 1400.02 requires all victims of sexual abuse are provided access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate, by Sexual Assault Nurse Examiners (SANEs) where possible. Forensic medical exams are done at either Crozier Chester Medical Center or Riddle Memorial Hospital. The agency offers all victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiary or medically appropriate. The auditor reviewed three cases that inmates were sent to a hospital for a forensic exam. Two refused at the hospital, one received forensic exam by a SANE nurse.

George W. Hill Correctional Facility has a MOU with Delaware County Criminal Investigation Division for investigations. Delaware County Criminal Investigation Division conducts all criminal investigations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (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

115.22 (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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (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.

GEO Policy 5.1.2-E, and George W. Hill Correctional Facility Policy 1400.02 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, that all

allegations of sexual abuse or sexual harassment are referred for investigation by the appropriate authority. George W. Hill Correctional Facility has a MOU with Delaware County Criminal Investigation Division for investigations. Delaware County Criminal Investigation Division conducts all criminal investigations.

There were 36 PREA allegations in the last 12 months: 29 sexual harassment, and seven (7) sexual assaults. Six (6) were referred as criminal. Prior to the audit, the auditor reviewed two cases from 2017. On site the auditor reviewed 15 closed cases from 2017 and 2018. The cases reviewed included six (6) Inmate on inmate sexual assault (IISA) (four (4) unsubstantiated, two (2) unfounded); five (5) inmate on inmate sexual harassment (IISH) (five (5) unsubstantiated); two (2) staff on inmate sexual harassment (SISH) (one (1) unsubstantiated, one (1) unfounded); one (1) staff on inmate sexual assault (SISA) (one (1) unfounded); and one (1) willful sexual activity (substantiated). All the cases were referred to the appropriate investigative agency.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates 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

115.31 (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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 addresses PREA staff training requirements. George W. Hill Correctional Facility Policy employees receive PREA training annually. The PREA training curriculum was reviewed and verified that the training provided to employees is very comprehensive. Review of the lesson plan and slides demonstrated the training covered: zero-tolerance Policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The PREA Coordinator modifies GEO wide PREA training curriculum annually highlighting areas identified as areas needing emphasis. Employees sign an acknowledgement form that they have received and understood the PREA training they received. Prior to the audit, the auditor reviewed training acknowledgements from eight (8) staff. The auditor randomly selected 50 staff training records, 46 had documentation that they understood the PREA training. Based on knowledge of staff, document review, interviews, and incident files it is evident staff have received meaningful training and understand their responsibilities and put the procedures into practice.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? Yes No

115.32 (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.

All contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. GEO policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02, and the PREA training curriculum outline training requirements for volunteers and contractors who have contact with inmates. Prior to the audit, contractor and volunteer PREA training material; and three each contractor/volunteer memorandum stating they understood the training. The two (2) contractors and two (2) volunteers interviewed had a good understanding of PREA, reporting, their responsibilities, and the agency zero tolerance policy.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate 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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires that all inmates receive PREA information upon arrival; PREA education within 30 days of intake; and the information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The auditor reviewed inmate handbooks, posters and education documents.

Standard 115.33 (a) During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

(1). Finding: One (1) of 57 inmates records reviewed documented receiving the PREA information during intake. Fifty-six received the information ranging between one (1) – twelve (12) days after arrival. Inmate interviewed said they received the information during intake (28 of 34).

Corrective Action Plan. George W. Hill Correctional Facility needs to issue and have the inmates sign for the PREA Pamphlet or inmate handbook upon arrival during the intake process. In The auditor was provided documentation of 15 inmates receiving the inmate handbook with PREA information on the day the inmate arrived. On February 8, 2019 the auditor interviewed two staff from booking who confirmed inmates signed for their inmate handbook at booking. George W. Hill Correctional Facility was found to be compliant with the standard on 12 February 2019.

During the audit, the auditor reviewed 57 inmate records who were interviewed: 54 received the PREA education within 30 days. During inmate interviews, 28 of 34 inmates said they received the PREA PREA Education.

