

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

Interim Final

Date of Report September 24, 2020

Auditor Information

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Company Name: Click or tap here to enter text.

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City, State, Zip: Akron, Ohio 44305

Telephone: 330-618-7456

Date of Facility Visit: July 23-25, 2019

Agency Information

Name of Agency:

The GEO Group Inc

Governing Authority or Parent Agency (If Applicable):

Physical Address: 4955 Technology Way

City, State, Zip: Boca Raton, Florida 33481

Mailing Address: 4955 Technology Way

City, State, Zip: Boca Raton, Florida 33481

Telephone: 561-999-5827

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

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: www.geogroup.com Social Responsibility Section

Agency Chief Executive Officer

Name: George C. Zoley

Title: Chairman of the Board, CEO and Founder

Email: gzoley@geogroup.com

Telephone: 561-893-0101

Agency-Wide PREA Coordinator/Compliance Manager

Name: Ryan Seuradge

Title: Director, Contract Compliance
PREA Coordinator

Email: rseuradge@geogroup.com	Telephone: 561-999-5875
PREA Coordinator/Compliance Manager Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator/Compliance Manager 102: 44 prison/jails; 36 reentry; 8 youth; and 14 ICE

Facility Information

Name of Facility:	Moshannon Valley Correctional Facility		
Physical Address:	555 GEO Drive, Philipsburg, Pennsylvania 16866		
Mailing Address (if different than above):	Click or tap here to enter text.		
Telephone Number:	814-768-1200		
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission: The mission of the Moshannon Valley Correctional Facility is to provide a safe, secure, and humane environment that promotes the positive welfare and socialization of sentenced criminal alien inmates and others. Annual reviews of organizational goals and objectives are required to ensure continuation of programs that meet our established mission. Specifically, the facility shall provide a positive living environment for sentenced criminal aliens and others that are sentenced to the care and custody of the Federal Bureau of Prisons; provide rehabilitation programs, Pre-GED, GED/English, INEA, English as a Second Language, Post-Secondary Education, Agriculture, Building Trades, Horticulture, Landscaping, and Alternative Energy in an effort to educate the inmates prior to release into their respective community; provide a safe and secure correctional environment that is committed to providing care, security, and supervision to the inmate population; develop an awareness of effective fiscal responsibility; preserve the health and safety of staff, inmates, and visitors; provide individual counseling conducted by trained staff based upon risk assessments, establish short and long term objectives that address the needs of each inmate, and review of the inmate's progress; provide for a comprehensive and realistic individual program plan to be developed, implemented, and closely coordinated and monitored for each inmate through a Continuum of Care approach.

Facility Website with PREA Information: <http://www.geogroup.com> Social Responsibility Section

Warden/Superintendent

Name: Leonard J. Oddo	Title: Facility Administrator
Email: loddo@geogroup.com	Telephone: 814-768-1200

Facility PREA Compliance Manager

Name: Deann Cribbs	Title: Case Manager Coordinator/PREA Compliance Manager
Email: dcribbs@geogroup.com	Telephone: 814-768-1239

Facility Health Service Administrator

Name: Carrie Guiher	Title: Health Services Administrator
Email: cguiher@geogroup.com	Telephone: 814-768-1272

Facility Characteristics

Designated Facility Capacity: 1,878	Current Population of Facility: 1,547 (first day of audit)		
Number of inmates admitted to facility during the past 12 months			1,076
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1,076
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1,076
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: N/A	Adults: 18-81	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			3 years, 88 days
Facility security level/inmate custody levels:			Low/In
Number of staff currently employed by the facility who may have contact with inmates:			274
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			39
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			10

Physical Plant

Number of Buildings: 13	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	4
Number of Open Bay/Dorm Housing Units:	24
Number of Segregation Cells (Administrative and Disciplinary):	130 (65 administrative, 65 disciplinary)

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.):

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of offenders, visitors, and staff inside and outside of the buildings. The facility is monitored by exterior and interior cameras, with a combination of stationery and, pan, tilt, zoom (PTZ) cameras. There are 328 cameras. The cameras are monitored through the control centers. Cameras are located throughout the facility including hallways, intake, kitchen, medical, commissary, laundry, program areas, and housing areas. The facility has the ability to store data for up to 30 days. The facility installed additional cameras in 2018, 2019, and 2020 to allow for coverage of facility identified blind spots. In 2018 the facility installed the addition of 22 fixed mini domes and 6 PTZ cameras in each housing building (A, B, C, D), commissary, clothing laundry room, and medical waiting area. In each of the dorms, there are 6 cameras, one PTZ above the entrance door to the dorm and five that shoot down the bunk rows. In 2019, additional cameras were installed in the kitchen and law library. In 2020, the facility installed cameras in the vocational building. The Auditor viewed the camera views in the control center; there were no cross-gender viewing concerns.

Medical

Type of Medical Facility:	Full-time medical services on-site through the health care department with full time- medical and mental health staff. Medical services available 24 hour/7 days a week. The area has an infirmary with 12 cells.
Forensic sexual assault medical exams are conducted at:	Local hospital Peen-Highlands Hospital
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	7 volunteers 16 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	Agency: 111 Facility: 3

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Moshannon Valley Correctional Facility (MVCF) in Philipsburg, Pennsylvania, a facility under the operation of The GEO Group Inc. was conducted on July 21-23, 2020 by a Department of Justice (DOJ) certified PREA Auditor Barbara King. The purpose of the audit was to determine compliance with the DOJ PREA standards. The audit process began with communication between the GEO PREA Coordinator and the Auditor in March 2020. The Auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with offenders and staff. The facility houses male offenders for the Federal Bureau of Prisons (BOP). The facility does not house juveniles/youthful offenders. This was the third PREA audit for the facility.

The audit notices in English and Spanish were sent to the facility through the agency's PREA Contract Compliance Manager on June 12, 2020. The facility acknowledged receiving the audit notices and the postings were placed throughout the facility. The facility's Programs Assistant Facility Administrator (AFA) emailed photos to the Auditor of the postings for verification on June 16, 2020. The Auditor observed the postings throughout the facility during the tour of the facility.

About three weeks prior to the audit, the Auditor received the PREA Pre-Audit Questionnaire (PAQ) and supporting documents on a secure thumb drive provided by the agency. The thumb drive contained a master folder of supporting documentation for all 43 PREA standards. The master folder contained separate files for each standard that included relevant policies and procedures and supporting documentation to demonstrate compliance. The documentation was well organized and highlighted. After the review of the PAQ and supporting documentation, on July 13, 2020 the Auditor emailed the agency and facility requesting further documentation for clarification and review on various standards. The documentation was provided pre-audit and during the audit visit. The Auditor reviewed the PREA Annual Reports for 2018 and 2019 plus the PREA information on the GEO Group, Inc. website under the Social Responsibility Section - PREA (www.geogroup.com) prior to the audit. The website includes general PREA information; how to report allegations of sexual abuse/harassment; employee reporting options; investigations; investigation process; the PREA and investigation policies; PREA Annual Reports; DOJ

Final Standards; email address for reporting; and contact information for program questions. The Auditor reviewed the BOP website which also provides PREA information. The Auditor contacted Just Detention International about any information regarding the facility; none was noted. Prior to the on-site visit, contact was made with the agency's Contract Compliance Manager and facility staff to discuss the audit process and set a tentative time schedule for the on-site audit.

The policies utilized for the policy and procedure review and documentation were:

Agency Policies:

- 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jail and Community Confinement Facilities
- 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

Facility Policy:

- ADM 021.03 Sexually Abusive Behavior Prevention and Intervention Program (PREA)
- SEC 020.10 Criminal Referrals
- CM 022.07 Intake Screening
- ADM 009.13 Administrative Remedy Procedure

Federal Bureau of Prisons:

- Sexually Abusive Behavior Prevention and Intervention Program

On July 7, 2020 the Auditor requested the following information be provided: the daily population report (use July 20), staff roster to include all departments (include title, shift, and good days), offender roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of offenders with a PREA classification, list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) offenders, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of offenders that reported sexual abuse, list of disabled and limited English proficient (LEP) offenders, list of the first responders from the reported allegations, and list of how the allegations were reported (i.e. verbal to staff, grievance...). The facility provided the requested information the night prior to the on-site audit beginning. This information was utilized to establish interviews schedules for the random selection of offenders and staff to be interviewed (random and specific interviews protocols).

Before the start of the audit, an in-briefing was held. In attendance were the Facility Administrator, Chief of Security, PREA Compliance Manager, Compliance Administrator, Assistant Facility Administrator (AFA) Assistant Facility Administrator (AFA) Programs, Health Services Administrator, and the agency's PREA Senior Contract Compliance Manager. The Auditor provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, documentation review, and conducting both staff and offender interviews. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the Auditor would meet with the Facility Administrator, Compliance Manager, and PREA Compliance Manager, and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. The facility was informed no correspondence was received from an offender or staff member prior to the audit. Key facility staff during the audit included the Facility Administrator,

Compliance Administrator, Chief of Security, PREA Compliance Manager, AFA Security, and AFA Programs.

The facility administration provided information to the Auditor regarding the facility and the audit period. They shared a dorm in C housing unit was a quarantine unit for offenders arriving at the facility and E housing unit was a quarantine unit for those transferring/released from the facility. Offenders are quarantined for two weeks upon arrival and two weeks prior to a transfer/release due to the coronavirus. There was no cross-gender pat-down searches conducted during the audit year. The facility had no transgender or intersex offenders housed. The facility does not house juveniles. The offender population consists of offenders from 101 countries and are classified as a criminal alien population.

Due to COVID, the Auditor and facility discussed the best way to conduct offender interviews with minimal offender movement. The facility was operating under restricted offender movement. The Auditor selected to conduct offender and random staff interviews in each housing unit as we toured the facility over the three-day audit. The facility administration shared that visiting has been cancelled due to the virus however, each offender was given an additional 500 minutes of phone time to maintain contact with family and friends. The offenders were provided masks for safety and must wear outside of their housing dorm/unit. The facility provides new masks throughout the week. Meals are eaten in the housing areas. Once a day the offenders as a unit walk to the dining area for dinner to pick up their hot meal, the facility states this is providing the offender some time outside the housing unit. The other meals are delivered to the unit.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

The facility tour was completed over the three days of the audit. The housing units, program areas, service areas, food service, control center, medical, and intake areas were toured by the Auditor. During the tour, the Auditor made visual observations cameras, mirrors, PREA postings, and posted PREA information throughout the facility including all service, program, and housing areas. The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the officers post sight lines, and camera locations. The Auditor closely reviewed video camera footage and determined opposite gender staff viewing was not occurring and the offenders had privacy during the state of undress. During the course of the tour the Auditor conducted several informal interviews with both staff and offenders, questioning them on their knowledge of PREA, reporting methods, response to an allegation, and facility practices. The Auditor observed opposite gender staff announcing their presence when entering the housing units. The PREA audit notices were observed throughout the facility including in each housing unit and dorms. The housing units and dorms have bulletin boards strategically located so that offenders are aware of the information available to them including the PREA educational information, zero tolerance policy, PREA posters containing the name of the facility PREA Compliance Manager, and methods for reporting sexual misconduct, PREA reporting hotline, and a notice by the phone that informs the offenders all conversations are monitored. All information is provided in English and Spanish. Detailed information regarding these services will be outlined within the corresponding PREA standards noted throughout the report. The Auditor placed a successful PREA hotline call while in the offender housing unit to Passages for reporting and emotional support (one of the outside agencies for reporting), the call was successful and states at the beginning of the call that call may be monitored. Offenders can place PREA hotline reporting calls anonymously by using a generalized pin provided to them. The Auditor tested all the hotline numbers; all were successfully connected. The Auditor also reviewed the housing unit logbooks to verify supervision and unannounced rounds by staff and verification of cross gender announcements conducted.

The Auditor during the tour identified blind spots. Each dorm blind spot was a corner at the end of a bunk row. The blind spot in the vocational building was in the right-wing side of the shop. There were two-blind spots in the laundry area back corners, left and right side. The facility installed mirrors during the on-site audit that eliminated the blind spots in those areas. There were two areas within the kitchen that could be blind viewing areas based on staff post; the hallway between the bathrooms off the serving line and the area between the two walls that contain the tool cabinet. The current staff posts and the staff roving through the area provides coverage. The back corner in the law library cannot be seen by the staff while at their desk. The facility needs to ensure staff rove through the area to provide continuous supervision of the corner.

All required facility staff and offender interviews were conducted on-site during the three-day audit. Staff interviews were held in the administrative conference room and in a private office within the housing units which afforded privacy for the staff interviews. The offender interviews were held in an office within each housing unit of the facility that afforded privacy. The Auditor utilized the PREA Auditor Handbook table for inmate interviews for determination of interviews to be held at the facility. Offender interviews were based on the offender population size of 1,001 – 2,500 offenders; a requirement of 40 offender interviews with at least 20 from the target groups and 20 random interviews. Sixty-five (65) formal offender interviews were conducted, and forty-four (44) offenders were informally interviewed during the facility tours, (7% of the 1,547-offender population). The random offender interviewees were selected by the Auditor from the housing unit rosters and designated lists of offenders provided by the facility. Random offender interviews from different housing units (39), limited English proficient (7), gay (8), reported sexual abuse (3), and who disclosed sexual victimization (8) were interviewed. Interviews were not conducted for offenders placed in segregation housing for risk. There were no offenders placed or housed in segregation housing for risk during the audit period. There were no transgender or intersex offenders to interview; the BOP contract does not permit the housing of transgender/intersex offenders at the facility. The offenders knew the methods to report. Most offenders indicated they felt safe at the facility. The offenders acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting.

A total of forty-seven (47) formal staff interviews was conducted and an additional twelve (12) informal staff interviews were also conducted during the facility tours (21.5% of 274 staff). Staff was randomly selected from the three shift rosters and different departments within the facility (15). Additionally, specialized staff were interviewed including the Facility Administrator (1), PREA Compliance Manager (1), Intermediate-Higher Level Staff (4), Medical and Mental Health (4), Human Resources (1), Contractors (2), Investigator (1), Staff Who Perform Risk Screening (2), Staff Who Supervise Segregated Housing (1), Incident Review Team (3), Staff Who Monitor for Retaliation (3), First Responders (2), Intake staff (2), and Staff Who Perform Cross Gender Strip Searches (2). Interviews for the Agency Director and PREA Coordinator was provided to the Auditor that were conducted within the audit period, both positions were available for additional interviews if needed. Interviews for Program Staff for Youthful Inmates, Line Staff Who Supervise Youthful Inmates, and Contract Administrator was not held. No volunteers were interviewed, at the time of the audit volunteers were not able to enter the facility due to COVID. The facility does not contract to house offenders with another agency or house juveniles/youthful offenders. There were no staff that conducted cross-gender searches during the audit period, however, the Auditor interviewed two staff on the process. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations.

An interview was conducted with a representative of the Penn-Highland Hospital regarding the SANE services provided at the hospital. The representative noted the hospital has Sexual Assault Nurse Examiners within the emergency department. If a SANE is not available on shift, one would be called

from the on-call list or the trained emergency department providers could do the sexual abuse examinations and evidence collection. The facility and the hospital do not have an agreement /memorandum of understanding for services. The facility has a Memorandum of Understanding (MOU) between the facility and Passages to provide services to sexual abuse victims. The Auditor tried to contact the service organization on four occasions and was unable to interview an organization representative regarding the services provided through the MOU. This organization would provide emotional support services and crisis counseling to the facility.

There were three allegations reported during the audit period that occurred at another facility. The facility provided notifications to the facility administrators at those facilities. The Auditor reviewed two investigations that occurred outside the audit year for process compliance determination. One of those cases closed within the audit year.

An exit meeting was conducted by the Auditor at the completion of the on-site audit with the Facility Administrator, Chief of Security, PREA Compliance Manager, AFA Security, AFA Programs, and BOP representatives. The Auditor discussed observations made during the on-site portion of the audit and was able to give some preliminary findings. Tension was nonexistent between staff and offenders, especially under the current COVID situation and restricted movement at the facility. The Auditor observed constant staff and offenders' interactions in a positive manner throughout the on-site visit. Both staff and offenders interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual abuse or harassment if needed. It was clear to the Auditor, staff take PREA seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct. The offenders stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared the staff was professional and trained in their PREA knowledge and responsibilities. While the Auditor could not give the facility a final finding, the Auditor did provide a preliminary status of their findings that all standards appeared to be compliant. Recommendations were shared with the facility. The recommendations will be addressed under the appropriate standard in the narrative section. The Auditor suggests the facility continue to expand their operating policies and procedures including detailing the procedures demonstrated throughout the audit; this would provide written procedural directives for staff. The current policy mirrors the PREA standards and agency's policy with minimal facility specific procedural direction.

The Auditor thanked the Facility Administrator, PREA Compliance Manager, Compliance Administrator, and the staff of the Moshannon Valley Correctional Facility for their work and commitment to the Prison Rape Elimination Act. The Auditor thanked the facility for the hospitality received and the professionalism provided by all staff during the visit.

The Auditor based the decision of standard compliance on: data gathered during the onsite audit; review of documentation; observations during the tour of the facility; interviews with staff and offenders; staff and offender file reviews; and the agency and facility's policy and practices review.

