

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

Interim Final

Date of Interim Audit Report: September 30, 2020 N/A

Date of Final Audit Report: February 02, 2021

Auditor Information

Name: Michael B. Vitiello

Email: preaauditorme@gmail.com

Company Name: The Nonantum Group LLC

Mailing Address: Post Office Box 7026

City, State, Zip: Ocean Park, ME 04063

Telephone:

Date of Facility Visit: August 16-18, 2020

Agency Information

Name of Agency: The GEO Group

Governing Authority or Parent Agency (If Applicable):

Physical Address: 4955 Technology Way

City, State, Zip: Boca Raton, FL 33431

Mailing Address: same

City, State, Zip: same

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.geogroup/PREA

Agency Chief Executive Officer

Name: Dr. George C. Zoley

Email: gzoley@geogroup.com

Telephone: (561) 893-0101

Agency-Wide PREA Coordinator

Name: Ryan Seuradge

Email: rseuradge@geogroup.com

Telephone: (561) 893-0101

PREA Coordinator Reports to:
Daniel Ragsdale, Executive Vice President

**Number of Compliance Managers who report to the
PREA Coordinator:** 102

Facility Information

Name of Facility: Oakland Center

Physical Address: 205 MacArthur Blvd.

City, State, Zip: Oakland, CA 94610

Mailing Address (if different from above):
same

City, State, Zip: same

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

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

Federal Bureau of Prisons (BOP) contract monitoring audits. GEO annual PREA audits, including a mock PREA audit in 2019 which was conducted remotely due to COVID-19.

Facility Director

Name: Matthew Lange

Email: mlange@geogroup.com

Telephone: (510) 839-9051

Facility PREA Compliance Manager

Name: Matthew Lange

Email: same

Telephone: same

Facility Health Service Administrator N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

69

Current Population of Facility:	68	
Average daily population for the past 12 months:	58	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	23-75	
Average length of stay or time under supervision	4 months	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months	263	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	262	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	258	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	19	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	<p align="center">1</p>
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	<p align="center">0</p>
<p>Number of single resident cells, rooms, or other enclosures:</p>	<p align="center">1</p>
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	<p align="center">14</p>
<p>Number of open bay/dorm housing units:</p>	<p align="center">1</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

Medical and Mental Health Services and Forensic Medical Exams

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

Investigations

Criminal Investigations

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

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe:) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

The GEO Group (GEO) contacted this United States Department of Justice (USDOJ) – Certified PREA Auditor on June 29th, 2020 to request an audit of the Oakland Center, a Community Confinement facility located in Oakland, California. The auditor and GEO reviewed available dates and selected August 16-18, 2020 for the onsite phase of the audit. This date allowed the facility to post notices of the audit on July 3rd, 2020 which provided staff, residents, and visitors to the facility with a full six-week advance notice before the first day of the onsite audit. The Notice contained the auditor's name and mailing address and was written in both English and Spanish languages. The Notice stated that "*Staff and inmates, who would like to speak with the auditor or any person with information relevant to this compliance audit may confidentially* submit a letter noting your request and/or concerns.*" The Notice defined *confidentiality* for the purposes of this audit and stated that correspondence and disclosures made during interviews would be confidential and would not be disclosed unless required by law. Exceptions to confidentiality listed were: (1) *when a person was in immediate danger to her/himself*, (2) *allegations of suspected child abuse, neglect, or maltreatment*, or (3) *legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction*. GEO sent electronic images demonstrating that the audit notice was posted in common areas throughout the facility, which included resident program and dining areas as well as the entrance foyer to the facility. It should be noted that as a result of COVID-19 precautions, access to the facility by visitors and members of the public was limited during the pre-audit and onsite phases of the audit. The auditor did not receive any communications regarding the audit of Oakland Center. GEO sent the auditor a contract which outlined the expectations, conditions, expense reimbursement and compensation for the audit. The contract stipulated that the auditor would work alone on this audit. There were no additional services or fees outside of those directly associated with this audit. The contract was signed by both parties as of July 8, 2020.

Oakland Center underwent a PREA audit on July 31, 2017. The Final Audit Report was posted to the GEO website and it was reviewed by this auditor as part of the Pre-Onsite Phase of this audit. During all phases of the audit, GEO corporate staff and facility staff were available to the auditor by phone and email for questions as well as document and information requests. This audit took place during the global pandemic of COVID-19. This pandemic presented unique circumstances during the audit, to include reduced volunteer, and visitor access to the facility, required illness symptom screenings upon entrance to the facility, social distancing during staff and resident interviews and mandatory facial coverings (masks) for the auditor and all occupants of the facility. There was one resident who had recently arrived who was placed in a room by himself for a mandatory 14-day quarantine. The auditor reviewed facility records and confirmed that this resident had received the PREA Resident Manual and had watched a PREA orientation video immediately upon his arrival. There was no reassessment required due to his recent arrival, although his name was added to the facility's PREA assessment tracking spreadsheet with a due date assigned for a reassessment that was within the required 30 days.

The auditor requested and received a complete list of all residents in the facility on the first day of the audit. The facility count was 53 (47 males and 6 females) at the start of the audit. The auditor randomly selected residents from each room of the facility which included three of the four floors used for housing (first floor room was vacant).

GEO does not currently utilize the Online Audit System (OAS) operated by the PREA Resource Center (PRC) to conduct their audits, therefore, the paper audit instruments from the PRC website were utilized. An initial audit kickoff meeting was held on Thursday, July 16, 2020 via teleconference. The meeting was attended by GEO corporate and facility staff. During the call, the auditor reviewed the goals and purpose of the audit, the logistics for auditor travel and lodging, the process for additional email and telephone communication (if necessary), the timeline for the facility to complete and send the Pre-Audit Questionnaire (PAQ) to the auditor and the process for Corrective Action (if necessary). GEO identified the Facility Director as the primary point of contact with the Assistant Director-Programs serving as the secondary point of contact. This was not the first PREA audit for Oakland Center or the GEO corporate staff, so the auditor did not send but notified participants of the call, that there was a PREA Process Map available to them if requested.

GEO sent the auditor a secure flash drive via overnight delivery on July 21, 2020. The drive contained a complete floor plan of the facility with camera numbers and locations and all spaces within the facility labeled; the GEO Mission Statement, the Oakland Center Mission Statement, the completed PAQ, GEO corporate policies on PREA and Investigations, local PREA policies and a set of electronic file folders, one for each PREA Standard, containing both primary and secondary documentation illustrating compliance. The auditor reviewed the information contained on the flash drive and created a PAQ Issues Log. This log contained questions and requests for additional documentation and was sent to the facility on July 30, 2020. GEO prepared and sent a response document to the auditor prior to a conference call held later in the day on July 30, 2020. The call was attended by both GEO corporate and facility staff and provided an opportunity for the auditor to review each item on the Log and the facility's response. At the conclusion of the call, the auditor and GEO agreed on the next steps for several open items from the Issues Log. These items would be discussed further through email correspondence and phone calls if necessary.

The auditor interviewed the agency wide PREA Coordinator via telephone on July 31, 2020, and the Director of Quality Assurance for Reentry Services (serving as the designee for the Agency Head) on August 12, 2020. The PREA Coordinator oversees the PREA compliance and programs for all of GEO's 99 facilities, which includes juvenile, residential and secure services facilities (prisons and jails). The Director oversees all 43 of GEO reentry facilities located throughout the United States.

Prior to the onsite portion of the audit, the auditor downloaded the *PREA Specialized Inmate Identification Form* and the *PREA Specialized Staff Identification Form* from the PRC Auditor Training and Resource Portal. These templates were customized for the facility by editing the targeted categories of interviews that applied to this facility. The categories included for resident interviews were: *Residents with Disabilities*, *Residents who are Limited English Proficient (LEP)*, and *Residents who Identified as Lesbian/Gay/Bisexual/Transgender/Intersex (LGBTI)*. The categories included for staff interviews were: *First Responders (to an incident of Sexual Abuse)*, *Intake Staff*, *Designated Staff Members Charged with Monitoring Retaliation*, *Staff on the Incident Review Team*, *Volunteers & Contractors Who May Have Contact with Residents*, *Investigative Staff*, *Staff who Perform Screening for Risk of Victimization and Abusiveness*, *Administrative/Human Resources Staff* and *Intermediate of Higher Staff*. The lists were sent to the facility on August 10, 2020 and were completed and returned on August 11, 2020. This streamlined the auditor's identification and selection of specialized staff and residents for interviews. The auditor also notified the facility that the following information would need to be available on the start of the onsite audit:

- Complete Staff Roster
- Grievances and allegations made in the prior 12 months
- Incident reports from the prior 12 months
- Reported allegations of SA / SH in the prior 12 months
- Hotline calls made in the prior 12 months

This requested information was already in the Facility Director's office when the auditor arrived for the site review on August 16, 2020. The PAQ revealed that there were no allegations or subsequent investigations of Sexual Abuse (SA) and Sexual Harassment (SH) during this audit period, therefore, the auditor did not request any statistical breakdowns for incidents, allegations, and investigations.