Zero-Tolerance Policy posters and PREA posters (English and Spanish) are placed throughout facility in locations accessible and visible to inmates, staff, and the public. Inmate handbooks (English and Spanish) are provided to inmates upon arrival. Both are in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. The inmate handbook (English and Spanish) has a lot of good information. The Inmate Handbook PREA section covered zero tolerance, reporting, definitions, how to report, outside reporting including address and phone numbers, and how to go call for emotional support. GEO poster (English and Spanish) covered how to

report, zero tolerance, and rights after reporting. Reviewed GEO Sexual Assault Prevention Document (English and Spanish) which include defining PREA; GEO Zero Tolerance policy; common reactions; reporting; telephone process and address for outside emotional support services; investigation information; what to do if abused; and how to avoid sexual abuse in confinement. The GEO flyers include ways to report, GEO zero tolerance policy, and what actions will occur upon reporting a PREA allegation.

The inmates interviewed were able to articulate the zero-tolerance policy; their right to be free from sexual abuse and sexual harassment; and their right to be free from retaliation for making a report.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (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 115.21(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 115.21(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 115.21(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 115.21(a).] Yes No NA

115.34 (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 115.21(a).]
 Yes No NA

115.34 (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.

GEO Policy 5.1.2-A requires the facility investigator receives specialized training in addition to the general education provided to all employees. GEO PREA Coordinator attended the Moss Group “Train the Trainers Specialized Training; Investigating Sexual Abuse in Corrections Setting” sponsored by the PREA Resource Center. She then tailored the program for GEO investigators and is the instructor for all GEO investigator training. The auditor reviewed the specialized training for investigators, and it covered all requirements of the standard to include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor reviewed four training records which documented both annual PREA training and PREA investigator training. The facility maintains documentation that the investigators has received both the general and investigative PREA training. The lesson plans, slides and sign in sheets were reviewed and interview of the investigator demonstrated good understanding of how to conduct a sexual abuse investigation in a confinement setting. The interview of the investigator demonstrated a good understanding of how to conduct a sexual abuse investigation in a confinement setting and verified his knowledge of conducting PREA investigations and coordinating with outside agencies for criminal investigations.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 outlines the training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. Prior to the audit, the auditor reviewed four (4) staff acknowledgements for understanding the basic PREA training and the medical PREA training. The auditor reviewed four training records prior to audit and the GEO medical training plan used to train medical and mental health staff on specific medical and mental health PREA training. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Each staff member interviewed described their role through each step of the process following an allegation of sexual abuse through follow-up services. Medical staff does not conduct forensic medical examinations.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates 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 inmates 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 inmates 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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

- Is it the case that inmates 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

115.41 (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 inmate's detriment by staff or other inmates? 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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires facilities to: conduct a screening for risks of sexual victimization and abusiveness within 24 hours of arrival; a follow-up screening for risks of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the inmate's arrival at the facility; and reassesses inmate's risk level again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. George W. Hill Correctional Facility started using the GEO PREA screening tool in November/December 2017.

Standard 115.41 (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Finding: The initial screen is done in a two-step process, where the booking section does the section identifying inmates at risks to be sexually abused, and between one (1) – 30 days later the second half of the initial PREA screen is completed by other staff for inmates at risks of being sexually abusive towards other inmates. The auditor randomly selected 58 inmates and reviewed their screens during the on-site and report writing period. Of the 52 initial screening forms reviewed: 41 were screened within 72 hours of arrival.

Corrective Action Plan. Train staff to conduct entire initial screen within 72 hours. Having a one step process is best, but a two-step process is acceptable if entire screen is done within 72 hours of arrival. Following establishing the process, training, provide the auditor 30 days of screen examples (five (5) per week). Following 90 days, the auditor will conduct interviews. Staff were trained. The auditor was provided 20 initial and follow-up screenings from October and November. All initials were done within 72 hours (still a two-part system); and 20 follow-up screenings were conducted within 30 days. Three staff who conduct screens were interviewed on February 8, 2019. The auditor finds the facility compliant with the standard.

The auditor had eight staff who conduct the screens perform the screen of the auditor to demonstrate the process of filling out the screening form. The process was done professionally. Some information is provided through asking the inmate questions, others through review of inmate records. All the criteria referenced in the standard are on the form; and the GEO policy states that inmates will not be 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 the standard. Staff and inmate interviews confirmed they are not disciplined for not answering questions on the screen.