Facility Characteristics

The Moshannon Valley Correctional Facility is comprised of a single facility located in Philipsburg, Pennsylvania that houses Federal Bureau of Prisons offenders. It was initially constructed in April 2006 as a 1,495-bed facility and expanded in November 2012. The expansion provided the facility a 54- bed special housing unit and modifications and remodeling the existing housing units to hold additional offenders. The medical unit and offender dining room were also expanded to service the increase in offender population. The design of the facility is a campus style in which the facility's support building and housing units are all within a secure compound. The facility houses male low/in-level offenders. The

offender population consists of offenders from 101 countries and are classified as a criminal alien population. The offenders average sentence length is 8 years and 3 months, and the projected facility stay of 3 years and 95 days. The age range is 18-81 with the average age of 41 years old. The offender population consists of 36% Mexican Nationals, 72% Hispanic, 59% are drug related offenses, 6% with immigration offenses, and 15% of the population has a history of violence. The facility does not house juveniles/youthful offenders. The facility's design capacity is 1,878. The offender population was 1,547 on the first day of the audit. The average daily population for the audit period was 1,629. At the time of the audit, the facility population was reduced to the COVID-19 pandemic through compassionate release/reduction in sentences, home confinements referrals and no offender movement within the BOP system. There were 1,076 admissions in the last twelve months with all offenders housed longer than 30 days. The facility is accredited through the American Correctional Association and the Joint Commission.

The facility is comprised of 13 buildings which includes nine buildings within the secure perimeter and four outside the secure perimeter. Outside the secure perimeter are the administration, training, warehouse, and generator buildings. The buildings within the secure perimeter are four general housing units (A, B, C, D), special housing unit, E building special housing, recreation, support services, and vocational. The support service building includes the commissary, dining hall, kitchen, library, medical, programs, laundry, receiving and discharge area, visiting area, and chapel. Entrance into the secure section of the facility is through a sallyport controlled by the master control center. Entrance in the facility for staff and visitors is through the front entrance.

The general population consists of four housing units (A, B, C, D) that each contain six dorms and house 456 total. The design of each dorm is a control center (bubble) located in the center with the six dorms encircling the control center. Each dorm has the same design, four dorms 36 bunk beds that house 78 offenders and two dorms have 32 bunk beds that house 72 offenders. The dayroom is located in the front of the dorm and contains steel tables/seats, televisions, phones, microwaves, bulletin boards with PREA and other information. The housing units and dorms have bulletin boards strategically located so that offenders are aware of the information available to them including the PREA educational information, zero tolerance policy, PREA posters containing the name of the facility PREA Compliance Manager, and methods for reporting sexual misconduct, PREA reporting hotline, and a notice by the phone that informs the offenders all conversations are monitored. All information is provided in English and Spanish. In the bathroom area are showers, toilets, urinals, and sinks. There is a half-wall that separates the bathroom area from the sleeping area that affords privacy plus shower curtains and curtains at each toilet and urinal. The dorms are under direct supervision and indirect supervision. Indirect supervision is provided through the control center in each housing unit and direct supervision through the officers that rove throughout the dorms. There are three officers assigned to each housing unit, one in the control center and two officers on the floor roving. In each of the dorm, there are 6 cameras, one PTZ above the entrance door to the dorm and five that shoot down the bunk rows. The cameras are viewed at the housing unit control center and the main control center. Each housing unit also has case managers offices, multipurpose room, and a medical triage room. There is a sign posted on each housing unit door that states "Announce Before Entering."

Building E is utilized for receiving and discharge and special housing step-down for general population. At the time of the audit, the building was utilized for quarantining offenders. The housing unit contains 27 double cells and one handicapped cell in a single floor linear design. Each cell includes a toilet, wash basin, and shower with a shower curtain. The toilets could allow cross-gender viewing, however, the facility addressed this through providing a magnetic strip to the offenders that allows them to partial cover the window while using the bathroom for privacy and eliminate cross-gender viewing. The PREA information is posted in the common area the offenders can view during movement. There is a mobile

phone that is taken to each cell for calls and the PREA information is posted also on the mobile phone unit. There are offices and programs rooms.

The Special Housing Unit (SHU) has two separate housing units (wings), A and B. The housing wings are separated by the control center and both have secure entrances controlled through the control center. Wing A has 32 double bunk cells and one single handicap cell for administrative segregation. Each cell contains a toilet, wash basin, and shower with a shower curtain. Side B has 32 double bunk cells and one single handicap cell for disciplinary segregation. There are offices and programs rooms. There are two recreation areas one off each wing that contain seven recreation cages. Each cell has a call box for the offender to contact central control, a light corresponding to the cell will light up and the officer has to respond to the cell to clear. Rounds within the unit are recorded through a pipe system reader. The two observation cells, one on each wing, have cameras in the cells. The camera lens was partial painted to cover the toilet view eliminating cross gender viewing. The PREA information is posted in the common area the offenders can view during movement. There is a mobile phone that is taken to each cell for calls and the PREA information is posted also on the mobile phone unit.

Other holding areas include the receiving and discharge area with six holding cells. Each holding cell has a partial wall for privacy and eliminating cross-gender viewing. The medical infirmary has 16 cells consisting of 14 general housing, 2 observation, and 2 negative pressure. The toilet in each cell provides privacy with a barrier. The observation and negative pressure cells have cameras for additional monitoring through the officer's post in medical. The Auditor observed the cameras views of the cells and the toilets were not in the camera view providing privacy and eliminate cross-gender viewing. Cameras are in the hallway providing observation of the area. The medical area is monitored by 24-hour medical staff and security staff.

Areas where offenders work are the kitchen, commissary, and laundry area. During the audit, offender workers were at a minimum to a no work level. The kitchen has an open design and has eight cameras that provide a cross view of the open area with mirrors to assist with observation of the offenders. The cameras are monitored by the control center. The kitchen office has views into the kitchen for supervision and staff provide direct supervision. The kitchen coolers, freezers, and dry storage are always locked and opened only by staff. There were two areas within the kitchen that could be blind viewing areas based on staff post; the hallway between the bathrooms off the serving line and the area between the two walls that contain the tool cabinet. The current staff posts and the staff roving through the area provides coverage. The laundry area with four cameras. And always staffed when offenders are in the area. The Auditor identified two-blind spots in the laundry area back corners. The facility installed mirrors during the on-site audit that eliminated the blind spots in those areas. There is PREA information posted in all the areas.

The master control center is manned by staff 24 hours a day 7 days a week with two officers. The master control center controls entry into the facility and doors within the facility. The control center monitors the cameras within the facility. The control center monitors all radio traffic and intercom system. Each housing building also has a control center in the center of the unit that monitors cameras and controls the doors within the unit.

All other areas of the program and service areas have staff supervision through post assignments or roving and supplemental supervision through cameras. The law library/library is monitored by security staff hourly and library staff when present. The Auditor noted to the facility administration the back corner in the law library cannot be seen by the staff while at their desk. The facility needs to ensure staff rove

through the area to provide continuous supervision. The program and service areas have PREA information posted including the reporting methods. The visiting area provides contact visiting and the visiting area has PREA posters posted in the area. The lobby has PREA posters and information posted.

The facility has 274 staff positions and a total authorized staffing of 278.5. The security section has 23 security administrative staff including the AFA of Security, Chief of Security, Intake/Transportation Supervisor, captains, and lieutenants. There are shift supervisors on all shifts. There are 148 officers. The facility operates three shifts, each supervised by a shift supervisor. The first shift 6:00 am – 2:00 pm with 30 officer posts, second shift 2:00 pm – 10:00 pm with 30 officer posts, and third shift 10:00 pm – 6:00 am with 24 officer posts. Staff make random security rounds in all the housing units every 30 minutes and document the rounds in the logbooks. Rounds are verified through a rounds pipe system in the medical and restricted housing unit. Each pipe location must be checked by the officer making rounds. The pipe location is on the farthest wall to ensure staff enter and observe the whole housing unit. Shift supervisors are required to make unannounced rounds on each shift to all housing areas which are documented on the shift logbooks. The logs were reviewed during the tour and demonstrated compliance.

All essential services within the facility are provided by facility staff with the exception of contractors in a few areas. Contractors within the health care include the physician, dentist, drug and alcohol counselor, telemedicine psychiatrist, optometrist, and diagnostic imaging positions (4). Two part-time religious services contractors. The commissary is provided through a contract with Keefe. The facility also has one GTL contractor on-site for monitoring the phone systems.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of offenders, visitors, and staff inside and outside of the buildings. The facility is monitored by exterior and interior cameras, with a combination of stationery and PTZ cameras. There are 328 cameras. The cameras are monitored through the control centers. Cameras are located throughout the facility including hallways, intake, kitchen, medical, commissary, laundry, program areas, and housing areas. The facility has the ability to store data for up to 30 days. The facility installed additional cameras in 2018, 2019, and 2020 to allow for coverage of facility identified blind spots. In 2018 the facility installed the addition of 22 fixed mini domes and 6 PTZ cameras in each housing building (A, B, C, D), commissary, clothing laundry room, and medical waiting area. In each of the dorm, there are 6 cameras, one PTZ above the entrance door to the dorm and five that shoot down the bunk rows. In 2019, additional cameras were installed in the kitchen and law library. In 2020, the facility installed cameras in the vocational building. The Auditor viewed the camera views in the control center; there were no cross-gender viewing concerns.

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.

The mission of the Moshannon Valley Correctional Facility is to provide a safe, secure, and humane environment that promotes the positive welfare and socialization of sentenced criminal alien inmates and others. Annual reviews of organizational goals and objectives are required to ensure continuation of programs that meet our established mission. Specifically, the facility shall provide a positive living environment for sentenced criminal aliens and others that are sentenced to the care and custody of the Federal Bureau of Prisons; provide rehabilitation programs, Pre-GED, GED/English, INEA, English as a Second Language, Post-Secondary Education, Agriculture, Building Trades, Horticulture, Landscaping, and Alternative Energy in an effort to educate the inmates prior to release into their respective community; provide a safe and secure correctional environment that is committed to providing care, security, and supervision to the inmate population; develop an awareness of effective fiscal responsibility; preserve

the health and safety of staff, inmates, and visitors; provide individual counseling conducted by trained staff based upon risk assessments, establish short and long term objectives that address the needs of each inmate, and review of the inmate's progress; provide for a comprehensive and realistic individual program plan to be developed, implemented, and closely coordinated and monitored for each inmate through a Continuum of Care approach.

The facility is managed by a Facility Administrator, Assistant Facility Administrator Security, and Assistant Facility Administrator Programs.

Summary of Audit Findings

The PREA Audit of the Moshannon Valley Correctional Facility found forty-five (45) standards in compliance with eight standards exceeding the requirement of the standard. This standards exceeding are 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment: PREA Coordinator, 115.13 Supervision and Monitoring, 115.17 Hiring and Promotion Decisions, 115.31 Staff Training, 115.32 Volunteer and Contractor Training, 115.33 Inmate Training, 115.65 Coordinated Response and 115.73 Reporting to Inmates. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in the narrative section of the report.

Number of Exceeds Standards: 8

- 115.11 Zero Tolerance of Sexual Abuse, PREA Coordinator
- 115.13 Supervision and Monitoring
- 115.17 Hiring and Promotion Decisions
- 115.31 Staff Training
- 115.32 Volunteer and Contractor Training
- 115.33 Inmate Training
- 115.65 Coordinated Response
- 115.73 Reporting to Inmates

Number of Standards Met: 37

- 115.12 Contracting with other Entities for the Confinement of Inmates
- 115.14 Youthful Inmates
- 115.15 Limited to Cross-Gender Viewing and Searches
- 115.16 Inmates with Disabilities and Inmates Who Are Limited English Proficient
- 115.18 Upgrades to Facilities and Technologies
- 115.21 Evidence Protocols and Forensic Medical Examinations
- 115.22 Policies to Ensure Investigation of Allegations and Appropriate Agency Oversight
- 115.34 Specialized Training: Investigations
- 115.35 Specialized Training: Medical and Mental Health
- 115.41 Assessment for Risk of Victimization and Abusiveness
- 115.42 Use of Assessment Information
- 115.43 Protective Custody
- 115.51 Inmate Reporting
- 115.52 Grievances
- 115.53 Inmate Access to Outside Confidential Support Services
- 115.54 Third Party Reporting
- 115.61 Staff and Agency Reporting Duties
- 115.62 Protective Duties
- 115.63 Reporting to Other Confinement Facilities
- 115.64 Responder Duties
- 115.66 Protection of Inmates from Contact with Alleged Abusers
- 115.67 Agency Protection Against Retaliation
- 115.68 Post-Allegation Protective Custody
- 115.71 Criminal and Administrative Investigations

115.72 Evidentiary Standard for Administrative Investigations
115.76 Disciplinary Sanctions for Staff
115.77 Corrective Action for Contractors and Volunteers
115.78 Disciplinary Sanctions for Offenders
115.81 Medical and Mental Health Assessments, History of Sexual Abuse
115.82 Access to Emergency Medical and Mental Health Services
115.83 Ongoing Medical and Mental Health Care for Sexual Abuse
115.86 Sexual Abuse Incident Reviews
115.87 Data Collection
115.88 Data Review for Corrective Action
115.89 Data Storage, Publication, and Destruction
115.401 Frequency and Scope of Audits
115.403 Audit Contents and Findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

With the corrective actions taken by the facility during the on-site, there were no further corrective actions necessary. The facility corrected the following areas of concern during the on-site audit.

115.13 Supervision and Monitoring

- The Auditor during the tour identified blind spots. Each dorm blind spot was a corner at the end of a bunk row. The blind spot in the vocational building was in the right-wing side of the shop. There were two-blind spots in the laundry area back corners, left and right side. The facility installed mirrors during the on-site audit that eliminated the blind spots in those areas.

115.15 Limits to Cross-Gender Viewing and Searches

- A few staff indicated they were not trained in cross gender/transgender pat searches and would not complete the searches. One staff stated the search would be done by two staff, one completing the top half and the other completing the bottom half. This information was shared with the facility administration at a daily out-briefing. The facility sent an email training reminder to all staff with the slides from the PREA lesson plan on properly proceeds for transgender pat-searches.

115.31 Dynamics of Sexual Abuse in a Confinement setting

- During the staff interviews staff could not provide why sexual abuse may occur in a confinement setting. This information was shared with the facility administration at a daily out-briefing. The facility sent an email training reminder to all staff with the slides from the PREA lesson plan on the dynamics/reasons why sexual abuse and harassment may occur in a confinement setting.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator/Compliance Manager

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/Compliance Manager? Yes No
- Is the PREA Coordinator/Compliance Manager position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator/Compliance Manager 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*)

The agency's policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jail and Community Confinement Facilities and the facility's policy ADM 021.03 Sexually Abusive Behavior Prevention and Intervention Program (PREA) mandates zero tolerance

towards all forms of sexual abuse and sexual harassment. The policies outline the agency's and facility's approach to preventing, detecting, reporting, and responding to sexual abuse and harassment. The policies provide definitions of sexual abuse and general PREA definitions. Through observation of postings on the bulletin boards, posters, educational handouts, review of the GEO Sexual Assault Awareness pamphlet, Inmate Handbook, and interviews with staff and offenders it was apparent that the agency and the facility is committed to zero tolerance of sexual abuse, sexual assault, and sexual harassment. Each staff member also carries a PREA informational card that outlines staff responsibilities, zero tolerance, and the first responder requirements. The zero-tolerance policy is publicly posted on the agency's website.

The agency and facility exceed the standard with the staff who are responsible to oversee the sexual abuse prevention and intervention policies, procedures, and practices. GEO employs a corporate level PREA Director/PREA Coordinator that oversees the company's PREA compliance throughout all agency facilities. Within the corporate PREA office are a PREA Senior Compliance Manager, two PREA Contract Compliance Managers, and a Data Specialist. Their roles vary from conducting mock audits, assisting facilities with technical assistance, and assisting the agency PREA Coordinator with various other PREA related tasks upon request. The PREA Coordinator stated each of the PREA Compliance Managers have oversight assignments of approximately 36 facilities each including investigative oversight. They serve as the main point of contact for all PREA related questions. The Data Specialist is responsible for collecting and analyzing PREA data and preparing required reports. The agency also has three regional PREA Coordinators for the Secure Services Division for the Eastern, Western, and Central regions and two PREA Coordinators that assist with Reentry and Youth Services divisions. The agency also has an assigned PREA Compliance Manager in all their facilities.

At the facility level, the PREA Compliance Manager is responsible to oversee that policies and procedures relative to PREA and ensure facility compliance with the PREA standards and agency and facility policies. This position at the facility reports directly to the Compliance Administrator and has authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager stated she has enough time to manage all the PREA responsibilities with the assistance of the Compliance Administrator. Her other role within the facility is the Case Management Coordinator. She noted she has the full support of the Facility Administrator that was apparent to the Auditor during the on-site visit and also shared by the Facility Administrator. The PREA Compliance Manager stated her PREA responsibilities include training of new staff, educating staff on changes/updates, reviewing policies and procedures for compliance, work with investigators, conduct unannounced rounds within the facility to ensure PREA compliance, completing monthly reports, conduct internal audits, review assessments, maintain the housing roster, and maintain offender logs for at risk offenders. If an issue is identified with compliance concerns with a PREA standard, the PREA Compliance Manager stated she would inform the Facility Administrator, develop a corrective action plan with appropriate staff, and follow-up to ensure the corrective action was completed. Her role is to ensure the facility comes into compliance. During the interview with the PREA Compliance Manager, she was knowledgeable of the facility's PREA policies and procedures and the responsibilities for coordinating the facility's efforts to comply with the PREA standards and agency and facility policies.