The auditor contacted Community Based Organizations to obtain information that they were aware of regarding incidents of Sexual Abuse and Sexual Harassment at the Oakland Center, including Just Detention International (JDI), a United States-based international health and human rights organization that works to end sexual abuse of those in detention. JDI reported that they had no record of receiving reports regarding Sexual Abuse or Sexual Harassment involving the Oakland Center. The facility has a current Memorandum of Understanding (MOU) with the Bay Area Women Against Rape (BAWAR) to provide referrals to local hospitals for medical treatment which specifically identifies Sexual Assault Nurse Examiner (SANE) and Sexual Assault Forensic Examiner (SAFE) exams; counseling, victim advocacy and support to any resident of the Oakland Center, without cost to the resident. The Executive Director of BAWAR confirmed to the auditor, the existence of the MOU and the scope of referrals, treatment and services that would be provided to residents at no cost. The auditor also contacted Highland Hospital, a division of Alameda Health Systems, who operate the Sexual Assault Response and Recovery Team in the Oakland area. A representative from Alameda confirmed that medical treatment including SANE and SAFE exams, counseling, and emotional support as well as victim advocacy services were available to residents of Oakland Center who were victims of sexual assault, at no cost to the victim.

The auditor contacted the Regional Reentry Management (RRM) Office of the United States Federal Bureau of Prisons in Sacramento, California to confirm their role in both Administrative and Criminal investigations. The RRM office employs an investigator who may be assigned to respond to allegations of Sexual Abuse and Sexual Harassment at Oakland Center. The RRM Investigator has the authority to conduct Administrative Investigations of incidents at Oakland Center. If the investigator determines that the incident may be criminal in nature, then a referral is made to the United States Department of Justice Office of the Inspector General or the Federal Bureau of Prisons Office of Internal Affairs for criminal investigations. The facility has attempted to enter into an MOU with the Oakland Police Department to document the role that the Department would serve when receiving reports as the External Reporting Entity for incidents of SA and SH and when responding to and investigating incidents of Sexual Abuse at Oakland Center. The facility has been unsuccessful in having the Department execute the MOU. Oakland Police Department would be responsible for the initial response to a sexual assault at the facility and for the criminal investigation and local referral for prosecution of incidents occurring at Oakland Center. The auditor attempted to contact the Department by email and did not receive a response.

On Sunday afternoon, August 16, 2020, the auditor arrived at the facility to conduct the site review. The auditor was met outside on the front porch at the secured entrance to the facility by a security staff member, who verified my identification before allowing me to enter the facility. Immediately upon entering the auditor was escorted to a bathroom to wash hands and then was brought into the security office on the first floor to have a temperature taken, and answer COVID-19 screening questions. The auditor then signed into the facility's visitor log and was escorted to the Facility Director's Office, which served as the auditor's workspace and private interview room during the audit. The auditor held an in-brief here with the Facility Director, and both Assistant Facility Directors. The auditor reviewed the purpose of the audit, the audit process, and the anticipated schedule of activities during the audit. The auditor and these three individuals began the site review, which included a complete walkthrough of the entire facility. All spaces in the facility were observed except a resident room on the second floor which housed an individual who was on quarantine as a precaution against COVID-19. Additionally, an outside stand-alone tool shed used to house tools and maintenance equipment and an outdoor resident rest area were also observed. During the site review, the auditor observed the audit notice posted in several areas of the facility and the facility's PREA Reporting Notice for residents posted in common areas as well as in each resident room. This posting included the toll-free telephone number for the Rape Abuse & Incest National Network (RAINN) and the local rape crisis center affiliate, the Bay Area Women Against Rape (BAWAR). The first-floor common room contained two 3-inch binders containing resource information for residents that included local, state, and national resources for survivors of sexual abuse. The auditor confirmed that these manuals contained the names, addresses and telephone numbers for agencies who provide emotional support and victim advocacy as required by PREA Standard. The bulletin boards in the front foyer and the staff break area also contained PREA information, which stated GEO's zero-tolerance policy towards Sexual Abuse (SA) and

Sexual Harassment (SH) and included reporting information to GEO Headquarters, as well as a hotline number that GEO staff could use to report incidents of SA and SH.

The facility consists of 16 multi-occupancy rooms and one open dormitory with a rated capacity of 69 residents. There were no intakes during the onsite audit, therefore, the auditor did not observe an intake, initial PREA assessment or the PREA orientation of a new arrival. Additionally, there were no individuals who required a reassessment while the auditor was onsite. Case managers explained the classification and room assignment process, which is tentatively assigned by the Facility Director and then confirmed or revised based upon the information received during the intake and screening processes. Interviews with staff confirmed that changes to room assignments were made when necessary. All resident PREA orientation acknowledgement forms, risk screening information and the documentation of the facility's service referrals for emotional support and victim advocacy to residents who disclose prior sexual victimization, are kept in locked file cabinets inside the locked office of the Facility Director. Staff interviews confirmed that only authorized staff may access these records. Security staff, who have the title of Monitor, conduct the initial orientation, and show a PREA video to new residents on their first day at the facility. Grievance forms are available to residents by asking any staff member. Once completed, the grievance may be handed to a staff member or placed in a locked mailbox in the hallway of the foyer on the first floor. The Resident PREA Manual, which is issued to all residents upon their arrival, contains information on how to mail a grievance, confidentially and anonymously (if desired) to the GEO corporate office or to the Federal Bureau of Prisons. The Manual states that envelopes and stamps will be issued at no cost to the resident for the purpose of mailing a grievance. Residents can place sealed envelopes with the outgoing mail without the knowledge or permission of staff members. There is one payphone on the first floor and two payphones located on the landing of the main staircase leading from the first to the second floor. PREA reporting information was posted near all three phones. At the time of the audit, the phones were not programmed to allow free calling to entities who were identified as reporting options for residents, as well as crisis and victim advocacy organizations. This issue was discussed during the Pre-Audit phase and the facility had contacted its vendor to come onsite to modify the system to allow these calls. After the onsite audit, the facility sent documentation to the auditor confirming that the vendor was onsite, modified and then tested the phone system successfully. This repair satisfied the requirement to provide residents with access to a means to report incidents as well as to access crisis support and victim advocacy. The facility has a contract with a vendor for both telephone and video interpretation services. The account information is in the Monitor's office on the first floor and is accessible to all staff. The auditor spoke briefly with 20 residents during the facility tour.

The auditor started the walkthrough on the first floor and observed the security office, resident multipurpose room, Facility Director's Office, bathroom, main stairwell leading to the second floor, rear stairwell leading to the basement, rear stairwell leading to the second floor, resident room #10 with a capacity of three (the only housing area on this floor), and three staff offices. The auditor then walked down the stairs to the basement, which houses the laundry room, staff break room, two resident dining areas, a food service preparation room (meals are catered to the facility), a bathroom and two multi-occupancy male resident rooms, one with a capacity of six and the other with a capacity of eight. The auditor then walked up the rear stairwell to the second floor, which has nine multi-occupancy rooms, which include the three rooms used to house females. The breakdown for occupancy on this floor is: Males- one room with two beds, one room with four beds, three rooms with six beds; Females- one room with four beds, one room with six beds and one room with one bed. The auditor then walked up the only stairwell leading to the third floor, where a stand-alone bathroom with sink, toilet, and shower, and four rooms each with two beds and the facility's only open-concept dormitory housing eight residents. Audit notices and resident reporting posters were observed in common areas and in each resident room. During the walkthrough, the auditor observed female staff consistently announce themselves when entering male areas and the male staff consistently announce themselves when entering the female areas. While conducting the walkthrough, the auditor observed a male security staff member making rounds, who knocked on the door and announced himself prior to entering a female room. All showers had shower curtains installed to limit viewing inside the shower areas. The camera coverage in the facility allows the security staff to see all areas of the facility. The facility always has one male and one female Monitor on duty. This ensures that pat searches of residents arriving from

work or out of facility programming can be performed by the same gender and that there are no limitations to accessing programs because of a lack of gender-appropriate staff. The facility is equipped with 30 cameras which record to a digital drive capable of storing 30 days of activity. There are no medical or mental health services provided onsite. Residents can make appointments and see providers in the community.