Standard 115.41(d) The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

Finding: Staff who perform the screens make their own assessment of whether the inmate is gender non-conforming; six (6) of eight (8) of the screeners interviewed did know the definition of gender nonconforming. Auditor finds the facility not meet with this part of the standard.

Corrective Action Plan. Train staff on how to identify someone who is gender nonconforming. Following establishing the process, training, provide the auditor 30 days of screen examples (five (5) per week). Following 90 days, the auditor will conduct interviews. The auditor was provided 20 initial and follow-up screenings from October and November. Three staff who conduct screens were interviewed on February 8, 2019, all could describe gender nonconforming. The auditor finds the facility compliant with the standard.

The facility was found in compliance with Standard 115.41 (f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The auditor reviewed 51 follow-up screenings during the audit, 47 were conducted within 30 days.

The screening instrument is objective in determining if the inmate is at risk for victimization or abusiveness. Through observation and interviews GEO and the facility has confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate'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

115.42 (f)

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

115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

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

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

Auditor Overall Compliance Determination

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

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

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

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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02, outlines the use of the screening form to include: using the information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each inmate. GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 states the agency shall consider on a case-by-case basis whether to assign a transgender or intersex inmate to an institution for male or female inmates, housing and programming assignments, based on the inmate’s health and safety, inmate’s own views with respect to his or her own safety, and whether the placement would present management or security problems; reviewing twice a year placement and programming assignments for each transgender or intersex inmate to review any threats to safety experienced by the inmate; allowing transgender and intersex inmates the opportunity to shower separately from other inmates; and not placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of

such identification or status, unless such placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Through a review of screening forms, housing and program decisions, inmate and staff interviews, it was determined George W. Hill Correctional Facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. The decisions are made on a case-by-case basis using information from the screen, assigned PREA classification, and good correctional judgment. The process is clearly defined in the policies and implemented in the use of PREA and classification forms. The automated housing program does not allow inmates who are at high risk of being sexually victimized to be housed in the same cell as those at high risk of being sexually abusive

Inmates interviewed who identified as lesbian, bisexual, gay, or transgender acknowledged they were treated with respect; and were not housed in a dedicated housing unit. Review of housing unit assignments of all lesbian, bisexual, gay, or transgender inmates documented they are not placed in a designated housing unit.

Prior to audit reviewed three transgender screening form, Transgender Care Committee Summary; and Statement of Search/Shower/Pronouns Preference Form. During the audit reviewed seven transgender inmates Transgender Care Committee Summary; Statement of Search/Shower/Pronouns Preference Form; and PREA Risk Assessment. Inmate interviews. Interviewed eight (8) LGBT inmates, who acknowledged they were treated with respect; and were not housed in a dedicated housing unit. Review of housing unit assignments of all LGBTI inmates documented they are not placed in a designated housing unit. Treatment groups include transgender support group.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? 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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers; if placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; that the facility shall document any access to programs, privileges, education, or work opportunities that was restricted, duration of restriction and why; and that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. Interviews of the Warden, PREA Compliance Manager, and segregation staff verified inmates at high risk of sexual victimization would not be placed in involuntary segregation unless other measures have been assessed. Other measures included moving housing areas or facilities. It was confirmed through Pre-Audit Questionnaire; investigative paperwork; and during interviews with the Warden, staff who supervise segregated inmates, and inmates; that no inmates at high risk for sexual victimization had been placed in involuntary segregated housing during the past 12 months prior to the audit. GEO documents any review of alternatives using a form that addresses possible alternatives reviewed prior to placing inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? 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.

George W. Hill Correctional Facility Policy inmate handbook, PREA handouts, and posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Inmates can report a PREA allegation: verbally or in writing to staff; calling the PREA reporting hotline, write to GEO Regional Director, and through a third party; and file a grievance. Interviews of inmates and staff and review of investigations verified inmates knew of and used multiple internal and external ways to report incidents of abuse or harassment, and retaliation. Auditor tested the PREA reporting hotline while on site from the inmate phone system. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are promptly documented any verbal reports. Most investigations reviewed used the PREA hotline. 45 of 51 inmates interviewed knew how to report.