Through observation of bulletin boards, posters, review of offender and staff handouts, and interviews with staff and offenders it was apparent the agency and facility are committed to zero tolerance of sexual abuse and sexual harassment. PREA informational posters are posted throughout the facility that indicates the zero tolerance of sexual abuse and sexual harassment, as well as, providing the methods to report. The Auditor determined compliance through the interview with the PREA Compliance Manager, review of agency and facility's policies, review of the facility's organizational charts indicating the PREA Compliance Manager's position, and the GEO's organizational chart for the corporate PREA Department.

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

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*)

The agency/facility does not contract for the confinement of offenders with private agencies or other entities, including other government agencies. This was confirmed through interviews with the agency's PREA Coordinator. The agency policy does state GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards.

Standard 115.13: Supervision and monitoring

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/Compliance Manager, 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/Compliance Manager, 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/Compliance Manager, 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*)

The agency's policy 5.1.2-A and facility's policy ADM 021.03 outlines the requirement of a staffing plan. The Annual PREA Facility Assessment is conducted annually and the assessment is based on the eleven criteria of this standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or offenders may be isolated); the composition of offender population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Facility

Administrator stated the staffing plan, the Annual PREA Facility Assessment, is developed annually from the contractual mandated staffing from the BOP contract with input also from the Assistant Facility Administrators, Human Resources, Business Manager, PREA Compliance Manager, and other departments heads as needed. The Annual PREA Facility Assessment is divided into sections; the first section covers the eleven components of the standard, the second section addresses staff deviations and justifications, section three covers recommendations, section four lists staff participating in the assessment development. The Annual PREA Facility Assessment is forwarded to corporate office for review and approval annually as determined by each division. The written staffing plan is maintained at the facility with access to all administrative staff; a copy of the approved staffing plan is also maintained by the agency.

The Facility Administrator and the PREA Compliance Manager indicated that standard elements are taken into consideration during the annual staffing assessment. They stated the review included there were no findings of inadequacy of judicial findings, Federal investigations, and/or internal or external oversight bodies; the housing layout including providing adequate staff coverage; offender security level and classification; programming activities per shift with adequate staffing coverage; placement of supervisory staff which requires a supervisor on each shift; review of sexual abuse incidents for patterns or trends; findings of the incident reviews and recommendations; and contract requirements. The PREA Compliance Manager stated there are no trends or increased allegations of sexual abuse and harassment that would affect the staffing plan.

The last Annual PREA Facility Assessment was completed on September 16, 2019 and approved by the Corporate Divisional Vice President and Corporate PREA Coordinator on November 15 and 20, 2019. The design facility capacity is 1,878 offenders and the staffing plan is based on the full facility capacity. The average population during the audit was 1,547 offenders and the average population for the last 12 months was 1,618. The Auditor reviewed the facility's 2018 and 2019 Annual PREA Facility Assessment Reports. The 2019 Annual PREA Facility Assessment noted there were no staffing deviations during the audit year and the facility identified blind spots in the vocational building and requested an additional camera. The report also noted that additional camera equipment was purchased and installed in the kitchen and law library, from areas identified as blind spots and cameras were requested in the 2018 Annual PREA Facility Assessment Report. The cameras had been installed in the vocational building. The 2018 Annual PREA Facility Assessment was completed on August 17, 2018 and was approved through the Corporate PREA Coordinator on September 24, 2018. The report noted there were no staff deviations for the audit period and cameras were installed in housing units (A, B, C, D), commissary, clothing room in laundry area, and medical waiting room. Cameras were also requested for the kitchen, law library, and vocational building which were installed in 2019.

The Facility Administrator stated the facility has 278 authorized positions approved through the BOP contract. The PAQ, the Annual PREA Facility Assessments, and interview with the Facility Administrator indicated there was no deviations from the staffing plan. Staff coverage is provided through overtime adhering to the 236 minimum staffing contract requirement, which also requires a minimum of 85% overall staff and 95% of security. The Facility Administrator stated the staffing plan is reviewed for compliance with the daily review of the daily staff rosters by security supervisors, Chief of Security, and the AFA Security. If any deviations would occur, they would be noted by the shift supervisor on the daily shift roster. If there is a deviation or non-compliance with the staffing ratios of the staffing plan, the Business Manager and/or Chief of Security will report to the Facility Administrator who then reports to corporate and BOP based on the contract. The facility may request additional staff or staff changes through a Request for Staff Adjustment form that is approved or disapproved by regional staff and corporate administration. The facility requested to add an investigative technician to improve the safety and security

of the facility and the addition of a mental health professional to assist the psychologist with overall mental health coverage. Both positions were approved.

The facility has 274 staff positions and a total authorized staffing of 278. The security department has 23 security administrative staff including the AFA of Security, Chief of Security, Intake/Transportation Supervisor, captains, and lieutenants. There are shift supervisors on all shifts. The Facility Administrator stated there are at least two shift supervisors per shift; captain, lieutenant, and special housing unit supervisor. He also stated there are three housing security officers on each shift per the contract. There are 148 officers. The facility operates three shifts, each supervised by a shift supervisor. The first shift 6:00 am – 2:00 pm with 30 officer posts, second shift 2:00 pm – 10:00 pm with 30 officer posts, and third shift 10:00 pm – 6:00 am with 24 officer posts. Supervision is provided through indirect supervision through the housing unit control center and direct supervision by officers making random security rounds in all the housing units every 30 minutes documented in the Housing Unit Shift Activity Log logbooks. Rounds are verified through a rounds pipe system in the medical and restricted housing unit also. Each pipe location must be checked by the officer making rounds. The pipe location is on the farthest wall to ensure staff enter and observe the whole housing unit. The logs were reviewed during the tour and demonstrated compliance.

Shift supervisors are required to make unannounced rounds on each shift to all housing areas which are documented on the Weekly Signature Log. This log also captures the weekly rounds conducted by the Administrative Duty Officer, Staff Duty Officer, executive staff, Chief of Security, mailroom, Grievance Officer, Fire Safety Officer, and the PREA Compliance Manager. The Shift supervisors interviewed for the intermediate or higher-level facility staff interviews stated they conduct unannounced rounds on each shift by changing the times and vary the pattern of rounds to every area that houses offenders. The unannounced rounds are documented in the housing unit logbook and the daily shift report. The logs were reviewed during the tour and demonstrated compliance.

The agency's policy 5.1.2-A prohibit staff from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The supervisory staff indicated in their interviews that staff are trained and provided policy reminders that alerting is prohibited through staff briefings. If a staff member is found to be alerting, the staff member would be educated on the importance of unannounced rounds and counseled, and progressive discipline could be started.

The facility exceeds the standard with the requirement of the numerous facility positions required to make weekly unannounced rounds and the requirement of two shift supervisors to complete unannounced rounds per shift. The agency and facility develop a detailed annual staffing assessment that outlines the eleven components of the standard, staff deviations and justifications, recommendations, and staff participating in the assessment development. The facility has not deviated from the staffing plan.

Standard 115.14: Youthful offenders

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*)

The facility does not house juvenile/youthful offenders under the age of 18. This was confirmed through interviews with the Facility Administrator and PREA Compliance Manager. A memo to file from the Facility Administrator houses only adult male sentenced offenders. This is also per the BOP contract.

Standard 115.15: Limits to cross-gender viewing and searches

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 NA

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*)

The agency's policy 5.1.2-A and the facility's policy ADM 021.03 address offender pat-down searches, strip searches, body cavity searches, and the limits to cross-gender viewing and searches. The agency's and facility's policies prohibit cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. A cross-gender visual body cavity search can only be performed by offsite medical practitioners per the agency policy. The PAQ and the facility administration stated there were no cross-gender strip searches, visual body cavity searches, or pat-down searches conducted or logged for exigent situations during this audit period.

If a cross-gender strip search of an offender should occur; it must be documented on the Strip Search Log with justification. The form requires the offender's name and gender; the staff member name and gender; the reason/justification for the search; and a comment area. The facility conducts strip searches of offenders leaving on trips and for visitation by male officers. These strip-searches are documented in the Strip Search Log. The Strip Search Logs reviewed by the Auditor documented the strip search is conducted by the same gender staff as the offender. The procedures were verified through the review of the agency's and facility's policies and interviews with staff and offenders. Although the facility had no cross-gender strip searches, two staff members were interviewed for the non-medical staff involved in cross-gender strip or visual search questions for procedure. Both staff stated cross-gender strip or visual searches are never permitted and if needed medical would conduct the search.

The agency and facility policies states each facility shall implement policies and procedures which allow individuals in a GEO facility to shower, change clothing, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks. The facility has shower curtains and barrier walls which provide privacy for the offenders. Each individual general housing dorm has a bathroom area separated from the housing area by a half wall. The area contains showers, toilets, and wash basins. The showers and toilets have curtains that provide privacy and eliminate cross-gender viewing. The restricted housing unit cells have a toilet, shower with curtains, and wash basin in each cell.

The agency's and facility's policies require employees of the opposite gender to announce their presence when entering housing units or any other areas where offenders are likely to be showering, performing bodily functions, or changing clothes. The housing unit control center also makes an announcement through the intercom. These announcements are documented on the Housing Unit Daily Shift Activity Log. Staff indicated they announce female in the housing unit prior to entering. A sign is posted on each housing unit door as a reminder that states, "Announce Before Entering." The offenders interviewed indicated that female staff announce when entering the housing area. This was also observed during the audit. The offenders also acknowledged they were never naked in front of a female staff member. They indicated they change their clothes in the bathroom area. The Auditor asked the administration staff how they ensure cross gender viewing does not occur when offenders are changing their clothes in the bunk area. They stated the offenders would change in the bathroom; however, this information was not provided to the offender population. During the on-site audit, the Facility Administrator sent a memo to

the offender population that stated “to ensure everyone’s personal privacy, it is highly recommended that inmates not change their clothes between bunk rows, but rather in the bathroom area behind the wall. Your cooperation is appreciated.” This information was provided to the offenders and posted in units on the second day of the on-site.

The agency and facility policies also prohibit staff from searching or physically examining transgender and intersex offenders for the purpose of determining genitalia status. Staff are to seek information to identify offenders who are transgender or intersex upon delivery to the facility during the intake processing, based on available information from the offender and as developed by staff. If the genital status is unknown, it may be determined during private conversations with an offender, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with staff confirmed these practices, also the review of the policy and training lesson plans reinforcing these policies during the annual training. The facility does not house transgender offenders per BOP contract. An offender arrived in October 2019 and was strip searched during intake by a male officer. The offender did not self-identify as transgender (male to female) until the Social Intake Screening conducted after the completion of the strip search and the medical intake screening. The facility completed the Statement of Search/Shower/Pronoun Reference Sheet for the offender where the offender indicated her search preference was female or male. The BOP was notified, and the BOP Senior Secure Institution Manager informed the facility to submit an adjustment transfer for the offender. The transgender offender was housed in medical until transferred.

The agency’s policy 5.1.2-A and facility’s policy ADM 021.03 states that staff shall be trained in conducting pat-down searches, cross-gender pat-down searches, and searches of transgender and intersex offenders in a professional and respectful manner. The agency’s policy mandates that transgender and intersex offender searches shall be performed in one of three manners: searches only be medical staff; searches conducted only by female staff; and asking the offender to identify the gender of staff with whom they would feel most comfortable conducting the search. If the offender states a preference, it must be documented on the Statement of Search/Shower/Pronoun Preference Sheet. When staff were randomly asked how a transgender pat-down search would be completed, the majority of the staff indicated the transgender/intersex offender could request the gender of the staff they are most comfortable with to conduct the pat-down search and the pat-down would be conducted using the back or blade of the hand. A few staff indicated they were not trained in cross gender/transgender pat searches and would not complete the searches. One staff stated the search would be done by two staff, one completing the top half and the other completing the bottom half. This information was shared with the facility administration at a daily out-briefing. The facility sent an email training reminder to all staff with the slides from the PREA lesson plan on properly proceeds for transgender pat-searches. Other than annual training, this training is also part of the initial pre-service training and covered in shift briefings. Interviews with staff confirmed these practices, as well as the review of the employee training records and the review of the training lesson plans reinforcing these policies in the annual training.

The agency’s lesson plans, Prison Rape Elimination Act (PREA) and Guidance in Cross-Gender and Transgender Pat Searches (developed by the Moss Group Inc.) through the Resource Center covers the conducting of pat-down searches, cross-gender pat-down searches, and searches of transgender and intersex offenders in a professional and respectful manner. Training records reviewed indicated that all staff had completed the training. Staff must sign the Training Acknowledgment Form to document and acknowledge their understanding of the training. Documentation was provided that showed that staff have signed showing they have received and understood the conducting of pat-down searches, cross-gender pat-down searches, searches of transgender and intersex inmates in a professional and respectful manner. The form requires the staff signature, date, and a witness signature for documentation.

The facility does not house female offenders. However, the agency policy 5-1-2-A state cross-gender pat-down searches of female offenders are not permitted absent exigent circumstances and female offenders are not restricted access to regular programming or other outside opportunities in order to comply with this provision.

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

15.16 (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*)

The agency and facility take appropriate steps to ensure that offenders that are limited English proficient (LEP) and offenders with disabilities (deaf, hard of hearing, blind, have low vision, limited reading skills and/or cognitive disabilities) have the opportunity to participate and benefit from all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency's policy 5.1.2-A and facility's policy ADM 021.03 states facilities shall ensure that individuals in a GEO facility or program with disabilities have an equal opportunity to participate in or benefit from the company's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. GEO shall ensure that all its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that may ensure effective communication with individuals with disabilities,

including those who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The PREA information is communicated orally and in written format in a manner that is clearly understood by the offender, including those who are LEP, deaf, visually impaired, or otherwise disabled as well as offenders who have limited reading skills. This is accomplished through the facility's Inmate Handbook, PREA Reporting Line, Offender Guide Sexual Assault Awareness Program Handout, and the video What You Need to Know all provided in English and Spanish. The facility utilizes a language line through Language Line Solutions for other languages. The GEO Group has a contract with Language Line Services Inc for translation services, effective September 23, 2013. The facility provided copies of invoices from Language Line Services documenting the use of interpretation services for Spanish, Mandarin, Russian, French, Polish, Hindi, Arabic, Georgian, Romanian, Vietnamese, Portuguese, and Turkish languages. The facility has a Braille PREA Reporting Hotline poster for the blind and low vision offenders. The facility has a Telecommunications Device for the Deaf (TDD) for the hard of hearing or deaf offenders. All the phones also have volume control. Staff indicated offenders hard of hearing or deaf could hear the video and limited reading skills could watch the video. The staff would also read the information if needed to the offender. The facility utilizes the Pennsylvania Department of Labor and Industry Bureau of Blinded and Visual Services to assist in providing deaf and hard of hearing offenders through an interpreter. The facility has three staff Spanish interpreters who receive quarterly bonuses for interpretation services.

The Agency Head's interview and the agency's and facilities polices states the agency does not use offenders as interpreters, readers of other types of offender assistants. The Agency Head indicated the agency/facility would also reach out to community-based resources (i.e. local colleges or organizations) that might be willing to assist. The agency's and facility's policies outline offenders shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-response duties, or the investigation of the offender's allegations. Any use of these interpreters under these type of circumstances shall be justified and fully documented in writing. A memo to file from the Facility Administrator noted the facility has not used inmate interpreters, readers, or assistance to translate PREA incidents during the audit period.

The staff interviews indicated that staff were aware how to provide meaningful access to offenders on all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment through staff interpreters or the use of the language line. This information is provided to staff through pre-service and annual training. Interviews were held with seven offenders that were Spanish LEP through staff and the language line interpreters. All but two, stated they received information at intake through the Spanish Inmate Handbook and handouts, staff or language line interpreting, and Spanish posters in the intake and housing areas. Two offenders stated they saw the PREA video in English however an interpreter was used to assist them with the information. The offenders interviewed noted that staff assist when needed, and all knew how to report an allegation by requesting to speak to staff, calling the hotline numbers, and writing a note.

Standard 115.17: Hiring and promotion decisions

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*)

Through review of the agency's policy 5.1.2-A and facility's policy ADM 021.03, it was determined that the facility has established a system for conducting criminal background checks for new employees, contractors, and volunteers who have contact with offenders to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement settings; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual in such activity. The employment application form requires the employee to answer questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. The agency's employment application was updated in March 2018 with the three administrative adjudication check

questions. These application forms are utilized for new hires and promotions. The Human Resources staff interviewed indicated this information is also checked on all applicants, contractors, and volunteers as part of the hiring process or approval of services during the background stage. It was stated also through the interview that the agency and facility consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contract who may have contact with the offenders. It would be the same review through the background check process.