The auditor used the Facility Director's office to conduct private interviews of all residents and staff. The auditor interviewed 16 of the 20 staff employed at Oakland Center and a religious volunteer for a total of 17 interviews. The breakdown for paid staff was: 7 of the 11 Monitors (security staff), Facility Director, Assistant Director – Programs, Assistant Director – Security, 3 Case Managers, Office Support Specialist (Human Resources functions), Resident Employment Specialist and Facility Maintenance worker. The 7 Monitors interviewed were the only Monitors working on shift during the audit. In several instances, multiple categories of specialized staff interviews were represented by a single staff member. This can occur in smaller facilities, where management staff “wear more than one hat”.

Table 3 of the *PREA Auditor Handbook* (p.52) lists the required number of resident interviews as 16; 8 random and 8 targeted. The facility only housed two inmates who met criteria for three targeted interviews, a female who met criteria for *Residents who Reported Identifying as Lesbian, Gay, Bisexual*, and *Residents Who Reported Sexual Victimization During Risk Screening*, and a male who met criteria for *Residents Who Reported Sexual Victimization During Risk Screening*. Therefore, the auditor increased the number of random interviews to 16, which exceeded the required number of resident interviews. A total of 18 of the 53 residents of Oakland Center were interviewed: 3 of 6 female and 15 of 47 male residents. The auditor was able to randomly select at least one resident from each room and the open dormitory to interview. The only rooms not represented were the vacant room on the first floor and the single room housing the COVID-19 quarantined inmate on the second floor.

The facility placed several 3-ring binders on the conference room table of the Facility Director's office prior to the auditor's arrival on August 16, 2020. Two binders contained documentation of residents' PREA orientation and receipt for the Resident PREA Manual, documentation that the residents watched the PREA orientation video and the completed Risk Assessment form for risk of victimization or of abusiveness. The auditor reviewed the records for all 53 inmates at the facility. Five of the 18 inmates interviewed stated that they either did not receive or did not remember receiving a reassessment within 30 days of arrival at the facility. The auditor reviewed their records and confirmed that all five residents received and signed an acknowledgement for the required reassessment within the required timeframe. There was also a binder containing the documentation for each employee's criminal records check and background check. One individual who disclosed prior institutional employment, had additional documentation demonstrating that the prior institutional employer was contacted to verify that the employee was not involved in any incidents of sexual abuse or sexual harassment at the facility, as required by Standard. The auditor reviewed the training records for all employees and confirmed that each had received initial and refresher PREA training. Grievances and incident reports were also available in locked file cabinets in the Facility Director's office. The facility provided the auditor with a list of grievances for the prior year and it did not contain any grievances relating to sexual abuse and sexual harassment. There were no reported incidents of sexual abuse and sexual harassment during the audit period. There were no medical or mental health staff to interview or corresponding training files to review as no such staff work onsite.

On Tuesday, August 18, 2020 at 1:00 PM (PST), the auditor conducted an exit briefing with the Facility Director onsite and GEO corporate staff participating via conference call. Preliminary details of the onsite audit were reviewed. The auditor informing all participants that final compliance determinations will be made during the Post-Onsite phase of the audit.

During the Pre-Onsite Phase, the auditor discovered that the PREA Resident Manual did not contain the office hours of agencies identified for reporting. GEO recognized this and changed the Manual, to include notations of the hours for the Federal Bureau of Prisons Regional Reentry Management Office. The facility had been using a local rape crisis center as their external reporting entity. The PREA Resource Center published an FAQ to their website on February 06, 2020, which provided guidance that “generally” local rape

crisis centers are not appropriate entities to serve as the External Reporting Entity. The auditor informed GEO of this issue and worked with the facility to identify a new External Reporting Entity that meets Standard. The facility changed its Entity to Oakland Police Department, who accepts phone calls and texts via a tip line. The facility revised its Manual and Reporting Posters and issued each resident copies of the new pages, who each completed a sign-off to acknowledge their receipt and understanding of the revision. The auditor reviewed these acknowledgements as part of the resident file review during the onsite audit.

Corrective Action:

115.222

When an agency does not conduct their own criminal investigation, provision 'C' of Standard #222 requires the agency to describe the responsibilities of the agency and the investigating entity in their policy detailing investigations. The agency is required to publish this policy on their website. The auditor discussed this issue with the agency and submitted a draft policy revision for their consideration. At the time of this Interim Report, the agency had modified their policy and submitted a draft to the auditor for review. The auditor determined that the revised policy met the requirements of provision 'C' of Standard #222 and notified GEO of this determination. The revised policy was placed in GEO's review process, which was not completed at the time the Interim Report was issued. Therefore the Standard was determined to be Non-Compliant.

On Thursday, January 21, 2021, a representative from GEO notified this auditor that the revised policy had completed the review process and was now posted on the GEO website: (https://www.geogroup.com/Portals/0/OpenContent/Files/791/5.1.2-E_PREA_Investigation_Procedure__non-ICE_no-attachments.pdf). This auditor visited the website and confirmed that the revised policy was present. The facility was determined to be Compliant with this standard.

Facility Characteristics

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

The Oakland Center is a community confinement facility operated by The GEO Group, a private for-profit company based in Boca Raton, Florida. The facility has a contract to house prisoners from the Federal Bureau of Prisons, who are being transitioned from institutions back into the community. The facility is located at 205 MacArthur Boulevard in the Adams Point section of Oakland, California. The facility was formerly operated by the Cornell Corrections company, which was acquired by GEO. The facility has a rated capacity of 69 minimum-security residents in-house and supervises individuals approved for Community Confinement. The Average Daily Population (ADP) for the previous year was 70, 58 in-house and 12 on Community Confinement. The facility is a large brown Craftsman home built in 1911 and referred to by the local Historical Resources Inventory as the *Morris House*, after Henry Morris, who was the builder and is believed to be the house's designer. The facility has a basement, two full floors and a half-story for a third floor.

The basement is only accessible by one stairwell in the rear of the building, which leads to the first floor. The basement level contains a staff breakroom which is locked and only accessible to staff, two resident dining rooms, a supply storage room which is locked and only accessible to staff, a resident bathroom with a toilet, 2 shower stalls with privacy curtains and 2 sinks, a food service preparation area for staff use only, a laundry room with 5 stacking washer/dryer units, and a second bathroom with a toilet and sink. There are 2 resident rooms in the basement, with capacities for 6 and 8 males. The first floor is accessed from the front of the building and has a large open foyer with an open staircase leading to the second floor. As soon as you enter the monitor's office is immediately to your left. There are other staff offices located in an adjacent room to the rear of the monitor's office. This area has a security monitor which displays all the facility's cameras. Across the hall from the monitor's office is a resident multipurpose room with resource materials, computers, lounge seating and a television. This space is used for visitation, resident programs, and leisure activities. The Facility Director's office is located on the right side of the foyer adjacent to the multipurpose room. This office contains another monitor for the security cameras as well as the digital recording equipment used to retrieve archived surveillance footage. Just outside of the Director's office is a bathroom with 2 sinks, 2 shower stalls each with a privacy curtain and one toilet. Across from the Director's office is a hallway which contains an alcove with a pay telephone, and a staff bathroom. This hallway leads to the rear of the building, where there are 2 additional staff offices, a rear stairwell leading upstairs to the second floor and a separate rear stairwell leading to the basement. The second floor has nine resident rooms which include three female resident rooms. One female room has 6 beds and a private bathroom with sink, toilet and shower stall with privacy curtain, another female room houses 4 females and has a private single room inside of it. These two rooms share a bathroom which has a sink, toilet, and a shower stall with privacy curtain. The six male rooms on the second floor consist of one single room, one double-occupancy, one quad room and three six-resident rooms, one of which has a private bathroom which has a sink, toilet, and a shower stall with privacy curtain. There is a bathroom off the hallway to the right of the main staircase which has a sink, toilet, and a shower stall with privacy curtain. The third floor has four double-occupancy rooms and an open dormitory with eight bunks. There is one bathroom which has a sink, toilet, and a shower stall with privacy curtain.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 4
List of Standards Exceeded: 115.211, 115.241, 115.288, 115.289

Standards Met

Number of Standards Met: 37

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: N/A

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*
4. GEO Corporate PREA Staffing Organizational Chart
5. Oakland Center Organizational Chart

Interviews:

1. GEO Corporate (agency wide) PREA Coordinator
2. Oakland Center PREA Compliance Manager (Facility Director)

Site Review Observations:

1. PREA posters within the facility

Findings:

The GEO Corporate Policy #5.1.2-A, Section 'A' *Policy Statement*, numeral 1, paragraph 'a' states that: *"Each facility is required to have a current policy mandating zero tolerance towards all forms of Sexual Abuse and Sexual Harassment and outlining GEO's approach to preventing, detecting, and responding to such conduct.(P.5)"* GEO Corporate Policy #5.1.2-A details the company's approach to implementing the PREA standards and preventing, detecting and responding to allegations and incidents of sexual abuse and sexual harassment. This policy includes the company's requirements of GEO facilities to establish and adhere to policies and protocols which address each of the PREA standards. Policy #5.1.2-A contains definitions of prohibited behaviors regarding sexual abuse and sexual harassment for GEO employees, facility contractors and volunteers and residents (p. 3-5). The Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*, Section II *Policy*, states that the Oakland Center maintains zero tolerance towards all forms of sexual abuse and sexual harassment (p.1). Policy 2019-1, section II *Policy* states: *"Oakland Center Residential Reentry Center policy is that sexual conduct between Employees, Volunteers, or Contractors and residents in the Oakland Center Residential Reentry Center Facility or Program regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic or sexual nature. (p.1)"* This policy statement outlines the sanctions for those individuals who violate GEO's zero tolerance policy.