GEO Employees reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the GEO Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the Internet at www.reportlineweb.com/geogroup or at the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Director directly at (561) 999-5827.

George W. Hill Correctional Facility does not detain offenders solely for civil immigration purposes.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates 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 an inmate 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

115.52 (c)

- Does the agency ensure that: An inmate 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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate 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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third-party files such a request on behalf of an inmate, 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 inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate 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

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate 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.

The auditor reviewed GEO Policy 5.1.2-A, George W. Hill Correctional Facility Policy 1400.02; Inmate Handbook, and grievances. George W. Hill Correctional Facility accepts the PREA allegation as a

grievance, and immediately closes the grievance and notifies the inmate has been moved to a PREA investigation and the grievance is closed. George W. Hill Correctional Facility Policy may discipline an inmate for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith. The auditor reviewed a two PREA allegations that started as a grievance, but was moved immediately to a PREA investigation, and the grievance was closed.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

- Does the facility inform inmates, 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

115.53 (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 inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 states inmates shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations; and the facilities shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

MOU with George W. Hill Correctional Facility and Delaware County Women Against Rape to provide for outside confidential support services. The inmates can call or write to Delaware County Women Against Rape. Prior to audit, the auditor reviewed the MOU with Delaware County Women Against Rape. On-site the auditor observed the posters with the information for Delaware County Women Against Rape both English and Spanish. The auditor on first day of the on-site audit called through the inmate phone system and was provided services as requested. The Delaware County Women Against Rape staff was knowledgeable about PREA and providing victim advocacy services.

Standard 115.54: Third-party reporting

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

115.54 (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 an inmate? 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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. GEO websites outlines GEO methods to receive third party reports of sexual abuse and sexual harassment. GEO website states “To report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program or if you were previously housed in a GEO facility or program and need to report an allegation of sexual abuse/harassment, you may contact the Facility Administrator’s Office in the facility where the alleged incident occurred or where the individual is housed. Please see our Locations page for each facility’s contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator Phebia Moreland directly (see contact information below). It is critical that you provide as many details as possible to help us investigate the allegation: The names and locations of alleged persons involved; Individual’s register/booking number (if known); Date, time and location of where the alleged incident occurred; The names of any witnesses to the alleged incident; A brief description of the alleged incident; Your contact phone number and address if you wish to do so.” GEO website provides a number and mailing address. Throughout the facility to include visitation there are PREA flyers with third party reporting information for visitors, staff and inmates to see. Interviews with inmates demonstrated they knew how third-party reporting could be accomplished.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (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 inmates 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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does 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

115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (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

115.61 (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.

GEO Policy 5.1.2-A, George W. Hill Correctional Facility Policy 1400.02, and employee handbook require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Health practitioners during interviews stated they are required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Review of investigative files; and interviews of staff verified staff immediately report to the facility's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility's designated investigator. There was one case where a staff member when asked how an inmate should report a PREA allegation told the inmate to call into the hotline. The incident was documented in the investigation report, incident review and retraining were recommended. All staff interviewed said they would report any PREA allegation that they had knowledge, suspicion, or information on to include retaliation against an inmate or staff who reported a PREA allegation.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State vulnerable person's statute, The GEO Group reports the allegation to the designated State or local services agency under applicable mandatory reporting laws. George W. Hill Correctional Facility has not had a PREA incident involving a youthful offender or vulnerable persons which required mandatory reporting during the audit period.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? 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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Investigator, PREA Compliance Manager and Warden. All staff indicated they would act immediately to protect the inmate. They also stated they would separate the potential victim/potential predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor and medical staff.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate 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

115.63 (b)

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

115.63 (c)

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

115.63 (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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires when an allegation that an inmate was sexually abused while confined at another institution, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation; that all sexual abuse allegations reported by another institution regarding any inmate that was confined at the George W. Hill Correctional Facility be fully investigated. Interviews with the Warden, PREA Compliance Manager, and investigator confirmed their knowledge of the policies and responsibilities to report any allegations by an inmate they had alleged to have happened at another facility and investigate any allegations that may have occurred at George W. Hill Correctional Facility that was reported by another facility. Review of investigations demonstrated one such case reported in 2018 of an incident in 1979. A proper investigation was conducted. There were no cases of an inmate who arrived at George W. Hill Correctional Facility that reported an incident at another facility during the audit period.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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