The Human Resources staff interviewed indicated this information is also checked as part of the hiring process during the background check, on promotions, and annual during the annual review process. For new hires, applicants are asked on the written job applications, Employment Form and when offered the position they are asked again in the New Hire Package with the Supplemental Human Resources Questionnaire. Promotional staff are asked the questions on the PREA Questionnaire Internal Promotion/Transfer form as part of the promotional process. All employees are asked annually during the evaluation process on the PREA Disclosure and Authorization Form. This is the same process for contractors. The Auditor reviewed fifteen personnel files, twelve employees, two contractors and one volunteer. Thirty-nine new employees and ten new contractors were hired during this audit cycle, the Auditor reviewed five new employees' and one contractor files as part of the personnel file review. All files had the administrative adjudication questions asked as part of the employment application. Two of the files reviewed were staff that were promoted, the PREA Questionnaire Internal Promotion/Transfer and background check was completed. All the employee personnel files documented the administrative adjudication questions asked through the employment applications for staff hired from 2018 and all annually through the PREA Disclosure and Authorization form during the annual review process. The interview with the Human Resources staff stated if any of the administrative adjudication questions are confirmed for a new applicant, the applicant would not be hired. If a promotional employee confirms any of the questions, Human Resources staff would notify the Facility Administrator for the appropriate action to be taken.

The agency's policy 5.1.2-A and facility's policy ADM 021.03 requires a background investigation and criminal background record check for all new hires to ensure the candidate is suitable for hiring. A background and criminal background record check will be repeated for all employees, contractors, and volunteers at least every five years. The Human Resource staff interviewed indicated the facility utilizes a third-party company, Career Builder, for initial background checks and the background checks required every five years. The agency's Human Resources office sends out an email to the employee to request the employee submit information through Career Builder to complete the background checks. The Human Resource staff stated the BOP also completes a federal criminal background check. The applicant must clear the federal background checks to be employed at the facility. The Auditor randomly selected twelve employee and two contractor files to review for the criminal background checks prior to hiring. The background checks were completed prior to the hiring date through Career Builders and clearance through the BOP. The facility and BOP complete background checks at least every five years on employees and contractors. The Human Resource staff stated the facility maintains a tracking spreadsheet for the five-year background checks. They start the process about three months prior to the required date. Of the personnel files reviewed, seven staff and one contractor were employed for at least five years. All the files contained the five-year background checks, most had two five-year background checks that demonstrated the continuous process.

Employees also have a continuing affirmative duty to report. The requirement is to report immediately to the Facility Administrator, AFAs, Chief of Security, and/or Human Resources. The continuing affirmative duty to report is also accomplished annually during the annual performance review of employees. They must complete an acknowledgement form, PREA Disclosure and Authorization Annual Performance

Evaluation, containing the questions prior to the completion of the evaluation. The employee files demonstrated compliance with the annual acknowledge during the evaluation process.

The employment application contains a statement indicating the applicant agrees not to falsify or omit information. If the applicant does falsify or omit information, employment can be denied, or the person will be subject to immediate termination. The Human Resource staff interviewed confirmed the wording on the application and that a person would not be hired or terminated for falsifying information. During the review of the employee personnel files, the wording was verified on the employee application forms. The agency's policy 5.1.2-A and facility's policy ADM 021.03 also state and supports the practice.

The agency's policy 5.1.2-A and facility's policy ADM 021.03 states the facility shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, unless prohibited by law. The Human Resource staff interviewed stated all information requests, internal and external, are forward to corporate for response. The information will be provided through the corporate office. If contacted by an outside employer, the staff must sign a release of information prior to the agency disclosing information to the requesting employer. The Human Resource staff stated as part of the background process, Career Builders will contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation during an investigation prior to hiring. The Auditor reviewed that information is requested and obtained as part of the background checks in the personnel files.

The agency and facility exceed the standard for the extensive background process completed by the agency and BOP.

Standard 115.18: Upgrades to facilities and technologies

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*)

The agency’s policy 5.1.2-A and facility’s policy ADM 021.03 indicates the facility shall take consider the effect any new or upgrade design, acquisition, expansion, or modification of physical plant or monitoring technology have on the facility’s ability to protect offenders from sexual abuse. The facility has not made a substantial expansion or modification to the existing buildings or upgrade in technology. A memo to file from the Facility Administrator stated the facility has not had any facility technology upgrades for this audit period. The Agency Head stated since the release of the federal PREA standards, GEO has allocated funds to privacy modifications, camera upgrades, and will continue to consider these enhancements during new construction projects as well.

The facility had identified blind spots as part of their annual PREA Facility Assessment in 2018 and 2019 and requested the purchase and installation of additional cameras. The facility installed additional cameras in 2018, 2019, and 2020 to allow for coverage of facility identified blind spots. In 2018 the facility installed the addition of 22 fixed mini domes and 6 PTZ cameras in each housing building (A, B, C, D), commissary, clothing laundry room, and medical waiting area. In each of the dorm, there are 6 cameras, one PTZ above the entrance dorm to the dorm and five that shoot down the bunk rows. In 2019, additional cameras were installed in the kitchen and law library. In 2020, the facility installed cameras in the vocational building.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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 evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (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*)

The agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection and the facility's policy ADM 021.03 outlines the investigative process and the uniformed evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. The facility only conducts administrative investigations. The facility is to begin an administrative investigation immediately following an allegation and notify the BOP who may also conduct an administrative investigation. If determined criminal, the Pennsylvania State Police (PSP) will conduct the criminal investigation. The agency utilizes the Department of Justice (DOJ's) National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition for the uniform evidence protocol as indicated by the policy. The protocols are incorporated into the agency's and facility's PREA Coordinated Response Plan. The PREA Coordinated Response Plan provides an extensive guideline for staff to follow for investigations including preserving and obtaining usable physical evidence and referring an allegation for investigation. Random staff interviewed understood the protocols for obtaining usable physical evidence. They stated the area the allegation occurred would be contained until an investigator arrived on scene, the offenders would be separated, and the involved offenders would be asked not to destroy evidence including not washing, bathing, brushing teeth, and changing clothes.

The Investigator interview was conducted with a facility investigator who oversees the investigation process and conducts offender on offender and staff on offender administrative investigations. The interview confirmed the practices for PREA investigations, and the Investigator was knowledgeable of the investigation process and the uniformed evidence protocol. Once an allegation is reported and the supervisor is notified; an investigation would be started immediately. The facility's policy states if the abuse occurred within 96 hours, that staff request the alleged victim and ensure the alleged abuser do not take any actions that could destroy evidence. The Investigator stated that all investigations of allegations are initially started by the Shift Supervisor and notification is made by the Duty Officer to the Investigator to report to the facility. The investigation would be completed by a specialized trained investigator within the facility if it does not appear criminal. If criminal, the Pennsylvania State Police (PSP) would be contacted and the area would be secured until a PSP investigator arrived for processing.

The agency's policy 5.1.2-E states facilities shall offer all individuals in a GEO related facility or program who experiences sexual abuse forensic medical examinations with the victim's consent and without cost to the individual and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. The facility policy ADM 021-03 states forensic examinations shall be performed by a Sexual Abuse Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) at Penn-Highlands Dubois Hospital. A qualified medical practitioner may perform the examination if a SANE or SAFE is not available. An interview was conducted with a representative of the Penn-Highland Hospital regarding the SANE services provided at the hospital. The representative noted the hospital has SANEs working on shift within the emergency department. If a SANE is not available on shift, one would be called from the on-call list or the trained emergency department providers could complete the sexual abuse examinations and evidence collection. The facility and the hospital do not have an agreement / memorandum of understanding for services. Three allegations were reported during the audit period that occurred at another facility. Therefore, there were no forensic medical exams conducted during the audit period.

The agency policy's 5.1.2-E and facility policy ADM 021.03 indicates offenders who allege sexual abuse shall be provided access to outside victim advocates and make accessible specific contact information for victim advocacy or rape crisis organizations. Per agency policy 5.1.2-E, when victim advocacy services are provided through the forensic exam and investigatory interviews, the victim's consent is obtained prior in writing or on audio tape for documentation. The facility provided a Letter of Agreement between the facility and Passages to provide services to sexual abuse victims. This MOU states the organization would provide emotional support services and crisis counseling to sexual abuse victims and provide advocacy for and accompany the victim to Penn-Highlands Hospital. The Letter of Agreement was renewed on May 1, 2020.

The interview with the PREA Compliance Manager indicated that advocacy services are provided through Passages and the facility has an agreement with the organization. The contact information for victim advocacy services are provided to the offenders on a poster in the housing units and in the Inmate Handbook. The PREA Compliance Manager and healthcare staff confirmed the practice for forensic exams at an outside hospital by trained staff and victim advocacy services provided through Passages.

All allegations of sexual abuse that include penetration or touching of the genital areas are referred to an outside law enforcement agency per policy 5.1.2-E. The outside law enforcement agencies for criminal investigations for this facility is the Pennsylvania State Police. The facility established a MOU with the Pennsylvania State Police in May 2018 and the annual confirmation was obtained on May 14, 2020. The confirmation states all PSP investigators have been trained according to state and federal guidelines related to PREA and sexual abuse investigations in a confinement setting. In the event of an incident, the facility shall preserve and maintain the crime scene until PSP arrives and shall fully cooperate with any requests from PSP. The MOU outlines the facility and PSP responsibilities and will follow the requirements of paragraphs (a) through (c) of the standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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*)

The agency's policies 5.1.2-A and 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection outlines the procedures for investigating and documenting incidents of sexual abuse. The facility only conducts administrative investigations. The facility is to begin an administrative investigation immediately following an allegation. Once an allegation is reported and the supervisor is notified; an investigation would be started immediately. A staff member will report the allegation to a supervisor who will make the required notifications which begins the investigation process including notifying the BOP per contract. If determined criminal, Pennsylvania State Police will conduct the criminal investigation. The Investigator stated that all allegations reported are investigated immediately. The facility begins an administrative investigation immediately following an allegation, the BOP may also

determine to conduct an administrative investigation. The agency policies 5.1.2-A and 5.1.2-E state all allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations. The facility will document all investigation referrals. The facility utilizes the Monthly PREA Incident Tracking Log to track all incidents that occurred in the facility. The Agency Head interview stated it is required by corporate and local policies that an administrative or criminal investigation is completed for all allegations. Based on client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal), or a trained GEO facility investigator for administrative investigations only. It was also stated regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve criminal behavior.

The facility had no allegations of sexual abuse or harassment that occurred at the facility. There were three allegations reported that occurred at another facility. The Facility Administrator notified the other facilities of the allegations for investigation.

On the agency's website, www.geogroup.com/PREA, is a page dedicated to PREA under the Social Responsibility tab. The webpage contains the company's policies 5.1.2-A and 5.1.2-E for public information. The page also contains the zero-tolerance policy, how to report sexual abuse or sexual harassment, and how an employee may report sexual abuse or sexual harassment. There is a paragraph that explains the investigation process that states if the allegation potentially involves criminal behavior, GEO will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The policy 5.1.2-E also provides the protocols for sexual abuse investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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*)

The agency's policy 5.1.2-A, facility's policy ADM 021.03, and training curriculum Prison Rape Elimination Act (PREA) address all the PREA requirements and outlines the training requirements. Training records, staff interviews, and the training curriculum review indicated the training includes the zero tolerance policy; definitions and examples of prohibited and illegal sexual behavior; right of offenders and staff to be free from sexual abuse and from retaliation for reporting of prohibited and illegal sexual behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders; and requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. The training also discusses female issues and specific differences between male and female on their response and actions after a sexual assault/harassment.

The initial training occurs at the academy, each staff member attends the academy pre-service training prior to being assigned to the facility. The training is also provided annually through the annual in-service training. Each employee is required to attend in-service annually. Additional training occurs during staff monthly meetings, emails, and security briefing with different PREA topics refreshers. Staff during interviews acknowledged the numerous methods they received training including pre-service, annual in-service, updates from supervisors, computer updates, and quarterly briefings. The staff understood their responsibilities for preventing, detecting, and responding to allegations of sexual abuse. The Pre-Audit Questionnaire indicated all staff had completed training. After the interview with the PREA Compliance Manager and staff interviews, it was determined all facility staff have received PREA and cross-gender pat-searches and searches of transgender and intersex offenders training. During the staff interviews most staff could not provide why sexual abuse may occur in a confinement setting, although it is provided in the training. This information was shared with the Facility Administration at a daily out-briefing. The facility sent an email training reminder to all staff with the slides from the PREA lesson plan on the dynamics/reasons why sexual abuse and harassment may occur in a confinement setting. A selection of twelve staff training records was reviewed; all had completed the pre-service training and annual in-service. Interviews of random staff and general questions asked during the tour clearly indicate staff is knowledgeable on how to perform their responsibilities in detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of PREA policies and procedures by staff confirm the continuous training that occurs through annual and refresher trainings.

Staff document the completion of training through a signature on the Training Attendance Record Form and the PREA Basic Training Acknowledgement Form which are also signed by a witness. This information is also maintained by electronic verification. Each staff member is provided and must carry the PREA Staff Responsibility Card; that outlines general PREA information and first responder duties. The employee files reviewed had PREA Basic Training Acknowledgement Forms as documentation of general PREA training and Cross-Gender Pat-Searches and Searches of Transgender and Intersex.

The facility exceeds the training standard by requiring all staff to complete annual training instead of the standard's two-year requirement, refresher training at staff briefings, and the PREA Staff Responsibility Card carried by staff.

Standard 115.32: Volunteer and contractor training

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*)

All contractors and volunteers who have contact with offenders receive PREA training prior to assuming their responsibilities. The facility's policy ADM 021.03 states the level and type of training provided to contractors shall be based on the services they provide and level of contact they have with inmates but all contractors who have contact with inmates shall be notified of MVCC'S zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency's policy 5.1.2-A and facility's policy ADM 021.03 states all volunteers and contractors shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. The same lesson plan utilized for staff, Prison Rape Elimination Act (PREA) is also utilized for contractors and volunteers. The training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed of how to report such incidents. Interviews were conducted with two contractors, there were no volunteers during the on-site audit to interview due to the COVID pandemic. The contractors were knowledgeable on PREA, the responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. They indicated if they were informed of an incident, they are to separate the offenders, preserve the crime scene, and report immediately. They indicated they would report to the Shift Supervisor or nearest officer. They acknowledged they receive training annually with facility staff. The Keefe commissary contractor also stated that PREA training is received through their company throughout the

year through on-line courses. Contractors are also provided the Contract Staff Training Handbook with sections on Prison Rape Eliminate Act, Sexual Harassment, and Staff Inmate Relations.

The agency's policy 5.1.2-A and facility's policy ADM 021.03 states training for volunteers and contractors will be held annually. The facility policy ADM 021.03 states contractors shall document through signature or electronic verification they understand the training they have received. This was confirmed through the interview with the contractors and review of the training files. Training records of two contractors and one volunteer were reviewed and confirmed the training. The training files contained documented training through a signature on the PREA Basic Training Acknowledgement form. The Pre-Audit Questionnaire indicated that the facility had 7 volunteers and 16 contractors who may have contact with offenders, and all were trained.

The facility exceeds the standard by providing annual training and refresher training as needed to all volunteers and contractors.

Standard 115.33: Inmate education

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*)

The facility provides PREA education to the offenders beginning at intake into the facility. The agency's policy 5.1.2-A and facility's policy ADM 021-03 address the PREA education requirements for offenders at intake and comprehensive education. The facility's policy states each inmate during the intake process, MVCF shall provide each inmate with written information (i.e., handbooks, pamphlets, etc.) on GEO's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. The intake officers interviewed stated the educational information is provided at intake through the Inmate Handbook, PREA posters in the area, BOP Admission and Orientation Booklet, and verbally explained by staff. The Inmate Handbook is provided to

the offender as soon as the offender arrives at the facility. Intake staff stated this is usually within the first hour, or if arrived during count, it would be within a few hours. The intake officers stated the intake process is the same for all current and transferred offenders. The Inmate Handbook, section Sexual Abuse/Assault Prevention and Intervention: An Overview for Offenders, covers zero tolerance, offender protection, PREA definitions, PREA grievances, reporting procedures, reporting contact numbers, access to outside confidential emotional support services, avoiding sexual abuse, inappropriate relationships, protecting evidence, investigations, and healthcare/mental health services. The offender acknowledges receiving the BOP Admissions and Orientation Booklet that defines their rights and responsibilities and the prohibited acts and disciplinary severity scale by signing the Intake Screening Form. Random offenders interviewed stated they received the Inmate Handbook and pamphlets upon intake and staff explained the information to them. The Auditor was unable to observe an intake due to the limited transfers of BOP offenders due to COVID pandemic that eliminated any offender intakes during the on-site audit. The Auditor reviewed thirteen offender files that demonstrated PREA intake information was provided on the day of intake, documented through the offender signed Intake Screening Form.