GEO employs a Director Contract Compliance – PREA who serves as the agency-wide PREA Coordinator. This individual oversees the PREA program in each of the company's 99 facilities. Additionally, the corporate office employs two PREA Compliance Managers and a PREA Data Specialist. GEO has a PREA Division Coordinator for Reentry Services, who oversees the company's 34 reentry facilities and the Oakland Center's Facility Director serves as the local PREA Compliance Manager. The agency PREA Coordinator, the Reentry Division PREA Coordinator and the facility PREA Coordinator positions are included in the GEO corporate organizational chart. The facility PREA Coordinator is also identified in the Oakland Center organizational chart.

Interviews with the agency wide PREA Coordinator, the Division Coordinator for Reentry Services and the PREA Compliance Manager (Facility Director) revealed that at each level of this hierarchy, the designated staff person has sufficient time, resources, and authority to develop, implement and oversee the company's efforts to comply with the PREA standards. The agency PREA Coordinator explained GEO's process for internal PREA audits which are conducted during the 3-year audit cycle to monitor compliance and ensure that facility operational practices conform to PREA standards and company policy. The PREA Coordinator

also explained to the auditor how GEO utilizes the PREA Resource Center (PRC) website to obtain additional information on standards, such as the PRC's publication of "Standard in Focus" which is a targeted review of an individual standard as well as the Frequently Asked Questions (FAQ) section of the website to learn of interpretation clarifications on standards.

GEO has created an oversight system complete with dedicated staff positions at the corporate, regional and facility levels whose focus is specifically on PREA. GEO demonstrated to the auditor that their zero-tolerance policy permeates the entire corporate culture. Their allocation of resources and efforts to implement and monitor compliance with the PREA standards exceeds the minimum requirements of this standard.

Based upon this analysis, the auditor finds the facility exceeds compliance with this standard.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*

Findings:

The Oakland Center is operated by the GEO Group, a private for-profit company that has a contract with the Federal Bureau of Prisons (FBOP) to house prisoners who are transitioning back into the community at the end of their federal sentence. The facility houses individuals in a community setting and supervises residents who participate in Home Confinement. A review of the Scope of Work contract with the FBOP confirmed that GEO is required to adopt and follow the PREA standards. Although this facility does not contract or board residents out to any other facilities, GEO Policy #5.1.2-A, Section II, paragraph A, numeral 5 states that: "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. (p.6)" The policy also states that contractors who have direct contact with individuals at a GEO facility shall comply with and be monitored to ensure compliance with PREA standards. Oakland Center Policy 2019-1 states: "Oakland Center Residential Reentry Center shall ensure that all contracts (as well as current contract renewals) with other entities include the entity's obligation to adopt and comply with the PREA standards. (p.2). There was no Contract Administrator to interview because Oakland Center does not contract out for the confinement of its residents.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*
4. Facility Floor Plan with Camera Locations Marked

5. GEO Group PREA Annual Facility Assessment Form

Interviews:

1. GEO Corporate (agency wide) PREA Coordinator
2. Agency Head Designee
3. Oakland Center PREA Compliance Manager (Facility Director)
4. Oakland Center Assistant Director-Security
5. Oakland Center Assistant Director-Programs

Site Review Observations:

1. One male and one female security staff on duty
2. Video monitoring system and camera locations

GEO policy #5.1.2-A, Section III, *Guidelines, paragraph 'C', Facility Staff and Physical Plant, numeral 1, Supervision and Monitoring, subparagraph 'a'* states that: "Each Facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect Individuals in a GEO Facility or Program against Sexual Abuse. The auditor interviewed the Director of Quality Assurance for Reentry Services (QA Director), who was identified by GEO as the designee for the Agency Head. The QA Director confirmed that GEO understands the intent of the PREA standards and takes sexual safety into account when reviewing the physical plant of reentry facilities. GEO employs a Corporate Project Development Team who assesses buildings for compliance with PREA standards when planning the acquisition of a new or the remodeling of an existing building. Oakland Center's contract with the federal government requires GEO to develop, propose and upon approval, implement a staffing plan to monitor residents from the Federal Bureau of Prisons. According to the interview with the PREA Coordinator, when GEO is developing a facility staffing plan, consideration is given to the physical layout including *blind spots*, the type of residents that are going to be supervised (i.e. sex offenders, residents at risk for sexual abusiveness), and any other relevant factors, such as the demographics of the population (i.e. male versus female). The Facility Director (also the PREA Compliance Manager [PCM]) confirmed during an interview that the facility's annual review of the staffing plan considers incidents of sexual abuse and sexual harassment including the results of any investigations (i.e. substantiated versus unsubstantiated) to identify if modifications to the physical plant, video monitoring systems or to the staffing plan are required. The Facility Director also confirmed that he reviews the monthly facility schedule to confirm compliance with the staffing plan. Interviews with the PCM and both facility Assistant Directors, who all serve on the Incident Review Team, confirmed that the staffing plan and the physical plant are reviewed and discussed within the context of an incident's review. The PAQ revealed that there were no allegations or reported incidents of sexual abuse and sexual harassment during the audit period. The facility's minimum staffing plan is always to have one male and one female security staff member on duty. The completed PAQ stated that there were no deviations from the facility's staffing plan. During the onsite audit, the auditor observed the staffing plan being followed on each of the three 8-hour shifts and reviewed random monthly facility schedules, which demonstrated that there was always one male and one female staff member on duty. On duty staffing of one male and one female was verified by random facility staff during the auditor's interviews. The facility submitted electronic files containing documents as part of the PAQ submission. This included a copy of the most-recent PREA Annual Facility Assessment Form. This form demonstrated that the Facility Director, both Assistant Directors and a Case Manager reviewed staffing plans, locations of video monitoring technology, and PREA incidents during the previous year. The Assessment did not identify the need to modify the staffing plan or the video monitoring system.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. Oakland Center Standards Compliance electronic files for #215 (provided by facility)
3. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
4. Oakland Center Policy #2019-4, *Resident Searches, Viewing and Contraband*
5. Facility Director Memorandum dated July 10, 2020

Interviews:

- a) Random Staff
- b) Random Residents
- c) Facility Director

Site Review Observations:

1. Resident rooms and facility bathrooms, toilets, and showers.

The facility responded in the PAQ that it did not conduct cross-gender pat searches, strip searches or body cavity searches during the audit period. GEO policy # 5.1.2-A, Section III, Paragraph 'I', *Searches and*

Observations (p.17) states that: “1. Cross-gender strip searches are prohibited except in Exigent Circumstances. 2. Cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in Exigent Circumstances and shall only be performed by offsite Medical Practitioners. 3. Facilities shall not permit cross-gender pat-down searches of female Individuals in a GEO Facility or Program, absent Exigent Circumstances.”

Oakland Center Policy # 2019-4, *Resident Searches, Viewing and Contraband*, section III, *Procedures*, paragraph ‘B’, *Offender/Resident “Pat” Searches* states: “A staff member of the same gender will conduct the “pat” search and document it on the pat search log. (p.2)” During the interview with the Facility Director the auditor confirmed that there were no cross-gender strip or pat-down searches conducted during the audit period. There are no medical staff onsite at Oakland Center to conduct cross-gender strip searches. Interviews with random female residents revealed that they were not subjected to cross-gender pat or strip searches and that their ability to attend programming or outside-facility activities was not limited in any way due to the lack of female staff. Interviews with random staff confirmed that there is always at least one female staff member on duty at the facility.