115.64 (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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 outlines procedures to respond to an allegation of sexual abuse for both security and non-security staff. There is a GEO Incident Checklists to be used when responding to sexual abuse or sexual harassment. Staff have a card they carry that describes the steps a first responder would take. The PREA First Responder card helps the employee with their duties and responsibilities in regard to PREA. The PREA training curriculum covers the first responder duties. Random interviews with security and non-security staff confirmed both security and non-security staff were very knowledgeable what to do upon learning an inmate was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence. Based on staff and inmate interviews, and review of policy and investigations; the first security staff member to respond to an allegation that an inmate was sexually abused shall: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The auditor interviewed three staff members who were the first responders who provided a good synopsis of the incident they responded too. Their actions were immediate, appropriate, and IAW policies and the standard. Five of the five inmates who reported sexual abuse said staff responded immediately and took appropriate action. A review of all incidents reported indicate the protocols are followed in accordance with the policy and First Responder training. The incident checklist was completed for these incidents and appropriate actions and notifications noted. All first responders were very knowledgeable about their responsibilities during interviews.

Standard 115.65: Coordinated response

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

115.65 (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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires facilities to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The George W. Hill Correctional Facility PREA Coordinated Response Plan coordinates actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan includes a checklist which is used during PREA incidents. Interviews with staff (first responders, medical and mental health practitioners, investigators, and institution leadership), and review of investigative files confirmed staff were very knowledgeable about the PREA plan and the coordinated duties and collaborative responsibilities. The plan also has a section for steps to take for sexual harassment allegations and sexual activity not PREA. Staff has also been issued a card with first responder information. Five of the five inmates who reported sexual abuse said staff responded immediately and took appropriate action. Those staff interviewed as first responders were very knowledgeable of the steps to responding to an allegation and demonstrated it when they responded. Staff from various sections knew their role in the coordinated response and knew how their role worked with other sections of the facility.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (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.

GEO Policy 5.1.2-A addresses collective bargaining units and states in every case remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation.

George W. Hill Correctional Facility has a union agreement with the Delaware County Prisons Employees Independent Union. The Union agreement does not prohibit George W. Hill Correctional Facility from removing alleged staff sexual abusers from contact with inmates pending the outcome of the investigation. Review of investigations demonstrates that will separate the victim from the accused staff member in both sexual abuse and harassment usually by placing the staff member in a position where there would be no contact with the inmate. Review of PREA allegation investigations demonstrated the staff involved in five PREA case was initially moved to a post away from the inmate.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (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 inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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 inmate 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 inmate 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

115.67 (d)

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

115.67 (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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GEO policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 require a staff member be designated to monitor for retaliation against staff or inmates who reported or had been sexually abused or harassed; provided multiple protection measures for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; monitoring the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff; and conducting periodic status checks through interviews at least every seven days. Monitoring will occur for at least 90 days following the report of the allegation and may go beyond the 90 days if the monitoring indicates a continuing need.

There is a monitoring log form used to monitor inmates from retaliation. George W. Hill Correctional Facility switched from the CEC form to the GEO form which was an improvement. The GEO form allows notes included comments from review of inmate records for changes that may suggest possible retaliation to include disciplinary action; and comments from the face to face meeting with the inmate. The auditor reviewed ten cases of monitoring, eight (8) were done IAW the standard; one was done for only 60 days, and one was never started even though the inmate was not moved till 14 days after he reported. Though not found as not meet, the facility did provide three additional monitoring logs during the corrective action period, all three were done IAW the standard. Interviews of the Warden, PREA Compliance Manager, person who does the monitoring, and inmates demonstrated monitoring of inmates was being conducted. George W. Hill Correctional Facility uses multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? 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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 states involuntary segregated housing for inmates who have alleged to have suffered sexual abuse may be used only after an assessment of all available housing alternatives has shown there are no other means of protecting the inmate; and use of protective custody to protect alleged victim is only used as a last resort for a very short time. If placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; and that the institution shall document any access to programs, privileges, education, or work opportunities that was restricted and that every 30 days, the institution shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. There were no inmates who have alleged to have suffered sexual abuse in protective custody during the on-site audit. Interviews of the Warden, PREA Compliance Manager, segregation supervisor and inmates, there was no instance of using segregation housing to protect inmates who had alleged to have been sexually abused in the last 12 months.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(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 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (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