The facility policy ADM 021-03 states within 30 days of intake, MVCF shall provide a comprehensive education to all inmates in person, which is accomplished through the assessment and orientation process. A case manager is responsible for conducting the comprehensive PREA education within 30 days of intake. The facility reported 1,076 offenders' length of stay was over thirty days, which were all intakes into the facility for the same time period. The case manager interviewed stated comprehensive education is provided within a week intake during the orientation process. The Admissions and Orientation presentation has a section on PREA, and they review the PREA information in the handbook, and the offender views the video PREA- What you Need to Know (English, Spanish, and subtitled). Continuous education is provided through town hall meetings with the offenders. In the meetings, refresher information is provided on how to contact staff, zero tolerance, facility's policies and procedures, how to report an allegation, cover the PREA section of the handbook, and answer any concerns or questions the offenders may have. The Admissions and Orientation training is documented on the MVCC – Institutional A&O, which the offender signs acknowledging attending the training. Random offenders' interviews stated they received comprehensive education within 2 to 3 days from intake and up to a week. They acknowledged seeing the video and the staff discussing PREA information with them. The Auditor reviewed thirteen offender files that demonstrated comprehensive PREA education within thirty days of documented through the offender signed MVCC – Institutional A&O.

The agency's policy 5.1.2-A and facility's policy ADM 021.03 states facilities shall ensure that individuals in a GEO facility or program with disabilities have an equal opportunity to participate in or benefit from the company's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. GEO shall ensure that all its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that may ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The PREA information is communicated orally and in written format in a manner that is clearly understood by the offender, including those who are LEP, deaf, visually impaired, or otherwise disabled as well as offenders who have limited reading skills. This is accomplished through the facility's Inmate Handbook, PREA Reporting Line, Offender Guide Sexual Assault Awareness Program Handout, and the video PREA: What You Need to Know all provided in English and Spanish. The facility utilizes a language line through Language Line Solutions for other languages. The facility has a Braille PREA Reporting Hotline poster for the blind and low vision offenders. The facility has a Telecommunications Device for the Deaf (TDD) for the hard of hearing or deaf offenders. All the phones also have volume control. Staff indicated offenders hard of hearing or deaf could hear the video and limited reading skills could watch the video. The staff would also read the information if needed to the offender. The facility utilizes the Pennsylvania Department of Labor and Industry Bureau of Blinded and Visual Services to assist in providing deaf and

hard of hearing offenders information through an interpreter. The facility also has three staff Spanish interpreters.

The offenders have continuous and readily available PREA education through posters and the Inmate Handbook. The PREA informational posters are posted in English and Spanish throughout the facility. The facility has a Braille PREA Reporting Hotline poster for the blind and low vision offenders. Offenders interviewed and during discussion with offenders on the facility tour, they acknowledged they have received PREA information upon arrival at the facility, and through the PREA orientation video. They were able to explain how to report an incident and were aware of the zero-tolerance policy.

The facility exceeds the standard with the numerous and continuous PREA education provided to the offenders including intake education, comprehensive education within a week, refresher information thorough town hall meetings, materials provided to the offender, and educational posters throughout the facility.

Standard 115.34: Specialized training: Investigations

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*)

The agency policies 5.1.2-A and 5.1.2-E and facility's policy ADM 021-03 states investigators shall be trained in conducting investigations of sexual abuse in confinement settings. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The agency's policy and lesson plan PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The training is a four-hour webinar consisting of seven modules with a test. The modules include update and investigative standards overview: guidance in the field; trauma and victim responses: considerations for the investigative process; the forensic exam and the role of victim advocates; first response and evidence collection: the foundation for successful investigations; legal issues and the agency liability guidance for the field; interviewing adult sexual abuse victims; and report writing. The specialized training lesson plan including sections on identifying how trauma can affect a victim's cooperation in an investigation; forensic medical exam process; role of the victim advocates; best practice and policy requirements on evidence collection in confinement settings; understanding of Miranda and Garrity; techniques for interviewing and interrogating during investigations of sexual abuse; criteria required for administrative action and prosecutorial referral; and what a final investigative report should contain.

The facility has three trained investigators on staff, the Facility Investigator and the two Investigative Technicians. The agency has 111 trained investigators that can be utilized at GEO facilities, if needed. The Investigator interviewed acknowledged receiving the training through a webinar through the corporate office that covered the components within the standard and additional training through conference calls with the PREA Regional Training Coordinator. The specialty training was verified through the interview with the investigator and review of the training certificates and training attendance records for the investigators. The investigators also completed the annual PREA training for all staff as documented through training records.

The facility requests any outside agency that may investigate to utilize trained staff. The BOP stated in an email that all BOP OIG investigators are trained, and certificates are on file for review. The

Pennsylvania State Police annual confirmation letter states all PSP investigators have been trained according to state and federal guidelines related to PREA and sexual abuse investigations in a confinement setting.

Standard 115.35: Specialized training: Medical and mental health care

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*)

The agency's policy 5.1.2-A and facility's policy ADM 021-03 states all full-time medical and mental health practitioners who work regularly in the facility shall receive specialized training in addition to the general training mandated for employees. The healthcare staff will receive specialized training for sexual abuse and sexual assault, through the lesson plan GEO Specialized Medical and Mental Health PREA Training. The lesson plan Specialized Medical and Mental Health PREA Training outlines that training will include detecting signs of sexual abuse and assault; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse; and proper reporting of allegations or suspicions of sexual abuse and assault. The specialized training is an on-line course. The facility training is documented through the PREA Basic Training Acknowledgment form and sign-in roster. All thirty-two-healthcare staff has completed the specialized training per the PAQ, training records, and interview with the Health Services Administrator (HSA). The Auditor reviewed two healthcare staff personnel files which contained documentation of the specialized healthcare and PREA training. This training is documented through signatures on the PREA Specialized Medical/Mental Health Training Acknowledgement Form acknowledging the employee has received and understood the specialized training.

The healthcare staff do not conduct forensic exams, per interviews with healthcare staff, policy, and the PAQ. Through the healthcare staff interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the exam.

The Auditor was provided an electronic training records that documented completed specialized training for healthcare staff. Upon review of the training records, numerous healthcare staff have repeated the training annually while others completed once. The training records demonstrated that the staff had completed the initial PREA training during orientation and annually completed the training as part of in-service training. The medical staff interviewed acknowledged receiving specialized training and basic PREA training annually. Interviews with the healthcare 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 who to report allegations or suspicions of sexual abuse and sexual harassment.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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 N/A

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*)

The screening process for the risk of victimization and abusiveness at intake is outlined in the agency's policy 5.1.2-A and facility's policies ADM 021.03 and CM 022.07. This screening occurs at intake into the facility with the use of the BOP Intake Screening Form and the GEO BOP PREA Risk Assessment Tool. The policies require risk assessments be completed within 24 hours. The case managers are trained to complete the risk screenings forms. The case managers interviewed indicated that the risk screening usually occurs within one hour of arrival and always within twenty-four hours of the offender's arrival. The facility had 1,076 offender intakes during the audit period, the PAQ indicated that a risk screening was completed on all offenders. During the thirty-nine random offender interviews, half of the offenders indicated they remember being asked the risk assessment questions on the day of their arrival; the other offenders stated no or could not remember. The offenders that acknowledged they received an intake risk screening shared the screening usually occurred the same day of arrival. The Auditor reviewed the PREA Risk Assessment Tools in thirteen offender files and found all files compliant and risk assessments completed within the appropriate timeframes. Of those thirteen files reviewed, the Auditor had selected eight files of offenders that could not remember the intake risk screening occurred and all the files were compliant with the intake risk screening occurring the day of intake

The Case Managers interviewed stated they review information including the Pre-Sentence Investigation (PSI) for criminal history, medical files, and any other available records as part of the intake paperwork process. Then the offender is interviewed to complete BOP Intake Screening Form and the GEO BOP PREA Risk Assessment Tool. The GEO BOP PREA Risk Assessment Tool conforms to the PREA standard requirements. The screening forms includes questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether or not the offender has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. The intake screening also considers prior acts of sexual abuse, prior convictions of sexual abuse, and history of prior institutional violence or sexual abuse. The risk screening tool is scored based on the number of "yes" responses. In section one for At Risk of Victimization, if an offender has three or more "yes" responses or "yes" to predetermined questions; the offender is identified for risk of victimization. In section two for

At Risk of Abusiveness, if an offender has three or more “yes” responses or “yes” to predetermined questions; the offender is identified for risk of abusiveness. The offender signs the risk assessment form acknowledging the answers are correct. An offender that scores at risk for victimization or risk for abusiveness are referred to the Case Management Coordinator/PREA Compliance Manager and Chief of Security. Offenders who are identified as being potential victims are tracked on a PREA At-Risk Victimized log and offenders who are identified from screening to be a potential abuser are tracked on a PREA At-Risk Abuser log. The case manager interviewed stated case managers have late nights and week-end coverage to be available for intakes. If arrivals occurred outside those hours, medical would complete a screening and a follow-up screening would occur when a case manager arrives at the facility.

The Auditor was unable to observe an intake since the BOP had limited the transfers during the COVID pandemic. The Auditor requested a case manager to explain the intake process. The case manager stated she reads the PSI for history and other information that is available prior to intake, if possible or on the day of intake. She uses the intake screening form to interview the offender for potential risk or abusiveness. The interview is held in an office with a door for privacy. If the offender does not speak English, she utilizes the language line or staff interpreters for interpretation. She begins the interview by providing an overview on why the facility conducts the risk screening to ensure the safety of offenders and then completes the risk screening tool through an interview with the offender. She shared certain questions automatically determines an offender is a potential victim or abuser. Also, certain confirmed questions will automatically create a referral to medical and mental health. The referral is noted on the bottom of the PREA Risk Assessment Tool. If there is a referral need, a call is made to the medical and mental health. The risk screening score determines appropriate housing placement. If the offender scores as potential victim, potential abuser, or dual, the PREA Compliance Manager and the Major will be contacted to make appropriate housing placement. She then provides PREA orientation education to the offender with the offender signing acknowledging receiving the handbook.

The two case managers interviewed stated case managers reassess the offender’s risks of victimization and abusiveness within 30 days from the date of the initial assessment. This is supported by agency policy 5.1.2-A and facility policy ADM 021.03 that within a set period not to exceed 30 days from arrival, staff shall reassess the inmate’s risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. This reassessment will be documented on the GEO PREA Vulnerability Reassessment Questionnaire. The average length of stay in custody is 3 years and 88 days for offenders. The case manager interviewed stated the reassessment process begins about twenty-one days from intake and is completed within thirty days. It was also stated that reassessments then occur every six months. The PAQ indicated that all offenders had reassessments for the audit period. Of the thirteen offender files reviewed, all offenders had a reassessment completed within 30 days, the majority within 21 days. The case managers interviewed also stated that reassessments are conducted at any time when warranted based on any additional, relevant information and/or following an incident of abuse or victimization. The facility policy stated an inmate’s risk level shall be reassessed 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.

Through review of the agency’s policy 5.1.2-A, and facility’s policy ADM 021.03, and confirmed through staff interviews, disciplining offenders for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The case managers interviewed stated the offender does not have to answer questions and can refuse. The information will try to be obtained through other means and they will encourage the offender to answer by explaining it assists in the determination of housing placement to protect them. The facility’s policy ADM 021.03 states disciplining inmates for refusing to answer or not providing complete information in response to certain screening questions is prohibited.

The agency's policy 5.1.2-A states facilities shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employees or other individuals in a GEO facility or program. The facility's policy ADM 021.03 states sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing, and security and management decisions. The PREA Compliance Manager and case managers interviewed stated the only staff that have accessibility are case managers, unit managers, medical staff, Chief of Security, and PREA Compliance Manager, Facility Administrator and AFAs. The PREA Coordinator stated the access to the information is only to those who need to know in making housing, work, and programming decisions, which also includes the PREA Compliance Manager.

Standard 115.42: Use of screening information

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

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*)

The agency's policy 5.1.2-A and facility's policies ADM 021.03 and CM 022.07 Intake Screening address the risk assessment process and the use of the screening information to determine housing, recreation, voluntary work, and other activities to ensure the safety of the offender. Offenders who are identified as being potential victims are tracked on a PREA At-Risk Victimized log, offenders who are identified from screening to be a potential predator are tracked on a PREA At-Risk Abuser log, and offenders who self-identify are maintained on the LGBTI log. The logs are maintained by the PREA Compliance Manager. The PREA Compliance Manager stated the logs will include current housing locations and will be used

to assist in making housing placements. An offender can be added to the log following a reported allegation. If the allegation is unfounded, the offender may be removed from the log. The PREA Compliance Manager also explained that dorms have been identified for housing placements for potential victims, predators, and dual. There are four dorms identified to house potential predators, twelve dorms for housing potential victims, and eight dorms for housing of dual assessment offenders. She indicated this plan is utilized to reduce the likelihood of housing at risk identified offenders together. An offender that scores at risk for victimization or risk for abusiveness are referred to the Case Management Coordinator/PREA Compliance Manager and Chief of Security to determine housing, program, and placements to ensure the safety of the offender.

The interviews with the case managers and PREA Compliance Manager indicated that housing placements are made on a case by case basis with consideration of the PREA risk factors. In review of completed risk assessments in the offender files, the Auditor determined the facility is utilizing collected data, such as the offender's physical characteristics (build and appearance), age, whether the offender has mental, physical or development disability, previous assignment in specialized housing, alleged offense and criminal history, whether the offender is perceived to be LGBTI or is gender non-conforming to determine housing, recreation, and other activity decisions. Through staff interviews and review of offender files, it was determined that the facility addresses the needs of the offender consistent with the security and safety of the individual offender. The offenders interviewed stated they felt safe in the housing environment of the facility.

The agency's policy 5.1.2-A and facility's policy ADM 021.03 states the PREA Compliance Manager or designee will also maintain a tracking log of those individuals who self-identify as LGBTQI with their housing placement. In making housing and programming assignments for transgender or intersex offenders, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. The agency and facility's policy state a transgender may be held in medical up to 72 hours until the appropriate housing determination is made by the Transgender Care Committee (TCC). The TCC members are the Facility Administrator or Assistant Facility Administrator; Security Chief; Classification or Case Management Supervisor; Medical and/or Mental Health staff; and the PREA Compliance Manager. A transgender or intersex offender views are considered. The transgender or intersex offenders complete the Statement of Search/Shower/Pronoun Preference Form with the intake and/or classification staff. The form covers the offender's gender identification, name preference, pronoun preference, staff gender preferred for searches, and shower preference. The Committee may consult with the PREA Coordinator at GEO Corporate, if needed. The facility does not house transgender offenders per BOP contract. An offender arrived in October 2019 and during the risk assessment process self-identified as transgender (male to female). The PREA Coordinator and Chief of Security was notified for housing placement. Since the facility only houses male offenders. The facility notified BOP, who advised the facility that transgender offenders are not appropriate for placement in a contract facility. The facility completed the Statement of Search/Shower/Pronoun Reference Sheet for the offender where the offender indicated her search preference was female or male, she preferred female pronouns, there were no concerns for her safety or showering, she preferred general population housing, and did not want to be treated differently. Per the direction of the BOP, the facility housed the transgender in the medical department and restricted programs, privileges, education, and work opportunities. The BOP Senior Secure Institution Manager informed the facility to submit an adjustment transfer for the offender. The transgender offender was housed in medical until transferred. The facility did complete a reassessment on the offender within 30 days of the initial intake.

The agency's policy 5.1.2-A and facility's policy ADM 021.03 outlines housing assignments for each transgender and intersex offender shall be reassessed every six months to determine any threats to

safety experienced by the offender and serious consideration shall be given to the offender's own views of his/her safety with respect to his/her own safety. The case managers indicated the TCC committee will meet with and reassess the transgender offender every 60 days utilizing the PREA Vulnerability Reassessment Questionnaire. The case managers stated a transgender or intersex offender would be met with every 30 days like any other offender. The facility did complete a reassessment on the transgender offender within 30 days of the initial intake. Again, the facility does not house transgender offenders per BOP contract, however, the facility staff are aware the policies and procedures for ensuring the safety of a transgender offender through the Transgender Care Committee review and recommendations as documented by the process the facility conducted on the offender that identified as transgender at intake.

Transgender and intersex offenders have the opportunity to shower separate from other offenders. Interviews with the case Managers and PREA Compliance Manager noted that transgender/intersex offenders may shower in the single showers in the medical department or shower in the dorms with privacy barriers. The offenders will be explained the choices at the TCC meeting, and the offender completes the Statement of Search/Shower/Pronoun Preference Form noting their preference. The agency policy 5.1.2-A and facility's policy ADM 021.03 states all inmates, including transgender and intersex shall be allowed to shower separately from other inmates.

The agency's policy 5.1.2-A and facility's policy ADM 021.03 indicates that lesbian, gay, bisexual, transgender, or intersex (LGBTI) offenders shall not be placed in housing units solely based on their identification as LGBTI; unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such offenders. The facility has not created a sole housing unit for LGBTI offenders. The LGBTI log indicated sixteen gay offenders were housed at the facility, the Auditor interviewed eight of the offenders. The gay offenders stated they felt safe at the facility and were not housed in a dedicated housing area. The Auditor also reviewed the housing assignments of the gay offenders, and it demonstrated the offenders are housed throughout the facility.

An offender requested to speak to the Auditor. The offender disclosed he was gay and was not comfortable in his housing placement due to another gay offender acting over feminine and he did not want to be viewed like that offender. With the offender's permission, the Auditor reported his concern to the Unit Manager. The Unit Manager stated it would be reviewed and handled by the case manager. If needed, a housing placement change could be initiated.