Oakland Center Policy # 2019-4, *Resident Searches, Viewing and Contraband*, section III, *Procedures*, paragraph ‘D’, *Limits to Cross-Gender Searches and Viewing*, numeral 2 states: “Facility staff is required to loudly announce their entrance into a dorm housing residents of the opposite gender.” This paragraph further states:” Residents have the right to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, excluding exigent circumstances (such as a medical emergency where same-gender staff are not available to render first aid.) (p.3)” There were no documented incidents of cross-gender viewing during the audit period. During the site review the auditor observed all resident bathrooms. Showers in every bathroom had a privacy curtain installed which prevented anyone from seeing inside of the shower. The auditor observed staff announcing themselves whenever they entered a resident room of the opposite gender. Interviews with random residents confirmed that staff announce themselves before entering a resident room and interviews with random staff confirmed that they have been trained to always announce themselves before entering a resident room of the opposite gender.

GEO Policy #5.1.2-A, section III, paragraph ‘J’, *Transgender and Intersex Identification at Intake and Searches*, states: “3. Facilities shall not search or physically examine a Transgender or Intersex Individual in a GEO Facility or Program solely to determine their genital status. 4. Security Staff shall be trained to conduct cross-gender pat-down searches and searches of Transgender and Intersex Individuals in a GEO Facility or Program in a professional and respectful manner. (p.17)” Random interviews with staff and a review of staff training records confirmed that staff were trained on how to conduct pat-searches of transgender and intersex residents. GEO utilizes the PowerPoint presentation *Guidance in Cross-Gender and Transgender Pat Searches* (June 2015), which was developed for the PREA Resource Center by The Moss Group, Inc. to train staff on how to conduct cross-gender and transgender searches of residents.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and

respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

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

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
- d) Oakland Center Policy #2019-2, *PREA Intake and Orientation*
- e) Oakland Center PREA Educational Manual for Residents (August 2020) English and Spanish language versions
- f) GEO contract with Language Line, Inc. to provide interpretations services
- g) Memo to file from Facility Director regarding resident interpreters (July 10, 2020)

Interviews:

1. GEO Corporate Agency Head Designee
2. Random Staff

Site Review Observations:

1. PREA posters within the facility
2. Physical location of TDD machine and laptop used for video interpretation

GEO Policy #5.1.2-A, section III, *Guidelines*, paragraph 'E', *Orientation and Education*, numeral 2, *Education for Individuals in a GEO Facility or Program*, letter 'g', states that: "In all facilities, education shall be provided in formats accessible to all Individuals in a GEO Facility or Program, including those with disabilities and those who are Limited English Proficient." (p.13) At the time of the audit, there were no Oakland Center residents with a disability or who were limited English proficient (LEP). Interviews with random staff confirmed that the facility makes the PREA Resident Manual and the PREA orientation video available in English and Spanish languages. The Manual is also available in large print format. Random staff interviews also confirmed the availability of a Telecommunication Device for the Deaf (TDD), which the auditor observed in a Case Manager's office during the site review. [AUDITOR NOTE: The term TTD and the term for TTY, which stands for Teletypewriter are used interchangeably.] The auditor also observed a laptop computer which is available for use during video interpretation sessions.

Oakland Center Policy #2019-2, *PREA Intake and Orientation*, section III, *Procedures, INTAKE PROCESS, PREA Education and Orientation*, states that: "Sexual Abuse and Sexual Harassment Education shall be provided in formats accessible to all offenders, including those with disabilities and those who are limited English proficient. Designated staff interpreters or external interpreter services shall be utilized for those residents who are limited English proficient. For residents who are hearing impaired, the facility has a telecommunication device for the deaf (TTD) machine available." (p.4) The Monitor's workstation in the front office of the facility contains a binder with the account information and instructions for the facility's language and video interpretation services vendor, Language Line Inc. The facility provided the auditor with a current contract with Language Line that provides for language and video interpretation services. The Facility Director wrote a Memo to the file to confirm that there was no use of resident interpreters during the audit period. Interviews with random staff confirmed that there was no use of resident interpreters. Random staff interviews also confirmed staff's awareness of the TTY device and the availability of the interpreter vendor.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*
4. United States Department of Justice (USDOJ) Background Report Summary
5. GEO Employee Performance Evaluation
6. GEO PREA Disclosure and Authorization Form

Interviews:

1. Oakland Center Facility Director (Administrative Staff Interview Protocol)

GEO Policy #5.1.2-A, section III, *Guidelines*, paragraph 'C', *Facility Staff and Physical Plant*, numeral 2, *Hiring and Promotion* (p.8), as well as Oakland Center Policy # 2019-1, *PREA Staffing and Facility Requirements*, section III, *Procedures*, paragraph 'B', *Facility Staff and Physical Plant* (p.4-5), incorporate the requirements of this Standard, to include:

1. GEO and the facility are prohibited from hiring or promoting anyone who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse (SA) in confinement settings or the community;
2. GEO and the facility are required to consider any incidents of Sexual Harassment (SH) in decisions to hire or to promote;
3. GEO and the facility are required to complete criminal background checks every 5 years and to make the best effort to contact prior institutional employers regarding any substantiated allegations of SA or the receipt of a resignation from an employee who was pending an investigation;
4. GEO and the facility are required to question applicants about previous SA misconduct as part of hiring and promotion decisions and during the annual performance review of existing employees. During the performance review, employees are also instructed that they have a continuing affirmative duty to disclose any such conduct;
5. GEO and facility policy state that material omissions regarding SA misconduct or providing materially false information shall be grounds for termination.

The auditor reviewed the background and criminal history checks of all 20 existing Oakland Center employees. The records were stored in a 3-ring binder that was in the Facility Director's office at the start of the onsite audit. GEO contracts out to a vendor, *Career Builder*, to complete a criminal convictions check, driving history check, and employment reference checks and relies on the Federal Bureau of Prisons Regional Reentry Office to conduct criminal history checks. The facility maintains a spreadsheet with the names, background completion dates and background due dates for all employees. GEO also requires employees to complete and sign the *GEO PREA Disclosure and Authorization Form* annually, which requires employees to disclose: (1.) any engagement in sexual abuse in a confinement setting, (2.) any engagement or attempt to engage in sexual activity in the community which was facilitated by force, threats of force, overt or implied threats of force, or coercion, or if the victim did not or was unable to consent, or any adjudication from a civil or administrative authority relating to the activity cited in item (2.). The form has two pages and at the bottom of the first page, it includes a statement that the employee acknowledges their continuing duty to disclose any conduct listed above and acknowledge that any material omissions made by them or false information provided by them are grounds for termination. The interview with the Facility Director confirmed that upon receipt of a signed release form, GEO would provide information regarding substantiated allegations of sexual abuse and sexual harassment by a former employee. The Facility Director also confirmed that the facility conducts a criminal background check and considers incidents of sexual abuse and sexual harassment when determining whether to enlist the services of a contractor or volunteer. There were no contractors approved to work at the facility at the time of the audit. The auditor reviewed the records for the one volunteer who is approved to enter the facility and found the background check information to be current.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition,

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*
4. GEO PREA Annual Facility Assessment (Oakland Center – August 2019)

Interviews:

1. GEO Agency Head Designee
2. Oakland Center Facility Director

Site Review Observations:

1. Review of camera and monitor locations

The facility's response in the PAQ indicated that there were no new facilities, expansions, or modifications to the Oakland Center during the audit period. The PAQ also indicated that there was no installation or upgrade to the video monitoring system. The auditor interviewed the Director of Quality Assurance for Reentry Services (Director) who was identified as the Agency Head designee. The Director indicated that

GEO has a Corporate Project Development Team at its corporate office, who works with operations staff whenever GEO is acquiring a new facility or expanding or modifying an existing facility to ensure that the PREA standards are considered and incorporated into the design and implementation decisions. The Director also stated that GEO constantly evaluates developments in monitoring technology to ensure that their facilities leverage available technology to enhance the safety of GEO facilities. The auditor interviewed the Facility Director, who confirmed that there were no modifications to the facility during the audit period. The Facility Director stated that monitoring technology is considered as part of the PREA Incident Review process (there were no incidents during the audit period) as well as during the Annual Facility Assessment.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA)*
3. Oakland Center Policy #2019-6, (*Sexual Abusive Behavior Prevention and Intervention Program (PREA)*)
4. GEO First Responder Duties note card (undated)

Interviews:

1. Oakland Center PREA Investigator (Facility Director)
2. Random Staff
3. Highland Hospital SANE/SAFE Staff
4. Oakland Center PREA Coordinator (Facility Director)

GEO Policy # 5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA)*, section III, *Guidelines*, paragraph 'D', *Preservation of Evidence*, numeral 1, *Physical Evidence – Victim*, states that:

"a. The alleged victim shall immediately be escorted for medical treatment as deemed necessary by medical providers." (p.7)

"c. If the alleged Sexual Abuse is reported or discovered within 96 hours of the incident, and if determined appropriate by the medical provider and/or investigator, the alleged shall be either transported to the designated offsite facility or a SANE or SAFE shall be called to the facility for the collection of forensic evidence and medical treatment." (p.7)

The Oakland Center does not conduct criminal investigations, these are conducted by the Oakland Police Department (OPD). The facility has been unsuccessful in its attempts to enter a Memorandum of Understanding (MOU) with OPD. The facility provided the auditor with evidence of its attempt, as required by this standard. The MOU includes language that requests OPD to follow elements 'a' through 'e' of this Standard. The Facility Director is the only trained investigator and is limited to conducting administrative investigations. GEO provided a copy of their curriculum for training investigators. The training identifies the protocol for obtaining usable physical evidence. Oakland Center does not house youthful offenders.