115.71 (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

115.71 (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 inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (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

115.71 (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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Based on review of GEO policy 5.1.2-E, George W. Hill Correctional Facility Policy 1400.02; investigation case tracking log; the 15 PREA investigations reviewed; interviews of Facility Warden, PREA Compliance Manager, and investigator it was determined an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

There were 36 PREA allegations in the last 12 months: 29 sexual harassment, and seven (7) sexual assaults. Six (6) were referred as criminal. Prior to the audit, the auditor reviewed two cases from 2017. On site the auditor reviewed 15 closed cases from 2017 and 2018. The cases reviewed included six (6) inmate on inmate sexual assault (IISA) (four (4) unsubstantiated, two (2) unfounded); five (5) inmate on inmate sexual harassment (IISH) (five (5) unsubstantiated); two (2) staff on inmate sexual harassment (SISH) (one (1) unsubstantiated, one (1) unfounded); one (1) staff on inmate sexual assault (SISA) (one (1) unfounded); and one (1) willful sexual activity (substantiated). All the cases were referred to the appropriate investigative agency.

Four (4) investigators had received the GEO specialized training for PREA investigators.

The investigator stated that he collects the appropriate direct and circumstantial evidence, reviews the video tapes, interviews the alleged victim, suspected perpetrators, and witnesses. He also reviews prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigator also stated that the credibility of the victim, suspect, or witness is always assessed on an individual basis. Polygraphs are not used in PREA investigations.

When conducting administrative investigations, the Investigator always makes a determination whether staff actions or failures to act contributed to the abuse. The auditors reviewed 15 investigation reports and found them to include a description of the incident, the evidence collected, and summaries of interviews

An inmate who alleges sexual abuse shall not be required to submit to a polygraph examination as a condition for proceeding with the investigation. The credibility of an alleged victim, assailant, or witness shall be assessed on an individual basis and not on the status as an offender or staff member. Information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report. Inmates interviewed who alleged sexual abuse said they were not required to submit to a polygraph.

Investigations are not ended because the victim or the abuser is no longer under the custody of the agency. This would also be the case if the alleged abuser was a staff member and resigned from the facility; the investigation would go on until its conclusion. GEO policy and procedures state that PREA investigation files will retain all written PREA reports for ten years.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of GEO policy 5.1.2-E and George W. Hill Correctional Facility Policy 1400.02 and investigations; and interviews with the investigator and administrative staff confirm the George W. Hill Correctional Facility has no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the investigator was asked what standard of evidence was used in determining if an allegation is substantiated, the agency's policy was recited confirming compliance with the standard. A review of documentation and staff interviews confirmed compliance to this standard. Investigation reports state "Based on the preponderance of the evidence, the investigator determined allegation of sexual abuse against (NAME), is unfounded (or founded as applicable)."

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate'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 inmate's unit? Yes No
- Following an inmate'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 an inmate'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 an inmate'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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires the inmate to be informed as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if investigated by an outside agency, request the outside investigative agency inform the inmate as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate's unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented.

Standard 115.73 (a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

(1). Finding: Five of eight cases reviewed the inmate was informed whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In those five cases the notification was timely.

Corrective Action Plan. The auditor will request closed cases when notified and the facility will provide the notifications of those cases. The auditor was provided four cases from September – December that notifications were provided timely and well documented using the GEO form in all four cases. The auditor interviewed the PREA Compliance Manager on 8 February 2019 and found the facility compliant with the standard on 12 February.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (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

115.76 (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.

Per GEO Policy 5.1.2-E, GEO employee handbook, George W. Hill Correctional Facility Policy 1400.02, and interviews with staff: staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and 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. None during the audit period.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? 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

115.77 (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 inmates? 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.