Standard 115.43: Protective Custody

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*)

The agency's policy 5.1.2-A and the facility's policy ADM 021.03 states involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no means of protecting the offender. If the facility cannot conduct such assessment immediately, the offender may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. The assessment is to be documented on the Sexual Assault/Sexual Abuse Available Alternatives Assessment. The form asks: can the offender be assigned to another housing unit; was another alternative to involuntary segregated housing used; can the offender be transferred to another facility; if allegations were made and staff is alleged perpetrator, was he/she placed on administrative leave or reassigned to another post; and was offender or alleged victim (if allegation) reassigned to administrative detention for protective custody. The form must be reviewed and signed by the Facility Administrator or Assistant Facility Administrator. The Shift Supervisor interviewed stated other housing options would be considered and it would usually be another housing unit for the safety of the offender. The offender is interviewed by Investigation Unit and they would determine the best housing placement with the Case Management Coordinator/PREA Compliance Manager for the safety of the offender prior to housing in segregated housing. The Facility Administrator stated offenders would not be placed in segregated housing unless all other alternatives are exhausted. The offender would be housed for the least amount of time; no more than 24 hours until a review would be completed. If an offender were placed in segregated housing, an alternative housing meeting would be held within 24 hours and in most cases the same day. The Chief of Security, PREA Compliance Manager, Investigator, and medical as a team would review the placement. The Facility Administrator stated the facility may work with BOP to transfer the offender to another facility if needed for the offender's safety.

The agency's policy 5.1.2-A and the facility's policy ADM 021.03 states if segregated housing is used, the offender shall have all possible access to programs and services for which he is otherwise eligible, and the facility shall document and justify any restrictions imposed. The Sexual Assault/Sexual Abuse Available Alternatives Assessment has a section to be completed that addresses if access to programs, privileges, education, or work opportunities are restricted which also requires a narrative justification to be included if they are restricted. The Shift Supervisor interviewed stated the offender would have access to the programs, privileges, education, and work opportunities as general population offenders. He stated these would include recreation, books from the library, educational class information and classwork, religious services, telephone weekly, commissary, and other activities per schedule. The offender could apply for porter jobs for the area and a selection would be determined by the Captain and Chief of Security. The Shift Supervisor stated any denial of services would be through the disciplinary process and documented in the offender's file.

The policies state involuntary segregated housing shall not ordinarily exceed a period of 30 days. In cases, where involuntary housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary restricted housing is needed. The Shift Supervisor interviewed stated the offender receives a special housing review every week. The review includes the Facility Administrator, Chief of Security, AFA Adm, medical, mental health and Case Management Coordinator/PREA Compliance Manager. The reviews would be conducted weekly as long as the offender is housed. There is also a special assessment conducted at 30 days to review the offender's health and mental health status and release possibilities.

The Facility Administrator and Shift Supervisor stated the facility has not used protective custody as a way to separate offenders for safety from likely abusers during the audit period although the PAQ noted two offenders were placed in involuntary segregated housing. One offender was a transgender offender that self-identified as transgender during the intake process. The facility notified BOP, who advised the facility that transgender offenders are not appropriate for placement in a contract facility. Per the direction of the BOP, the facility housed the transgender in the medical department and restricted programs, privileges, education, and work opportunities. The BOP Senior Secure Institution Manager informed the facility to submit an adjustment transfer for the offender. The transgender offender was housed in medical until transferred. The facility completed the Sexual Abuse/Assault Available Alternatives Assessment form and documented the housing and restrictions per the BOP. The other placement was at the request of the offender which was not an involuntary placement. Neither offender was still at the facility for interviews.

REPORTING

Standard 115.51: Inmate reporting

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 N/A

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*)

The facility has established procedures allowing for multiple internal and external ways for offenders to report sexual abuse, retaliation, staff neglect, and violations of responsibilities that may have contributed to such incidents. PREA allegation reporting methods are shared with offenders at intake through the Inmate Handbook and BOP Admission and Orientation Booklet. Reporting information is also available on the facility's PREA posters in English and Spanish throughout the facility viewed by the Auditor during the tour. During orientation, the offender also receives reporting methods by viewing the PREA video, What You Need to Know. Offenders can report verbally and in writing to facility staff; calling the BOP Inmate Intelligence Line, calling the facility's PREA hotline (maintained by the facility's investigation unit), speak to the Investigator, BOP Inmate Intelligence Line, write BOP Director/Regional Director, file an administrative remedy, write the Office of Inspector General (OIG), write Passages and utilize third party reporting. The offender may report outside the facility by the BOP Inmate Intelligence Line, write BOP Director/Regional Director, write the Office of Inspector General (OIG), and write Passages as the external reporting methods. Calling the BOP Inmate Intelligence Line can be anonymously and confidentially by utilizing a generic pin that is provided to the offender in the inmate handbook and PREA Reporting Hotline poster. The correspondence to Passages, OIG, and the BOP are classified as special mail as stated in the inmate handbook. During the formal offender interviews, the offenders acknowledged receiving information on how to report at intake, through the Inmate Handbook, and on posters. The offenders were able to identify reporting methods including telling a staff member, call the hotlines, writing a remedy (grievance), and/or telling family or friend. Also, during the informal interviews with offenders while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to a staff member. The majority of the offenders know they could report an allegation anonymously. The information is provided to the offenders in the handbook and on the PREA Reporting Hotline posters. The offenders have accessibility to phones within the housing unit dayrooms. The Auditor tested all the hotline numbers, all were successfully connected to the organizations. There is a reporting poster by the phones that states all conversations may be monitored. The facility had no allegations reported that occurred in the facility. The facility provided examples from previous audit periods that demonstrated a third-party call, a reporting call to OIG that notified the facility of the allegations report, and an offender reporting to staff.

The random staff interviewed indicated they were aware of the methods available to offenders to report sexual abuse and sexual harassment and their responsibility in the process. They indicated they would report immediately to a supervisor. After verbal reporting, a written report would be completed and forwarded to the supervisor. Staff can privately report by calling the employee GEO hotline, through the internet to www.reportonline.com/geogroup; or contacting the agency PREA Coordinator. Staff were aware of the methods to privately report sexual abuse. This information is posted on the agency website. The reporting requirements and process is provided to staff through training, handouts, policy 5.1.2-A, facility policy ADM 021.03, and the PREA Staff Responsibility Card.

Standard 115.52: Exhaustion of administrative remedies

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*)

The agency's policy 5.1.2-A, facility's policies ADM 021.03 and ADM 009.14 Administrative Remedy Procedure, and the Inmate Handbook outlines the administrative procedure for offender grievances regarding sexual abuse and harassment. The facility provides the offender information of the grievance procedures at intake with the issuance of the Inmate Handbook. The facility does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse. The Inmate Handbook states MVCC shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The policies state there is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The policies and handbook state the offenders have a right to submit grievances to someone other than the staff member who is the subject of the complaint and such grievance is also not referred to a staff member who is subject of the complaint.

The PREA Compliance Manager stated all grievances related to sexual abuse and sexual harassment is forwarded to the Facility Administrator to review and evaluate if it raises to the level of an emergency. If emergency, the allegation is forwarded to the Investigation Unit to begin the investigation process and Chief of Security and PREA Compliance Manager to take immediate action to protect the potential victim. Policies state the facility shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance and the computation of the 90-day time period shall not include time consumed by offenders in preparing any administrative appeal. The facility may claim an extension of time to respond, of up to 70 days, if the normal time-period for response is insufficient to make an appropriate decision; the facility shall notify the offender in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to

be a denial at that level. Third parties on behalf of an offender may also submit grievances. There were no grievances filed including third-party reports or emergency grievances in 2018, 2019, and 2020 as noted by memo to file by the Facility Administrator.

The agency's and facility's policies provide written procedures and timeframes for handling time-sensitive grievances that involve an immediate threat to offender health, safety, or welfare related to sexual abuse. The facility policy and the Inmate Handbook state the grievance if a substantial risk of imminent sexual abuse to the offender, it is handled as an emergency grievance, MVCC shall 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, shall provide an initial response within 48 hours, and shall issue a final decision within five calendar days.

The agency and facility policies and the Inmate Handbook states offenders may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. The facility had no disciplinary actions against an offender for having filed a grievance in bad faith.

During the random interview process, offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They know the options available to them for reporting including filing a remedy (grievance)

Standard 115.53: Inmate access to outside confidential support services

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*)

The agency policy's 5.1.2-E and facility's policy ADM 021.03 states offenders who allege sexual abuse shall be provided access to outside victim advocates and make accessible specific contact information for victim advocacy or rape crisis organizations. The interview with the PREA Compliance Manager indicated that advocacy services are provided through Passages and the facility has an agreement with Passages for confidential support services. This was documented through a Letter of Agreement between the facility and Passages to provide services to sexual abuse victims. This agreement states the organization would provide emotional support services and crisis counseling to sexual abuse victims and provide advocacy for and accompany the victim to Penn-Highlands Hospital. The Letter of Agreement was renewed on May 1, 2020. The agreements states Passages will provide advocacy for and accompany the victim to Penn-Highlands Hospital, provide confidential supportive services to the victim by telephone, mail, or in person; accompany the victim to court proceeding concerning the alleged sexual assault; maintain a trained pool of advocates to response to sexual assault survivors at the facility and provide the facility with a list of current advocates; maintain confidentiality as required by state standards for certified crisis counselors and Passages INC policies and procedures; and will provide the necessary release forms to the advocate on behalf of the offender.

The emotional support information is provided to the offenders upon intake to the facility through the Inmate Handbook, Passages brochure, and posted throughout the facility on the PREA Hotline Reporting posters. Passages provides a 24-hour hotline and an address for offenders to write. The mail to Passages is classified as special mail which may only be opened in the presence of the offender to be checked for contraband, if needed and a poster by the phone informs the offenders calls may be monitored. A memo for file stated no offenders had requested to utilize Passages during the years 2018, 2019, and 2020. The Auditor attempted to interview the organization and had no success.

Standard 115.54: Third-party reporting

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*)

The agency's policy 5.1.2-A and ADM 021.03 states that third-party reporting information will be posted publicly on the agency's website. The website provides information regarding reporting sexual abuse. The 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." A phone number and address are provided. The information is displayed on the Prison Rape Elimination Act of 2003 posters in the lobby, staff break rooms, and visitation area. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect an offender has been sexually abused, sexually harassed, or requires protection. Outside parties can report verbally or in writing to the facility or to the agency's PREA Coordinator. Offenders interviewed were aware of this method of reporting. There were no third-party reports this audit period; however, the facility provided an example from a previous audit year to demonstrate compliance. The report was made through a phone call to the facility by a spouse. The reported allegation was investigated.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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*)

The agency's policy 5.1.2-A and facility's policy ADM 021.03 outlines the reporting requirements of staff which states all employees are required to report immediately in accordance with facility and agency policy any knowledge, suspicion, or information regarding sexual abuse that occurred in the facility; retaliation against offenders or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Employees are required to report to designated supervisors or officials. Reporting requirements are covered in the annual in-service training, pre-service training, and staff meetings for all staff. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Random staff interviewed indicated they would report immediately to their supervisor and to the PREA Compliance Manager and then write an incident report. This reporting information is provided on the staff's PREA Staff Responsibility Card also. Staff

can report privately outside the chain of command by utilizing the agency's employee hotline, calling the corporate PREA Coordinator, and reporting to the Facility Administrator, facility management, or Major. During the interviews, staff indicated they would report privately through the hotline or call the corporate PREA Coordinator. The reporting requirement is the same for volunteers and contractors.

The agency's policy 5.1.2-A and facility's policy ADM 021.03 states that staff are not to reveal any information related to a sexual abuse report to anyone other than to supervisors or officials. Reporting requirements including confidentiality are covered in the annual in-service training, pre-service training, and staff meetings. Staff interviewed indicated information would only be shared with the supervisor and other staff on a need-to-know basis.

The medical and mental health practitioners are required to inform individuals in a GEO facility or program of the practitioner's duty to report and the limitations of confidentiality, at the initiation of services per policy. The healthcare staff interviewed stated they disclose the limitations of confidentiality and duty to report to the offender; indicating confidential will be maintained as much as possible. The healthcare stated during the intake process each offender signs a disclosure of limitations of confidentiality form. This would be discussed especially again with a sexual abuse victim. They stated they would report any allegations or information to a shift supervisor and Health Care Supervisor immediately.

The policies state unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the victim is under the age of 18 or considered a vulnerable adult to designated state or local services and agencies under applicable mandatory reporting laws. The Pennsylvania mandated reporting statute requires immediately reporting for acts against a child, defined as an individual under the age of 18. The Facility Administrator stated the facility will follow all reporting state mandates, notify BOP to proceed with the required notifications. There were no allegations from vulnerable adult reported per interview with the Facility Administrator. The facility does not house juveniles/youthful offenders.

The agency's policy 5.1.2-A and facility's policy ADM 021.03 states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymously reports to the designated investigators or outside agency responsible for investigating incidents. The Facility Administrator, PREA Compliance Manager, and the Investigator indicated that all allegations no matter how they are reported are investigated.

Standard 115.62: Agency protection duties

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*)

The agency's policy 5.1.2-A and facility's policy ADM 021.03 states when the facility learns that an offender is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged abuser. The staff would then report the incident to a supervisor for further action and write an incident report. These responsibilities are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The Facility Administrator stated the staff would respond immediately to remove the offender from the situation and send to mental health for an assessment. If possible, determine the alleged threat in order to remove the threat and send predator to segregated housing. An investigation would be assigned, to begin. The Facility Administrator stated the same process would be followed as any allegation reported. All staff interviewed knew the steps to take to protect an offender at risk for sexual abuse; to immediately separate the offender from the area to keep the offender safe and separate from other offenders; notify the supervisor; and write an incident report.

During the audit period, no offender reported feeling at imminent risk of sexual abuse, or any staff reported that an offender was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement per a memo to file and the PREA Compliance Manager.

Standard 115.63: Reporting to other confinement facilities

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*)

The agency's policy 5.1.2-A and facility's policy ADM 021.03 requires upon receiving an allegation that an offender was sexually abused while confined at another facility, the Facility Administrator or AFA will notify the Facility Administrator or designee of the facility where the alleged abuse occurred. The notifications should take place as soon as possible, but no later than 72 hours after receiving notification. The Facility Administrator indicated that the notifications would be made immediately by him or a AFA to the other facility and an investigation would be initiated. The notification will be documented and forwarded to the agency PREA Coordinator and facility PREA Compliance Manager. The Facility Administrator stated the facility would create a synopsis of the information and any information from interviews with the offender and forward to the other facility. The PREA Compliance Manager will follow-up with the other facility. The PAQ noted there were no instances this audit period, however, the facility had three allegations reported during the audit period that occurred at another facility. The facility provided notifications to the facility administrators at those facilities documented by emails.

The PAQ and the Facility Administrator noted there were no notifications from another facility of reported allegations of alleged abuse reported at another facility. If a notification were received, the Facility Administrator stated an investigation would be initiated.

Standard 115.64: Staff first responder duties

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*)

The agency's policy 5.1.2-A and facility's policy ADM 021.03 outlines the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The first security staff member responding to the incident is required to separate the alleged victim and abuser; immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence until evidence can be collected. The Shift Supervisor is to notify the Facility Administrator or on call Duty Officer. Through random interviews with staff it was demonstrated that staff was knowledgeable in the steps as a first responder: to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence and contact a supervisor. First responder responsibilities are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The first responder responsibilities are also outlined on the PREA Staff's Responsibility Card carried by all staff. Policies outline that if the first responder is not a security staff member, the staff shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify a security staff member.

The Auditor interviewed two security staff members who were first responders. Both the staff were informed by offenders they were assaulted at another facility during the intake process. They both stated they reported the allegation to the Shift Supervisor and took the offender to medical for an assessment. There were no allegations that required the separation of the alleged victim and abuser or the preserving evidence. The random non-security first responder staff member interviewed indicated she contacted a shift supervisor immediately and requested the offender not to destroy any evidence. She also stated staff are to remain with the alleged victim until a security staff member arrived. The other first responder interviewed knew to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence and contact a supervisor.

Standard 115.65: Coordinated response

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*)

The facility has created a written institutional plan, Moshannon Valley Correctional Facility Coordinated Response Plan, separate from the policy, to coordinate actions taken by the multidisciplinary team including first responders, medical and mental health care, services by outside agencies, investigators, and facility leadership in response to an incident of sexual abuse. The Coordinated Response Plan provides written guidelines to staff responding to allegations and occurrences of sexual abuse, sexual harassment, and sexual activity within the facility. The Coordinated Response Plan is divided into sections, which includes the initial response, facility crime scene, notifications required when sexual abuse is alleged, evidence protocol, medical responsibilities, mental health responsibilities, responsibilities when sexual harassment is alleged, and responsibilities when sexual activity is alleged. This is supported through agency policy 5.1.2-A and facility's ADM 021.03. The Coordinated Plan is supported with a PREA Incident Checklist for Incidents of Sexual Abuse and Harassment which provides a list of all required actions and a section to check when an action is completed including the date and time of action completed. The checklist extends to the after action requirements including the completion of the formalized investigation report; review and approve investigative by Facility Administrator, investigation report scanned into the PREA portal within 30 days of completion, notification to offender of outcome of investigation; the sexual abuse incident review; weekly monitoring victim for any retaliation; monthly monitoring staff for any retaliation (as appropriate), EAP referral for staff in need of crisis intervention counseling, update the PREA checklist; and PREA classification board referral. The policies also state the PREA Compliance Manager is a required participant and the Corporate PREA Coordinator may be consulted as part of the coordinated response. The Coordinated Response Plan is covered at pre-service and annual in-service for staff. The Facility Administrator stated the Coordinated Response Plan is a step by step checklist for staff to follow during an incident. The plan is reviewed and updated annually as needed. The Facility Administrator shared all supervisors have the Coordinated Response Plan. During staff interviews with multidisciplinary team, staff detailed their responsibilities in their coordinated efforts during an incident. The facility exceeds the standard with the detailed coordinated response plan which includes outside agencies and the detailed checklist to ensure all actions during and after an allegation is completed through the process required for an incident.