Interviews with random staff confirmed that staff were trained in responding to incidents of sexual abuse. Staff are issued a note card, which is the size of a standard business card, that lists the required duties of GEO first responders. The card states: "3. *Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.* 4. *Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating,*

defecating, smoking, drinking or eating.” During interviews, the auditor observed that all security staff (Monitors) carried the card with them in a plastic sleeve attached to a lanyard.

The auditor contacted the Highland Hospital Sexual Assault Center in Oakland and confirmed that the hospital has trained staff available 24 hours per day to conduct SANE/SAFE exams on victims of sexual abuse from Oakland Center, at no cost to the victim. The hospital indicated that there is always a trained SANE/SAFE available to conduct and exam and therefore there was no need for other qualified medical personnel to conduct exams. Oakland Center has an MOU with the Bay Area Women Against Rape (BAWAR), which is a Rape Crisis Center in Oakland. The auditor confirmed via email with the BAWAR Executive Director that the MOU was in place and provided for a victim advocate to support Oakland Center residents who are victims of sexual abuse, at no cost to the victim. BAWAR and Highland Hospital confirmed that victim advocates can accompany victims during the SANE/SAFE exam to provide support, crisis intervention and referrals for treatment and counseling, if requested by the victim. The PREA Coordinator confirmed the MOU with BAWAR and the availability of victim advocates to Oakland Center residents. The facility reported in the PAQ that there are no trained staff members who would serve as victim advocates.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. GEO Policy #5.1.2-E, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.*
4. GEO Corporate Policy #5.1.2-E, *PREA Investigation Procedure (non-ICE)* (revised 12/01/2020)
5. Oakland Center Policy #2019-6, (*Sexual Abusive Behavior Prevention and Intervention Program (PREA)*)
6. GEO website (https://www.geogroup.com/Portals/0/OpenContent/Files/791/5.1.2-E_PREA_Investigation_Procedure__non-ICE_no-attachments.pdf)
7. Memo to file from Facility Director RE: PREA incident investigations (July 10, 2020)

Interviews:

1. Agency Head Designee

GEO Policy #5.1.2-E, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'A', *Policy Statements*, numeral 1 states that: "a. Each facility shall have a policy in place to ensure that all allegations of Sexual Abuse (SA) or Sexual Harassment (SH) 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. Facilities shall document all referrals." (p.3) The facility's PAQ and an interview with the Facility Director confirmed that there were no incidents of SA or SH during this audit period. The interview

with the Agency Head Designee, the Director of Quality Assurance Reentry Services, confirmed that GEO has both corporate and local policies for each facility that require all incidents of SA and SH to be investigated. GEO has investigators located throughout the United States that have received specialized training for conducting sexual abuse investigations in a confinement setting, who could be assigned to investigate an incident. Oakland Center's Facility Director has been trained as an investigator and is authorized to conduct administrative investigations. The facility refers all criminal investigations to the Oakland Police Department. The auditor visited GEO's website and confirmed that the policy relating to investigations was posted on the site.

115.222 (c):

During the Pre-Audit phase, the auditor listed in the PAQ Issues Log that the agency policy that was posted to the GEO website, GEO Policy #5.1.2-E, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities* did not "... describe the responsibilities of both the agency and the investigating entity." (PREA Standard 115.222, element 'c') as required by standard. The auditor communicated with the GEO corporate PREA staff by phone and email regarding this issue. To gain additional insight into this issue, the auditor submitted a PREA Auditor Assistance Request through the PRC Auditor Portal. The auditor was contacted by a staff member of the PRC's Audit Quality and Integrity (AQI) Team and a phone conference was scheduled. The AQI staff member is authorized to review the intent and interpretation of a Standard along with a facility's documentation of compliance, however, the AQI staff cannot decide compliance; only the certified auditor contracted to conduct the audit can make compliance determinations. The AQI staff reviewed the facility's policy and this provision of this Standard and was unable to suggest additional information that this auditor should consider when determining compliance. As a result, the auditor made the determination that the facility was non-compliant and informed GEO that the policy posted to their website would need to be modified to include a description of the responsibilities of the facility and of the investigating entity.

CORRECTIVE ACTION:

On Thursday, January 21, 2021, a representative from GEO notified this auditor that the revised policy had completed the review process and was now posted on the GEO website:

(https://www.geogroup.com/Portals/0/OpenContent/Files/791/5.1.2-E_PREA_Investigation_Procedure__non-ICE_no-attachments.pdf).

This auditor visited the website and confirmed that the revised policy: #5.1.2-E, *PREA Investigation Procedure (non-ICE)* was posted (see below) and that, section II, *Guidelines*, paragraph 'B', *Investigations*, numeral 1, *Criminal and Administrative Agency Investigations*, letters 'g', 'h', 'l', describes the responsibilities of both the agency and the investigating entity (p.3).

Policy #5.1.2-E, *PREA Investigation Procedure (non-ICE)*, paragraph 'B', *Investigations*, numeral 1, *Criminal and Administrative Investigations*, states that (p.3):

- "g. *When outside agencies investigate sexual abuse or sexual harassment, the responsibilities of the GEO facility shall be limited to:*
 - i. *Assume control of the crime scene and all evidence,*
 - ii. *Separate the alleged victim and abuser from contact with each other,*
 - iii. *Prevent the alleged victim and abuser from taking any actions that could destroy physical evidence until law enforcement personnel take control of the crime scene.*

- h. *When outside agencies investigate sexual abuse or sexual harassment, the outside agency will be responsible for all other aspects of the investigation, including but not limited to:*
- i. *Assume control of the crime scene and all evidence.*
 - ii. *Implement the policies and protocols of the outside agency when responding to and investigating incidents of sexual abuse and sexual harassment at a GEO facility.*
- i. *When outside agencies investigate sexual abuse or sexual harassment, GEO facility staff shall endeavor to remain informed about the progress of the investigation at least once monthly by contacting the law enforcement individuals assigned to investigate the incident using the Investigation Follow-up Email template (Attachment A). GEO facility staff shall request an update on the status of the investigation and confirm law enforcement has received all the information they have requested from the GEO facility.”*

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No

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

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*

Interviews:

1. Random staff

GEO Policy #5.1.2-E, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'F', *Training*, states that: "1. a. All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment." (p.13) The training's required subjects are:

1. "GEO's zero-tolerance policy for Sexual Abuse and Sexual Harassment;
2. How to fulfill their responsibilities under agency Sexual Abuse and Sexual Harassment prevention, detection, reporting and response policies and procedures;
3. Individuals in a GEO Facility or Program right to be free from Sexual Abuse and Sexual Harassment;
4. The right of Individuals in a GEO Facility or Program and Employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment;
5. The dynamics of Sexual Abuse and Sexual Harassment in confinement;
6. The common reactions of Sexual Abuse and Sexual Harassment victims;
7. How to detect and respond to signs of threatened and actual Sexual Abuse;
8. How to avoid inappropriate relationships with Individuals in a GEO Facility or Program;
9. How to communicate effectively and professionally with Individuals in a GEO Facility or Program, including LGBTI or Gender Non-conforming individuals; and,
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities." (p.13)

The auditor's interviews with random staff confirmed that all staff have received initial PREA training prior to assignment in the facility and those employed for more than one year have received annual refresher PREA training thereafter. The facility presented the auditor with a 3-ring binder which contained the training records for all Oakland Center employees. GEO also provided the auditor with a copy of the two separate PowerPoint presentations used to provide the initial and the refresher training. Policy 5.1.2-A requires this training to be tailored to the gender of the residents of the employee's facility and must include additional training if an employee is reassigned to a facility that exclusively houses residents of one gender that is different from the employee's prior facility (p.13). Oakland Center houses both male and female residents. GEO employees are required to acknowledge their attendance and understanding of the PREA training that they receive on a GEO form titled: *Prison Rape Elimination Act (PREA) Basic Training Acknowledgement*. This Form includes a statement that employees understand GEO's zero-tolerance policy towards sexual abuse and sexual harassment and that they have an affirmative duty to report all forms of sexual abuse and sexual harassment.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*