GEO policy 5.1.2-E and George W. Hill Correctional Facility Policy 1400.02 prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Review of investigations and interview of the Warden and investigator demonstrated there have been no substantiated allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (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

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 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.

Per review GEO Policy 5.1.2-E and George W. Hill Correctional Facility Policy 1400.02; and interviews with George W. Hill Correctional Facility; inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories; and considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. George W. Hill Correctional Facility prohibits all sexual activity between inmates and discipline inmates for such activity. No sexual abuse or sexual harassment case the auditor reviewed resulted in a substantiated finding or disciplinary action.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? 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.

GEO policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires all new inmates receive a PREA screen upon arrival, along with a medical and mental health screen. If any of these identify someone as having experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community, they will be offered a medical and mental health follow-up meeting within 14 days.

Standard 115.81 (a) If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(1). Finding: On site the auditor reviewed screens and of the four that should have been referred to medical or mental health only one was referred. Screeners interviewed did not know if a person had experienced prior sexual victimization, they are to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Five of the inmates interviewed who disclosed prior sexual victimization said they were not offered a follow-up meeting with medical or mental health.

Corrective Action Plan. Conduct retraining of staff who conduct screens to ensure they offer previous victims of sexual abuse a follow-up meeting with medical or mental health. Train mental health staff to document the visit as a result of reporting sexual abuse based on the PREA screen. Provide documentation of cases that inmates had reported previous sexual abuse had been referred to medical or mental health. The auditor will conduct interviews of screeners, medical and mental health staff. The auditor was provided four cases during the corrective action period that the inmate reported previous sexual abuse, was offered a follow-up, and the mental health staff documented the follow-up occurring within 14 days. The auditor interviewed two screeners and mental health staff on 8 February 2019 and found the facility compliant with the standard on 12 February.

Interviews of medical and mental health staff confirmed any information related to sexual victimization or abusiveness that occurred in the institution is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. Medical and mental health staff interviewed were very knowledgeable of their responsibility and requirements for assisting sexual victims and perpetrators.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate 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

115.82 (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 § 115.62? Yes No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate 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

115.82 (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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment; inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Qualified medical practitioners are on duty 24 hours. The medical and mental health staff interviewed explained the process to include that the alleged victim is first taken to the facility medical area where they receive life threatening first aid pending transfer to a hospital for a Sexual Assault Nurse Examiners (SANEs) to perform the forensic exam. Upon returning from the hospital a nurse evaluates and documents the inmate's health status and refers the inmate for medical and mental health services. The inmate is prioritized for sick call and if the emergency room does not complete testing sexually transmitted diseases, testing is done at the facility. Per GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires inmate victims of sexual abuse shall receive timely, unimpeded access to outside emergency medical exams without financial costs. The services at no costs are provided regardless of whether the victim names the abuser or cooperates

with any investigation arising out of the incident. Forensic exams are done for up to 72 hours since the time of the incident. Medical staff was very knowledgeable of the steps and process.

Five (5) of five (5) inmates interviewed who reported sexual abuse was taken to medical and offered timely and unimpeded access to medical services and mental health assistance at no costs. The auditor reviewed four cases that were sent for forensic medical exam, three had the medical forensic exam, one refused when arrived at the hospital. Records demonstrated they went to the hospital for forensic exam.

Standard 115.83: 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

115.83 (a)

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

115.83 (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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 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.

Based on review of GEO Policy 5.1.2-A, George W. Hill Correctional Facility Policy 1400.02, and medical and mental health documentation; and interviews with staff and inmates demonstrate George W. Hill Correctional Facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Treatment groups include "House of Healing" (Victimization group); individual counseling; and transgender support group. The auditor reviewed three cases where medical and mental health evaluations and follow-up services and treatment plans were provided. George W. Hill Correctional Facility provides victims with medical and mental health services consistent with the community level of care. Treatment is at no costs to the inmates and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Based on documentation and interviews of mental health staff, mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse. Treatment groups include sex offender treatment group; anger management; and individual counseling.