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

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*)

The agency policy 5.1.2-A states employees, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring offender contact pending the outcome of an investigation. Any "no contact" orders shall be documented by facility management via email or memorandum within 24 hours of reported allegation and printed and maintained as part of the related investigative file. The agency and facility's policy ADM 021.03 state the agency of facility shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any offender pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The Agency Head stated that GEO has a small number of facilities that have collective bargaining agreements and none of our collective bargaining agreements prohibit us from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.

The facility has two collective bargaining agreements between The GEO Group, Inc. and International Association of International Union Security, Police, and Fire Professionals of America, Local 502 with effective dates of February 11, 2018 through February 10, 2021; and The GEO Group, Inc. and the International Brotherhood of Teamsters Local 10, effective dates of February 1, 2018 through January 21, 2021. The agreements note sexual abuse and forms of harassment in conjunction with the Company's general orders and regulations are violations that constitute Just Cause for immediate dismissal. Just Cause includes sexual and other forms of harassment. in conjunction with the company's general orders and regulations.

There were no allegations reported during this audit period.

Standard 115.67: Agency protection against retaliation

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 inmates 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*)

The agency's policy 5.1.2-A and facility's policy 021.03 states procedures will be implemented to protect offenders and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other individuals in a GEO facility or program or employees. The policies also state that that no employees, contractors, volunteers, and offenders shall retaliate against any person, including an offender who reports, complains about, or participates in an investigation into an allegation of sexual abuse. The Agency Head's interview stated that designated staff at each facility are assigned to monitor the offender who reported the allegation for possible retaliation. They meet with the offender in private and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct the issue. The facility policy states the PREA Compliance Manager or mental health personnel shall be responsible for monitoring the alleged victim. The policy also states a Human Resources staff, or the Facility Investigator will monitor staff following a report of staff sexual misconduct. The PREA Compliance Manager indicated she is the person responsible for monitoring retaliation of offenders and Human Resources staff monitor staff. Staff is informed of protection from retaliation through training in pre-service and annual in-service.

Policies outline the monitoring timeframes. For offenders, the PREA Compliance Manager shall meet weekly with the offender beginning the week following the incident. The meetings will be documented on the Protection from Retaliation Log with any notes or issues discussed. The offender/alleged victim must sign the form acknowledging the monitoring contact. The Auditor interviewed the Mental Health Administrator for offender monitoring and the Human Resource staff member for staff monitoring. The PREA Compliance Manager stated she would monitor discipline, increase in work duties, housing movement, change in bed assignments, and poor work evaluations. The Mental Health Administrator stated she would review housing, job changes, and discipline reports. The Human Resource Specialist stated staff are monitored every 30 days and documented on the Employee Protection from Retaliation Log. For staff, monitoring would include shift changes, different work assignments, performance reviews, attendance, and work performance. The employees would also be referred to the Employee Assistance Program. It was also stated that there has been no staff monitoring in the last five years.

If retaliation were to occur, staff or offender, the incident would be referred for internal or outside investigation. Once completed, the log will be retained in the investigation file of the corresponding PREA incident. The retaliation monitoring will be for at least 90 days; however, the time frame can be extended if warranted. Monitoring shall terminate if the allegation is determined unfounded.

The policies identify protective measures that can be taken including housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for offenders and staff who fear retaliation. The interviewed staff stated if retaliation is suspected or determined, protective measures would be taken immediately; and an investigation would be started. The protective measures that would be taken for an offender include change in housing assignment, transfer to another facility, separations, reassign staff, and offer of emotional support. Protective measures for staff would be change of work assignment location and/or shift and referral to emotional support services. The Facility Administrator stated the facility has zero tolerance for retaliation and an investigation would be initiated. The Facility Administrator also stated protective measures would be taken for the protection of the offender including monitoring of the offender or staff for 90 days. Any allegation involving a staff member, the staff member would be moved to a non-contact post during the investigation for retaliation.

The facility had no allegations or instances of retaliation during this audit period; therefore, no staff or offender were monitored for retaliation. This was documented through the interviews, memo to file, and the PAQ.

Standard 115.68: Post-allegation protective custody

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*)

The agency's policy 5.1.2-A and the facility's policy ADM 021.03 states any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of protective custody. The agency's policy state segregated housing post allegation may be used only after an assessment of all available housing alternatives has shown that are no means of protecting the offender. If the facility cannot conduct such assessment immediately, the offender may be placed in segregated housing for no more than 24 hours while completing the assessment. The assessment is to be documented on the Sexual Assault/Sexual Abuse Available Alternatives Assessment. The form asks: can the offender be assigned to another housing unit; was another alternative to segregated housing used; can the offender be transferred to another facility; if allegations was made and staff is alleged perpetrator, was he/she placed on administrative leave or reassigned to another post; and was offender or alleged victim (if allegation) reassigned to administrative detention for protective custody. The form must be reviewed and signed by the Facility Administrator.

The Shift Supervisor interviewed stated other housing options would be considered and it would usually be another housing unit for the safety of the offender. The offender is interviewed by Investigation Unit and they would determine the best housing placement with the Case Management Coordinator/PREA Compliance Manager for the safety of the offender prior to housing in segregated housing. The Facility Administrator stated offenders would not be placed in segregated housing unless all other alternatives are exhausted. The offender would be housed for the least amount of time; no more than 24 hours until a review would be completed. If an offender were placed in segregated housing, an alternative housing meeting would be held within 24 hours and in most cases the same day. The Chief of Security, PREA Compliance Manager, Investigator, and medical as a team would review the placement. The Facility Administrator stated the facility may work with BOP to transfer the offender to another facility if needed for the offender's safety.

The agency's policy 5.1.2-A and the facility's policy ADM 021.03 states if segregated housing is used, the offender shall have all possible access to programs and services for which he is otherwise eligible, and the facility shall document and justify any restrictions imposed. The Sexual Assault/Sexual Abuse Available Alternatives Assessment has a section to be completed that addresses if access to programs, privileges, education, or work opportunities are restricted which also requires a narrative justification to be included if they are restricted. The Shift Supervisor interviewed stated the offender would have access to the programs, privileges, education, and work opportunities as general population offenders. He stated these would include recreation, books from the library, educational class information and classwork, religious services, telephone weekly, commissary, and other activities per schedule. The offender could apply for porter jobs for the area and a selection would be determined by the Captain and Chief of Security. The Shift Supervisor stated any denial of services would be through the disciplinary process and documented in the offender's file.

The policies state segregated housing shall not ordinarily exceed a period of 30 days. In cases, where segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing segregated housing is needed. The Shift Supervisor interviewed stated the offender receives a special housing review every week. The review includes the Facility Administrator, Chief of Security, AFA Adm, medical, mental health and Case Management Coordinator/PREA Compliance Manager. The reviews would be conducted weekly as long as the offender is housed. There is also a special assessment conducted at 30 days to review the offender's health and mental health status and release possibilities.

The Facility Administrator and Shift Supervisor stated the facility has not used protective custody for post allegation housing to separate offenders for safety from likely abusers during the audit period, as well as the PAQ.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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*)

The agency's policies 5.1.2-A and 5.1.2-E and the BOP Sexually Abusive Behavior Prevention and Intervention Program outline the investigation process for allegations of sexual abuse. The policies state all allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of sexual abuse and sexual harassment. The Facility Administrator is responsible for immediately referring all sexual abuse and sexual harassment allegations for investigation. The facility only conducts administrative investigations. The facility is to begin an administrative investigation immediately following an allegation and notify the BOP who may also conduct an administrative investigation. If determined criminal, the Pennsylvania State Police (PSP) will conduct the criminal investigation. The investigation and evidence collection protocols are incorporated into the agency's and facility's PREA Coordinated Response Plan. The PREA Coordinated Response Plan provides an extensive guideline for staff to follow for investigations and/or referring an allegation for investigation. The policy also states investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. The Investigator stated that investigations are started immediately as soon as reported and are objective based on evidence.

The Investigator interview was conducted with a facility investigator who oversees the investigation process and conducts offender on offender and staff on offender administrative investigations. The interview confirmed the practices for PREA investigations, and the Investigator was knowledgeable of the investigation process and the uniformed evidence protocol. Once an allegation is reported and the supervisor is notified; an investigation would be started immediately. The Investigator stated that all investigations of allegations are initially started by the Shift Supervisor and notification is made by the Duty Officer to the Investigator to report to the facility. The investigation would be completed by a specialized trained investigator within the facility. Upon initiating the investigation, the investigator will separate and removal offenders from area (if have not occurred), speak to the victim to have a clear understanding of the allegation; conduct witness interviews; interview the alleged abuser; review video footage; review logbooks for officer rounds; photograph the area; gather physical evidence; review medical and mental health notes, and review offender files involved in the allegation including prior complaints and reports of the sexual abuse involving the alleged abuser.

The facility has three trained investigators on staff, the Facility Investigator and the two Investigative Technicians. The agency has 111 trained investigators that can be utilized at GEO facilities, if needed. The Investigator interviewed acknowledged receiving the training through a webinar through the corporate office that covered the components within the standard and additional training through conference calls with the PREA Regional Training Coordinator. The specialty training was verified through the interview with the investigator and review of the training certificates and training attendance records for the investigators.

The agency's policy 5.1.2-E states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff. The Investigator stated all statements are weighted the same and credibility will be determined based on evidence. The agency shall not require an offender who alleges sexual abuse to submit a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation per policy. The Investigator indicated that an offender would not be required to submit to a polygraph examination, it is against policy.

All allegations that are potentially criminal are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, which are the Pennsylvania State Police and the Federal Bureau of Investigation when referred by BOP. The outside investigating units would complete the investigation and document in a written report with an outcome of the investigation. The BOP Sexually Abusive Behavior Prevention and Intervention Program states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. It also states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The Investigator indicated the criminal report should be shared with the facility. The investigator stated it would be the responsibility of the outside investigating agencies to refer cases for prosecution and to conduct any compelling interviews.

The Investigator stated administrative investigations would be started immediately, however if the allegation is criminal in nature, the administrative investigation would begin after the criminal investigation is completed. Policy 5.1.2-E contains a section titled Investigative Reports that outline all the items required for investigations as listed in the standard. The policy outlines that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in a written report that includes at a minimum a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigator stated throughout the investigation consideration is given to whether staff actions or failures contributed to the sexual abuse by reviewing interviews, checking logbooks for appropriate rounds, did staff follow policy and procedures, did staff report or fail to report, and other evidence collection. The Investigator stated the investigative report would include a summary of the incident, background of the incident, list of offender and/or staff involved, statements, list of witnesses, video surveillance used, description of evidence collected, summary of the findings, and an outcome of the investigation. The written report must be submitted to the agency's PREA Coordinator within 60 days after the allegation occurred. The final determination of the investigation is determined at the agency level. The facility must wait for the agency final determination to close the case.

The agency policy's 5.1.2-E and BOP Sexually Abusive Behavior Prevention and Intervention Program states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The Investigator shared that the investigation would continue until completion with an outcome, it would follow the same process as any investigation. If the offender were transferred to another facility, the Investigator stated he would reach out to the other facility for assistance, if needed, on the investigation.

All allegations of sexual abuse that include penetration or touching of the genital areas are referred to an outside law enforcement agency per policy 5.1.2-E. The outside law enforcement agencies for criminal investigations for this facility is the Pennsylvania State Police and the Federal Bureau of Investigation when referred by BOP. The facility established a MOU with the Pennsylvania State Police in May 2018

and the annual confirmation was obtained on May 14, 2020. The confirmation states all PSP investigators have been trained according to state and federal guidelines related to PREA and sexual abuse investigations in a confinement setting. In the event of an incident, the facility shall preserve and maintain the crime scene until PSP arrives and shall fully cooperate with any requests from PSP.

The agency policy's 5.1.2-E states the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The facility shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the agency's PREA Coordinator for review and closure. The Investigator explained his position is the liaison to the outside investigating agencies including following up on the case and providing any information that may be requested. The Facility Administrator stated the Investigator would follow-up on investigations monthly to obtain information of the progress of the case.

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, which was supported through policy and the Investigator's interview. All written reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than 10 years, per policy 5.1.2-E. The BOP Sexually Abusive Behavior Prevention and Intervention Program states the agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

There were no allegations of sexual abuse and sexual harassment reported during the audit period which occurred at the facility. Three allegations were reported during intake where the incident occurred at another facility. The Auditor reviewed two cases from the previous audit cycle. The first case was reported on January 28, 2019 and was investigated to a finding of unsubstantiated since the offender could not identify the abuser. The investigation was reopened through another report by the offender when he could identify the abuser and was able to identify the abuser through a picture book. The case was unsubstantiated, due to lack of evidence; time had lapsed making camera footage unattainable. The second case was a report of staff on offender sexual abuse reported August 24, 2017. The case was referred to the BOP Office of Professional Responsibility (OPR) on August 24, 2017. The OIG's office notified the facility their office would interview the offender and subsequently refer to the FBI for processing. The Facility Administrator and PREA Compliance Manager were notified the staff was not to have any contact with the offender and reassigned to a post outside the special housing unit where the offender was housed. A PREA Serious Incident Report was initiated and assigned a case number. A referral of Staff Misconduct form was submitted to OPR on September 15, 2017. The second case was a report of offender on offender sexual abuse reported August 24, 2017. The case was referred to the BOP Office of Professional Responsibility (OPR) on August 24, 2017. Due to the possibility of staff involvement. The Facility Administrator and PREA Compliance Manager were notified the staff was not to have any contact with the offender and reassigned to a post outside the special housing unit where the offender was housed. A PREA Serious Incident Report was initiated and assigned a case number. A referral of Staff Misconduct form was submitted to OPR on September 15, 2017. The OIG's office only investigated the possibility of staff involvement and not the offender on offender allegation. In December 2019, OIG completed their investigation and cleared any staff involvement. This is when investigative staff became aware that an offender on offender investigation was not completed by the OIG's office. The offender who reported the allegation was already deported by Immigration Customs Enforcement and the alleged predator was housed at another facility. Upon request of the investigator, the facility interviewed the alleged predator. The Investigator completed the investigation on the offender on offender portion of the allegation on March 20, 2020 as unsubstantiated. The Investigator and the PREA Compliance Manager also explained the issues with the timeliness of those investigations and the length of time waiting for the outcomes from the federal agencies. The investigation file was thorough, objective,

and detailed including the explanation of the reason the investigation was not promptly completed upon the report of the allegation.

Standard 115.72: Evidentiary standard for administrative investigations

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*)

The agency and facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, which was supported through policies and the Investigator's interview. The Investigator stated the standard of proof for administrative investigations is a preponderance of evidence, 51%. The agency's policy 5.1.2-E and facility's policy ADM 021.03 confirms that no standard higher than a preponderance of evidence will be imposed in determining allegations of sexual abuse as substantiated.

Standard 115.73: Reporting to inmates

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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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*)

The agency's policy 5.1.2-E and facility's policy ADM 021.03 outlines the reporting of investigation outcomes to offenders. The facility policy states at the conclusion of an investigation, the facility investigator shall inform the individual who made the allegation of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated, or unfounded. The agency policy outlines the offender is to be notified whether the allegation was determined substantiated, unsubstantiated, or unfounded through a written notification by the facility administrator or designated staff member on the Notification of Outcome of Allegation Form. The Investigator stated it is the responsibility of the Investigator to inform offenders of the outcome of the investigation. The review of the notification forms from previous audit periods documented the Investigator is making the notifications. The investigator states the offender is met with privately and informed of the investigative outcome with explanation of the outcome findings. The Notification of Outcome of Allegation is completed with the offender signing acknowledging receiving the outcome and the staff issuing the notice would also sign the form with the date of notification. The offender receives the original and a copy is maintained as part of the investigative file. The Investigator and PREA Compliance Manager stated offenders are notified of the investigation outcome if the offender is still housed at the facility and attempts are made if they have transferred/released from the facility. The facility exceeds the requirement by attempting to provide the offender the investigation outcome if transferred/released from the facility. The facility provided examples of the PREA Compliance Manager contacting federal agencies to obtain an address for the offender in order to provide the offender the outcome of the investigation.

If the alleged abuser was an employee, the policies require the victim to be informed of the status of the staff member to include whether the staff member is no longer posted within the offender's housing unit, the staff member is no longer employed at the facility, the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the policy requires the victim to be informed whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. This notification is also documented on the Notification of Outcome of Allegation.

The facility will request the outcome of a criminal investigation conducted by an outside law enforcement entity. The offender will be informed of the outcome of the case. An updated notification may be needed at the conclusion of a criminal proceeding if the offender is still housed at the facility.