Female inmates sexually assaulted would be offered pregnancy tests, and if pregnancy results from a sexual assault while incarcerated, such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (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

115.86 (b)

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

115.86 (c)

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

115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (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.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor reviewed two incident reviews prior to the audit, and reviewed eleven incident reviews on-site that were randomly chosen from within the last 24 months. The review occurs within 30 days of the conclusion of the investigation. GEO has an excellent PREA after action review form that addresses all elements of the standard. The incident review was thorough in determining causes and better policies and practices to better prevent, detect, or respond to sexual abuse. All elements of the standard are reviewed. The PREA Coordinator may be and has been consulted as part of the incident reviews. Incident review team members were interviewed and were very knowledgeable of the process.

Standard 115.87: Data collection

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

115.87 (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

115.87 (b)

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

115.87 (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

115.87 (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

115.87 (e)

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

115.87 (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.

The auditor reviewed GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02, George W. Hill Correctional Facility Monthly PREA tracking log, PREA Incident Reports, PREA Incident Report Surveys.

GEO Policy 5.1.2-A and George W. Hill Correctional Facility Policy 1400.02 requires the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. GEO facilities provide monthly reports and PREA surveys to GEO headquarters. A monthly PREA Incident Tracking log is used to collect and provide the GEO PREA Coordinator data on sexual abuse and harassment incidents. Per conversation with GEO staff the data is aggregated. Upon request from DoJ, GEO provides the data. The auditor reviewed GEO PREA portal, facility monthly PREA tracking log, GEO 2015, 2016, and 2017 annual PREA report.

GEO does not contract its inmates to other facilities (115. 87 (e)).

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 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

115.88 (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

115.88 (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

115.88 (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.

GEO Policy 5.1.2-A requires GEO to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. It is then provided to the agency contracted with, who produces an annual report with comparisons from previous years and corrective actions and posted on that agency website.

The GEO annual report is very comprehensive in scope, provides data, an assessment of its PREA program and areas of focus, and includes the agency's progress in meeting the PREA Standards. The GEO home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, and the 2017 GEO PREA annual report. The auditor previously reviewed the GEO 2013, 2014, 2015, and 2016 PREA annual reports. GEO continues to publish one of the better annual reports the audit team has reviewed. The GEO 2017 PREA annual report includes a comparison of 2016 and 2017 data; an assessment GEO's effectiveness of its sexual abuse prevention, detection, and response policies and actions to eliminate sexual abuse and sexual harassment. Actions included policy updates, new corporate data base, additional training for investigators, ad emphasis on transgender searches during annual training. The GEO website PREA tab is easy to find and is very informative.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 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.

Review of GEO Policy 5.1.2-A, website, storage of documents at the facility, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate

data on all its facilities is available to the public through its website. All GEO institution data is in the annual report and posted on the website, only the last report is posted. GEO maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the GEO Retention Records Schedule. Before making aggregated sexual abuse data publicly available, GEO removes all personal identifiers.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

- Were inmates 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.

GEO did complete a PREA audit of all the correctional facilities within the first cycle as required by the standard. The first cycle of PREA audits were conducted between August 2014 and September 2017. All GEO facilities have received a PREA audit since August 20, 2013. The agency is tracking with one-third of their facilities each year in the current second cycle. The final reports for each of these audits are published to the GEO public website. The auditor was provided full access to observe all areas of the facility and access to any staff member or inmate as requested. A private setting was provided for interviews and the facility was very accommodating with escorting inmates to and from the interview area in an organized and appropriate manner. Facility staff members were pleasant and forthcoming with information during formal and informal interviews and made themselves available timely. Audit notifications posted throughout the facility provided opportunity for inmates to send confidential letters to the auditor prior to the audit, although none were received. All documents and access to documents requested by auditor was made readily available for review.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

GEO places completed audit reports on the Agency web site as required by the standard. It has provided these documents since 2013 and continues to post them within 90 days of the documents being provided to them by the auditor. Interviews of the PREA Coordinator and review of GEO website confirms that the agency publishes PREA final reports making them available to the public.

AUDITOR CERTIFICATION

I certify that:

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

David K. Haasenritter _____

12 May 2019 _____

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.