There were no allegations during this audit period. There was one case closed during the audit period, and the facility attempted to notify the offender however the offender was deported with no address available.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

The agency's policy 5.1.2-E and the Employee Handbook cover that staff shall be subject to disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Facility Administrator stated in the interview that a staff member suspected of sexual abuse would be moved to a non-contact offender post or placed on administrative leave until the investigation is completed. If the case were substantiated, the staff member would be terminated. The policy state the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The policy also direct that the facility shall report all terminations and resignations for such conduct will be reported to law enforcement and licensing bodies unless the activity was clearly not criminal.

The Auditor reviewed a staff on offender allegation investigation from a previous audit period, the staff was not to have any contact with the offender and reassigned to a post outside the special housing unit

where the offender was housed. The case was unsubstantiated, and no further action was required. The interviews with the Facility Administrator, and PREA Compliance Manager, memo to file and the PAQ all noted the facility did not sanction or terminate any employee for violating the agency/Facility's sexual abuse or sexual harassment policies in 2018, 2019, and 2020.

Standard 115.77: Corrective action for contractors and volunteers

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*)

The agency's policies 5.1.2-A and 5.1.2-E and facility's policy ADM 021.03 details the corrective action for contractors and volunteers who have engaged in sexual abuse. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and reported to law enforcement unless the activity was clearly not criminal. Substantiated allegations would be reported to local law enforcement unless the activity was clearly not criminal. All reasonable efforts would be made to report to any relevant licensing bodies. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by a contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with offenders in a GEO facility or program. The Facility Administrator noted the volunteer or contractor would be handled the same as staff, the contractor or volunteers would have their clearance removed immediately and have no contact with the alleged victim until an investigation was completed. If substantiated, the volunteer or contractor shall be removed from all duties and clearance revoked permanently and would be removed from the volunteer approval list. If criminal in nature, the contractor or volunteer would be referred to law enforcement. If a contractor, the contracting agency would be

informed of the allegations and the outcome of the investigation also. The contractors interviewed confirmed knowledge of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of an offender.

The Facility Administrator and a memo to file stated the facility had no contractors or volunteers engage in sexual abuse or sexual harassment in 2018, 2019, and 2020.

Standard 115.78: Disciplinary sanctions for inmates

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*)

The agency’s policy 5.1.2-E facility’s policy ADM 021.03, and Inmate Handbook outlines the offender disciplinary sanctions. It states an offender who is found guilty of engaging in sexual abuse involving other individuals in a GEO facility or program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. The Facility Administrator stated the offender would be referred to disciplinary process and sanctions would be based on the disciplinary guidelines for a major case. The policies also note that all steps in the disciplinary process and sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the offender to conform with rules and regulations in the future. The Facility Administrator indicated sanctions are commensurate within the disciplinary process for the level of prohibited act and the structured disciplinary sanctions based on the disciplinary code level would be imposed which could include prosecution if warranted. The PREA Compliance Manager receives all copies of disciplinary reports for monitoring purposes.

The agency’s policy 5.1.2-E and facility’s policy ADM 021.03 state the internal disciplinary process shall consider whether an individual’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. The Facility Administrator stated a referral would be made to mental health and the offender would be screened to determine if mental health issues may have contributed to the behavior. The screening occurs prior to the offender being placed in segregation housing and mental health staff would make a recommendation. If so, the disciplinary team would take this information into consideration through the disciplinary process. Policies state if the facility offers counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending individual to participate. The healthcare staff stated the offender would be assessed, a treatment plan developed, and the offender would be given the opportunity for mental health counseling. It would be explained to the offender the process is for their own well-being. The offender has a right to refuse.

The policies also outline an offender shall not be disciplined for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying. The facility may not deem that sexual activity between offenders is sexual abuse unless it is determined that the activity was coerced, per policy.

A memo to file from the Facility Administrator stated the facility has not implemented disciplinary sanctions on an offender for engaging in inappropriate sexual behavior for 2018, 2019, and 2020.

MEDICAL AND MENTAL CARE

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

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? (N/A if the facility is not a prison.)
 Yes No NA

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*)

The agency's policy 5.1.2-A and facility's policy ADM 021.03 states if during the intake assessment, persons tasked with screening determine that an offender is at risk for either sexual victimization or abusiveness, the offender will be referred to mental health for further evaluation and reported to the PREA Compliance Manager. If the offender is identified through screening as previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the initial intake screening unless the offender refuses to attend the meeting. The case managers interviewed indicated that if an offender disclosed prior sexual victimization and/or previously perpetrated sexual abuse, the staff make a referral to medical/mental health. The referral is noted on the bottom of the PREA Risk Assessment. The staff member contacts medical and mental health of the referral. The staff note on the form that an offender requires a referral and the date of the referral. The case managers stated the offender is seen by medical or mental usually the following day and always within 14 days. The Auditor reviewed thirteen offender files for risk referral, seven offenders scored for risk of victimization and three offenders scored for both sexual victimization and abusiveness. Upon interviews with eight offenders who disclosed sexual victimization, three offenders acknowledged they received refers to mental health and two refused the services, the other saw mental health. Five offenders stated a referral was not made to mental health. The Auditor requested those files for review from the mental health department, in all cases, the offender was referred to mental health and seen by mental health staff within fourteen days for assessment. and progress notes detailed the meeting with the offender.

The agency's policy 5.1.2-A and facility policy's ADM 021.03 states information related to sexual victimization or abusiveness in an institutional setting is limited to medical and mental health practitioners and other employees as necessary to inform treatment plans, security, and management decisions or otherwise required by Federal, State, or local law. Healthcare staff interviewed indicated information is securely maintained in the healthcare area and information is only shared with staff that have a legitimate reason for the information for security and management decisions. Healthcare staff interviewed that training covers the mandatory PREA reporting procedures. The healthcare staff acknowledged they obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting per the policy. The Auditor observed the healthcare files securely stored within the medical area. The facility does not house juvenile/youthful offenders.

Standard 115.82: Access to emergency medical and mental health services

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*)

The agency's policy 5.1.2-A and facility's policy ADM 021.03 state victims of sexual abuse in custody shall receive, timely, unimpeded access to emergency medical treatment and crisis intervention services. The services would include offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis where medically appropriate. The policies also state all services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical is on-site at the facility 24-hours a day, 7 days a week.

The facility's policy ADM 021.03 states no attempt will be made by the facility medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing and placed in the victim's medical record. Medical staff interviewed stated the scope of services provided is through policy and procedural guidelines. The agency's policy 5.1.2-E states facilities shall offer all individuals in a GEO related facility or program who experiences sexual abuse forensic medical examinations with the victim's consent and without cost to the individual and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. The facility policy ADM 021.03 states forensic examinations shall be performed by a Sexual Abuse Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) at Penn-Highlands Dubois Hospital. The medical staff interviewed stated an offender would be transported to the hospital for forensic exams and emergency medical treatment. A qualified medical practitioner may perform the examination if a SANE

or SAFE is not available. An interview was conducted with a representative of the Penn-Highland Hospital regarding the SANE services provided at the hospital. The representative noted the hospital has SANEs working on shift within the emergency department. If a SANE is not available on shift, one would be called from the on-call list or the trained emergency department providers could complete the sexual abuse examinations and evidence collection. There were no forensic medical exams conducted during the audit period. A memo to file states there were no allegations at the facility requiring emergency medical and mental health services for sexual abuse. In 2018, 2019, and 2020.

The facility has full-time health care staff 24 hours a day/ 7 days a week. The healthcare staff interviewed stated an offender that alleged sexual abuse would be escorted to medical for the general assessment, check for visual marks, obtain vital signs, and other medical treatment to stabilize the offender. The offender would be transported to the local hospital for forensic exams and emergency medical treatment. The healthcare staff stated the hospital would complete bloodwork for a baseline and start prophylaxis. The facility would continue any treatment as part of the discharge papers and physician's orders, complete further testing as appropriate, and offer emotional support services. The offender would be scheduled for an appointment with the physician.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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*)

The agency policy 5.1.2-A and facility policy ADM 021.03 state the facility shall offer medical and mental health evaluations to all victims of sexual abuse that occurs in any prison, jail, lock-up or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services shall be provided in a manner consistent with the community level of care an individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable. The healthcare staff indicated that the healthcare services provided are consistent with the level of care in the community. The three offenders that reported sexual abuse at intake that occurred in another facility stated they were referred and seen by medical. The Auditor reviewed those files and also a medical file from a previous audit period. The offenders are seen by medical immediately and medical notes demonstrated the treatment services provided.

Healthcare services include pregnancy tests and all lawful pregnancy-related medical services where applicable. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. The medical staff interviewed stated an offender would be transported to the local hospital for forensic exams and emergency medical treatment. The healthcare staff stated the hospital would complete bloodwork for a baseline and start prophylaxis. The facility would continue any treatment as part of the discharge papers, complete further testing as appropriate, and offer emotional support services. All services shall be provided without financial costs to the alleged victim per policy. All refusals for medical and mental health services shall be documented. The facility does not house female offenders.

The agency's policy 5.1.2-A and facility's policy ADM 021.03 states the facility shall attempt to coordinate a mental health evaluation of all known offender-on-offender abusers who remain in the facility within 60 days of learning of such abuse history and connect abusers with treatment when deemed appropriate by mental health practitioners. Mental health staff stated they have up to 14 days to see the offender for an assessment and usually it occurs sooner. The agency defines a known abuser as those offender abusers in which a PREA investigation is determined either administratively substantiated or substantiated by outside law enforcement.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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*)

The agency's policy 5.1.2-A and facility's policy ADM 021.03 outlines the requirement, procedures, and timeframes for sexual abuse incident reviews. Designated staff are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, in which the allegation has been determined substantiated or unsubstantiated. The Facility Administrator stated the team consists of the Facility Administrator, AFA Security, Mental Health, PREA Compliance Manager, Investigator, Medical, Chief of Security and other staff as deemed necessary. The agency's PREA Coordinator may be consulted as part of the review. The review is completed within thirty days of the conclusion of the investigation. The review team utilizes the PREA After Action Review Report to complete and document the review. The form captures the allegation findings; a short summary of allegation/incident; involved offenders; the items reviewed; name of the participants in the after action review by name and title; any recommendations including a change in policy or practice that could better assist in the prevention, detection, and response to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff in the area where the incident allegedly occurred; and whether the actions taken by staff in regards to this incident were reasonable and appropriate based on policy. The form contains a section to make recommendations as a result of the after-action review. The review is forwarded to the agency's PREA Coordinator within ten days after the review. The facility's PREA Compliance Manager is responsible for implementing any recommendation for improvement or document its reasons for not doing so. The After-Action Review Report is maintained in the investigative file.

The Incident Review Team members interviewed identified all the components reviewed in an After-Action Review. They indicated they review the incident in detail. Under motivation they review the cause of the incident, age, nationality, classification status, if first time offender, gang related, sexual identity was it targeted, and does the offenders have a history of violence. In reviewing the location of the incident, they consider if the area has blind spots, any physical barriers, area is staff accessible and camera

locations. When assessing staffing, was staffing acceptable at the time and date of the incident, staff placement, were staff following policies and procedures, length of time between rounds, and was supervisory staff present. Under monitoring technology, the team reviews camera location, adequate mirrors, sufficient cameras, and camera views. The team members interviewed stated that has been no trends identified.

There were no allegations of sexual abuse and sexual harassment reported during the audit period. There was one case closed that was reported in the previous audit year, the Auditor reviewed the incident review for this allegation. The Auditor also reviewed two incidents reviews from previous audit periods. All reviews were completed by the incident review team within 30 days. None of the reviews had recommendations.

Standard 115.87: Data collection

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*)

The agency's policy 5.1.2-A and facility's policy ADM 021.03 outlines the procedures for data collection. The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The Facility Administrator and facility policy state the PREA Compliance Manager is responsible for compiling data collected on sexual activity and sexual abuse incidents. The statistical report and the Monthly PREA Incident Tracking Log are forwarded monthly to the agency's PREA Coordinator. The PREA Compliance Manager will create and update the PREA Survey in the PREA Portal for every allegation of sexual abuse and sexual activity. The data is secured in a locked file cabinet in the PREA Compliance Manager's office, as observed by the Auditor. The established retention schedule is 10 years for these files. The policy also states, upon request, GEO shall provide such data from previous calendar year to the Department of Justice no later than June 30.

The agency does not contract for the confinement of offenders.

Policy 5.1.2-A outlines the procedures for conducting an annual review of all sexual abuse investigations and resulting incident reviews. The Auditor reviewed the 2017, 2018, and 2019 Annual PREA Reports. The Annual Report is divided into sections: key operational changes, audits and certifications, agency PREA results by facility (number of allegations, type of allegations, outcomes of investigations), analysis, program enhancements, and definitions. The Corporate GEO PREA office compiles an annual PREA report for the company which includes breakdowns by facility. This report is available on the GEO website www.geogroup.com/PREA.

The 2017, 2018, and 2019 Annual PREA Reports are available for review on the agency's website. The reports were reviewed as part of the audit process.

Standard 115.88: Data review for corrective action

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*)

The agency's policy 5.1.2-A and facility's policy ADM 021.03 outlines the procedures for data collection. The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The agency's PREA Division reviews all data collected in order to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, practices, and training including; identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its finding and corrective actions for the facility, as well as, the agency as a whole, per policy 5.1.2-A. The agency's PREA Coordinator stated all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the agency's PREA Coordinator to review. Annually each facility prepares a report of their findings and recommendations from their incident reviews and these reports are reviewed by the agency's PREA Coordinator and the appropriate division head for US Corrections, Reentry (community confinement), and Youth services. Data collected from these reports plus the data from all

of the allegations reported each year are contained in the secure PREA database and is aggregated and analyzed to improve the PREA program.

The agency's PREA Coordinator indicated the agency has prepared an Annual Report since 2013. The reports include the total number of allegations received from all our facilities and the outcome of each allegation. Policy 5.1.2-A outlines the procedures for conducting an annual review of all sexual abuse investigations and resulting incident reviews. The agency's PREA office compiles an annual PREA report for the company which includes key operational changes, audits and certifications, agency PREA results by facility (number of allegations, type of allegations, outcomes of investigations), analysis, program enhancements, and definitions.. The Annual Report is approved by the Senior Vice President of U.S. Corrections and Detention and International Operations and Senior Vice President of GEO Care. The Annual Report no longer contains signatures to document the review and approve by the agency head. The Annual Reports are available on the GEO website www.geogroup.com/PREA. Agency policy notes that GEO may redact specific material from the reports when publications would present a clear and specific threat to the safety and security of a facility; but must indicate the nature of the material redacted. The agency's PREA Coordinator stated the agency only reports numbers and incident types; victims, perps, staff names, and any type of personal identifiable information is omitted for confidentiality purposes.

The 2017, 2018, and 2019 Annual PREA Reports are available for review on the agency's website. The reports were reviewed as part of the audit process.

Recommendation: The agency needs to provide a method to demonstrate the Annual Report is reviewed and approved by the agency head. The new Annual Report format in 2019 does not include approval signatures.

Standard 115.89: Data storage, publication, and destruction

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*)

The PREA Compliance Manager secures all facility data in locked file cabinets in her office as observed by the Auditor and data is secured through the PREA Portal for every allegation of sexual abuse and sexual activity. The agency's PREA Coordinator indicated that all data collected from facility reports plus the agency's data from all of the allegations reported each year are contained in the agency's secure PREA database. The data is aggregated and analyzed to improve the agency's PREA program. The data is made readily available through the Annual Report which is posted on the agency's website www.geogroup.com/PREA. Agency policy notes that the agency may redact specific material from the reports when publications would present a clear and specific threat to the safety and security of a facility; but must indicate the nature of the material redacted. The agency's PREA Coordinator stated the agency only reports numbers and incident types; victims, perps, staff names, and any type of personal identifiable information is omitted for confidentiality purposes. The established retention schedule is 10 years for data collected or longer if required by state statute per facility policy.

The 2017, 2018, and 2019 Annual PREA Reports are available for review on the agency's website. The reports were reviewed as part of the audit process.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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, inmates, and offenders?
 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*)

The agency policy 5.1.2-A states that during the three-year period starting on August 2013, and each three-year period thereafter, GEO Contract Compliance Department shall ensure that each facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice. The review of the agency's website confirms that PREA audits are being conducted on the agency's facilities with audit dates over the last three years. According to agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. This is the second PREA audit for this facility. The first audit was August 7-9, 2017.

During the audit, the facility and agency provided the Auditor full access to all areas of the facility and the Auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the Auditor requested documents. Private interview space was provided to the auditor for conducting staff and offender interviews. Offender interviews were conducted in a private office within each housing unit. Staff interviews were held in an office within each housing area or in the administrative conference room located in the administrative building. Posted signs advised offenders they could send confidential information or correspondence to the Auditor. The Auditor did not receive any correspondence from offenders or staff.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, 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*)

A review of the agency's website www.geogroup.com under the Social Responsibilities - PREA Page confirms that the agency publishes PREA final reports and makes them available through the website to the public. The Auditor observed on the agency's website final reports of the agency's other facilities. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings. This is the second PREA audit for this facility.

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.

Barbara King

September 24, 2020

Auditor Signature

Date