Interviews:

1. Volunteer who has contact with residents

GEO Policy #5.1.2-E, Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities, section III, Guidelines, paragraph 'F', Training, states that: "1. a. All Employees, Contractors and Volunteers shall receive training on GEO's Sexually

Abusive Behavior Prevention and Intervention Program prior to assignment.” (p.13) The training’s required subjects are:

1. *“GEO’s zero-tolerance policy for Sexual Abuse and Sexual Harassment;*
2. *How to fulfill their responsibilities under agency Sexual Abuse and Sexual Harassment prevention, detection, reporting and response policies and procedures;*
3. *Individuals in a GEO Facility or Program right to be free from Sexual Abuse and Sexual Harassment;*
4. *The right of Individuals in a GEO Facility or Program and Employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment;*
5. *The dynamics of Sexual Abuse and Sexual Harassment in confinement;*
6. *The common reactions of Sexual Abuse and Sexual Harassment victims;*
7. *How to detect and respond to signs of threatened and actual Sexual Abuse;*
8. *How to avoid inappropriate relationships with Individuals in a GEO Facility or Program;*
9. *How to communicate effectively and professionally with Individuals in a GEO Facility or Program, including LGBTI or Gender Non-conforming individuals; and,*
10. *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.” (p.13)*

Policy # 5.1.2-A also requires volunteers to be trained on how to report incidents of sexual abuse or sexual harassment in the facility. (p.15) The auditor interviewed the only volunteer currently providing services at Oakland Center. The volunteer confirmed that he had received initial and refresher PREA training and that he understood the facility’s zero-tolerance policy and his obligations to report incidents of sexual abuse and sexual harassment. The auditor reviewed training records and confirmed that this volunteer had received and acknowledged the required training.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)

2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*
4. Oakland Center
5. Oakland Center Organizational Chart

Interviews:

1. Intake Staff
2. Random resident

Site Review Observations:

1. PREA posters within the facility
2. Resource manuals in resident multipurpose room
3. Telecommunication Device for the Deaf (TDD) machine

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'E', *Orientation and Education* (p.12), numeral 2, *Education for Individuals in a GEO Facility or Program*, states that: "a. *Within 24 hours of arrival, Community Confinement Facilities shall provide each Individual in a GEO Facility or Program with written information (i.e. handbooks, pamphlets, etc.) on the Company's zero tolerance policy regarding Sexual Abuse and Sexual Harassment, how to report incidents or 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.* b. *Community Confinement Facilities shall provide refresher information whenever an Individual in a GEO Facility or Program is transferred to a different Facility."*

The auditor interviewed 7 of the 11 security staff (Monitors) who all indicated that residents are provided with an orientation immediately upon arrival. This includes being issued the facility's *PREA Resident Education Manual* (Manual) and being shown the video, *PREA What you Need to Know* (PREA video), produced by Just Detention International for the PREA Resource Center (PRC). Residents are then required to sign an acknowledgement for receipt of the Manual and a separate acknowledgement, which confirms that they have been informed of and understand the facility's zero-tolerance policy towards sexual abuse (SA) and sexual harassment (SH), their right to report incidents of SA and SH and their right to receive free medical and mental health care relating to incidents of SA and SH.

Interviews with two staff who conduct intakes for new arrivals, confirmed that residents receive an orientation immediately upon arrival. Oakland Center receives residents through a contract with the Federal Bureau of Prisons (FBOP). The FBOP provides advance notice of the transfer of any resident, which allows the facility to plan for the arrival and orientation of any new resident. The auditor interviewed 16 random residents, who all confirmed that they were provided with an orientation, a copy of the Manual and watched the PREA video. The auditor reviewed the resident files for all 53 residents and confirmed that all residents received and signed acknowledgement forms for an orientation, a copy of the Manual and an acknowledgement that they viewed the PREA video. There were no transfers from other GEO facilities, however, residents arriving from FBOP facilities are considered new intakes and are provided with a complete orientation. The Facility Director confirmed that transfers from GEO facilities would be treated the same as "new" residents and would be provided with the orientation, Manual and would view the PREA video.

The resident PREA education materials are issued to each resident and are available in a resource binder located in the resident multipurpose room. PREA posters stating the facility's zero-tolerance policy and

providing reporting information are posted in common area bulletin boards in the facility. In each resident room has reporting information for residents posted on the wall. The resident multipurpose room has two computers with internet access for resident use. Residents can access the GEO website and review PREA information directly without having to involve staff or other residents. The facility has a Spanish language and large print version of the PREA Resident Manual. The Facility Director confirmed that the education materials can be translated into other languages if needed.

Oakland Center Policy # 2019-2, *PREA Intake and Orientation*, states that: "...external interpreter services shall be utilized for those residents who are limited English proficient. Staff shall document the use of these interpreter services as appropriate. For residents who are hearing impaired, the facility has a telecommunication device for the deaf (TDD) machine available. Residents with limited vision are assisted by some of the posters and resident sexual abuse manuals and pamphlets having been printed in large print. For residents with a mental disability, staff should spend extra time to ensure they understand the PREA basics to include definitions and reporting information. For those residents who are blind, staff shall read the information to these individuals." (p.4)

GEO maintains a contract with Language Line Inc., for interpreter services, including video interpretation for deaf residents. The account information and instructions are in the front security office on the first floor. Random staff interviews confirmed that staff were informed of the availability and trained on the use of the service. The auditor observed the TDD machine in a Case Manager's office during the site review.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 - Yes
 - No
 - NA

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. GEO Specialized Training Certificate of Attendance
4. GEO Specialized Investigator Training Lesson Plan
5. Facility Director Training Records

Interviews:

1. Oakland Center PREA Investigator (Facility Director)

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'F', *Training*, numeral 3, *Specialized Training Investigators*, states that: "a. 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. b. Investigators shall receive this specialized training in addition to the training mandated for Employees in Section F (1). Facilities shall maintain documentation of this specialized training.” (p.14)

The facility provided a copy of the Facility Director’s *Certificate of Attendance* for a GEO in-service training program titled: *Specialized Training: Investigating Sexual Abuse in a Correctional Setting*. GEO provided the auditor with a copy of the training’s lesson plan, which covered the required topics of *techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement, and the evidence required to substantiate a case for administrative action or prosecution referral*. The auditor reviewed documentation that the Facility Director attended the required initial and yearly in-service refresher trainings on PREA that was the same as for facility staff. The Facility Director confirmed during an interview that he only conducts administrative investigations and that the Oakland Police Department or an investigator from the United States Department of Justice would be responsible for conducting criminal investigations at the facility.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Organizational Chart

Interviews:

1. Oakland Center PREA Compliance Manager (Facility Director)

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'F', *Training*, states that: "a. Each Facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities on certain topic areas, including detecting signs of Sexual Abuse and Sexual Harassment, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse and Sexual Harassment, and proper reporting of allegations or suspicions of Sexual Abuse and Sexual Harassment. Note: training is to be completed during newly hired employee pre-service orientation. b. Medical and Mental Health Care Practitioners shall receive this specialized training mandated for Employees." (p. 14)

The Facility Director issued a Memorandum to the audit file stating that Oakland Center does not employ any part-time or full-time medical or mental health staff. The auditor's review of the facility's Organizational Chart, staffing roster and training records confirmed the absence of these employees. The auditor spoke with Highland Hospital and confirmed that SANE/SAFE exams would be provided to residents by staff at the hospital at no cost to the resident.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. Oakland Center Standards Compliance electronic files for #211 (provided by facility)
3. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
4. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*
5. GEO PREA Risk Assessment Tool
6. Oakland Center GEO PREA Risk Assessment Tracking Spreadsheet

Interviews:

1. Oakland Center PREA Coordinator (Facility Director)
2. Oakland Center Staff Responsible for Risk Screening
3. Oakland Center Intake Staff
4. Random Residents

Site Review Observations:

1. PREA posters within the facility

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'D', *Screenings*, numeral 1 states that:

"a. All Individuals in a GEO Facility or Program shall be assessed during intake and upon transfer for their risk of being sexually abusive towards another Individual in a GEO Facility or Program.

b. This screening shall take place within 24 hours of arrival at all Facilities utilizing an objective screening instrument. Unless mandated by client contract, Facilities shall use the GEO PREA Risk Assessment Tool (see Attachment B) to conduct the initial risk screening assessment.

c. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (i.e. medical files or pre-sentence investigation reports, etc.) which can assist them with risk assessment.

d. The intake screening shall consider, at a minimum, the following criteria to assess Individuals in a GEO Facility or Program risk for sexual victimization:

- 1) Mental, physical or developmental disability;*
- 2) Age;*
- 3) Physical build;*
- 4) Previous incarceration*
- 5) If criminal history is exclusively nonviolent;*
- 6) Prior convictions for sex offenses against an adult or child;*
- 7) If perceived to be LGBTI or Gender Nonconforming;*
- 8) If previously experienced sexual victimization;*
- 9) His/her own perception of vulnerability; and,*
- 10) US Corrections and Detention Facilities shall also assess whether he or she is detained solely for civil immigration purposes."*

Interviews with two staff members who conduct risk screening confirmed that residents are screened within 24 hours of arrival at the facility. The objective tool incorporates the nine criteria listed in this Standard (see numerals 1-9 above). Staff confirmed that the screening instrument has check boxes used to quantify resident's responses, however, the tool is also used as a means to interview the resident to inform the determination of risk for victimization or risk of abusiveness. The auditor reviewed the screening records for all 53 residents of the facility and confirmed that they were completed within the 72-hour requirement of this

Standard. As required by Standard and by GEO policy, the intake screening considers *prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse*. The auditor also reviewed the records for the required 30-day reassessments. Nine residents were not in the facility for thirty days and were not due for a reassessment, therefore there was no reassessment form on file. Each of these residents were highlighted in yellow on a tracking spreadsheet and were assigned a “deadline” for the completion of the reassessment within 30 days of their arrival. Five of the 18 residents interviewed stated that they either did not receive or did not remember receiving a reassessment within 30 days of arrival at the facility. The auditor reviewed their records and confirmed that all five residents received and signed an acknowledgement form of the required reassessment within 30 days. The facility’s three Case Managers were interviewed and confirmed that residents may be reassessed at any time when a staff member makes a referral, when a resident is involved in an alleged incident of sexual abuse or sexual harassment, when the resident requests a reassessment or when the facility receives information relating to a resident’s risk of sexual abusiveness or victimization. Intake staff and Case managers confirmed that residents are encouraged to answer all questions of the screening and reassessment instruments, however, residents are not disciplined for refusing to answer any questions or for failing to provide complete responses to questions. The facility made resident discipline records available to the auditor. Upon review, there were no instances where a resident was disciplined for refusing to answer or not completely answering screening or reassessment questions. The PREA Coordinator (Facility Director) confirmed that all resident screening and reassessment forms are secured in locked file cabinets inside of his locked office. The Director confirmed that only staff who need to utilize the forms for their work with residents can access the forms. Random security staff interviews confirmed that they do not have access to this information.

Oakland Center completed the risk screening on the same day for 43 of the 53 residents at the facility during the onsite audit (81%) and on the next day for the remaining 10 residents (19%). The facility exceeded the requirements of the standard.

Based upon this analysis, the auditor finds the facility exceeds compliance with this standard.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*
4. GEO Statement of Search/Shower/Pronoun Preference Form

Interviews:

1. GEO Corporate (agency wide) PREA Coordinator
2. Oakland Center PREA Compliance Manager (Facility Director)
3. Oakland Center Staff Responsible for Risk Screenings
4. Residents who Identified as Gay/Lesbian

Site Review Observations:

1. Facility Room Layout and Resident Housing Assignments

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'D', *Screenings*, numeral 3, *Use of Screening Information* states that:

"a. Screening information from standard Section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from

potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. Note: Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the “at risk” log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined “unfounded”, the victim may be removed from the “at risk” log.” (p.10)

“b. PREA Compliance Managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location.” (p.10)

“c. In making housing and programming assignments for Transgender or Intersex Individuals in a GEO Facility or Program, the Facility shall consider on a case-by-case basis whether the placement would present management or security problems.” (p.10)

The auditor interviewed the Oakland Center PREA Compliance Manager, who confirmed that intake screening information is used to inform decisions regarding housing, bed, work, education, and program assignments within the facility. Oakland Center receives information on arriving residents from the Federal Bureau of Prisons weeks (and sometimes months) in advance. This information includes any special considerations, disabilities or institutional behavior history that may impact the resident’s stay. With this information, the Facility Director makes a provisional housing determination on where the incoming resident should be housed. Interviews with Case Managers confirmed that the initial housing assignment is sometimes changed based upon the results of the intake risk screening. When this occurs, staff notify the Facility Director of the change and the justification. According to staff, they always can make individualized determinations and assign residents to housing, work and programs based upon the screening information. During the onsite audit, there were no transgender or intersex residents in the facility. The Facility Director confirmed during interview that in accordance with GEO policy, transgender and intersex housing and program assignments are made on a case-by-case basis. The Facility Director also confirmed that during the screening process transgender and intersex residents are asked questions about their views about their safety for housing and program assignments. Risk screening staff disclosed the use of a Search Preference Form that GEO uses to obtain input from transgender and intersex residents on their preference for the gender of staff conducting pat searches on them, their preference on showering separately from others their preference on the pronouns staff should use when referring to them. Oakland Center has all single person shower stalls with a privacy curtain, which provides all residents the opportunity to shower separately. The auditor interviewed one resident who identified as Lesbian. The resident confirmed that her housing and program assignments were the same as other residents in the facility. During the site review, the auditor observed that there were no special housing areas identified for residents who were Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI).

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. GEO PREA Education Manual for Residents (August 2020)

Interviews:

1. Oakland Center PREA Compliance Manager (Facility Director)
2. Random Staff
3. Random Residents

Site Review Observations:

1. PREA posters within the facility
2. PREA Reporting Notices

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'L', *Reporting Sexual Abuse*, numeral 1, *Reporting Options for Individuals in a GEO Facility or Program* states that:

"a. Each Facility shall provide multiple ways for Individuals in a GEO Facility or Program to privately report Sexual Abuse and Sexual Harassment, retaliation by other Individuals in a GEO Facility or Program or Employees for reporting Sexual Abuse and Sexual Harassment and staff neglect or violation of responsibilities that may have contributed to such incidents." (p. 19)

"b. Facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security." (p. 19)

"c. Facilities shall provide Individuals in a GEO Facility of [sic] Program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO (i.e. contracting agency ICE, USMS, BOP, etc.) and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request." (p. 19)

"d. Facilities shall provide Individuals in a GEO Facility or Program contact information on how to report Sexual Abuse incidents to the Facility PREA Compliance Manager." (p. 19)

"e. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." (p. 19)

The PREA Education Manual for Residents (August 2020) provides a list of resident reporting options on page 10. This list includes informing any staff member, reporting to the PREA Compliance Manager (Facility Director), submitting a grievance locally, mailing a grievance to the GEO PREA Coordinator or to the Federal Bureau of Prisons, United States Probation, and the United States Pre-Trial office. The reporting list also identifies the Oakland Police Department (OPD) as the External Reporting Entity. OPD operates a 24/7 crime and tip reporting line that can be used to call or text to report incidents. Oakland Center's expectations of OPD to utilize their reporting line are listed in the MOU between the facility and OPD. To date, the facility has been unsuccessful in obtaining a signature from OPD. The crime and tip reporting line is listed on the OPD website and is advertised as being available to anyone who wants to report a crime or provide police with a tip and allows anonymous reporting. At the start of this audit, Oakland Center identified a local rape crisis center as the External Reporting Entity. The auditor reviewed the PREA Resource Center's FAQ section and found guidance that was issued in February of 2020 that identified rape crisis centers as not sufficient to meet the requirements of this standard. The auditor worked with the facility to identify a new Entity, which was Oakland Police Department. The facility revised their reporting notices and their Resident Manual prior to the onsite audit. During the site review, the auditor observed the new reporting posters posted in each resident room and in common areas throughout the facility. The facility issued a revised page of the Resident Manual that included the new reporting option to all residents, who were required to sign an acknowledgement of its receipt. The signed acknowledgements were provided to the auditor for review during the onsite audit. The auditor accepted the changes made and notified the facility that they would not need to enter a Corrective Action period for this provision of this standard.

The PREA Compliance Manager confirmed during an interview that residents were provided with the information on how to contact the Oakland Police Department (OPD). Although there were no sexual abuse incidents during this audit period, based upon previous experience, the Director explained how OPD would respond to the facility if the incident had just occurred or how it would assign the case to an investigator who handles sex crimes if the incident was being reported after it occurred. Residents and staff are provided with the GEO PREA reporting hotline telephone number and staff are provided with a website address to access an online reporting portal for PREA, sexual harassment and other workplace concerns. Random staff were interviewed and were able to identify multiple ways that residents could report incidents of Sexual Abuse and Sexual Harassment. Staff reported these methods as: *telling a staff member, filing a grievance, completing a request form, calling the police and using the hotline number*. Staff identified ways that they could report as: using the employee hotline, contacting the Facility Director, contacting the GEO corporate PREA office, contacting one of the two Facility Assistant Directors. Random residents interviewed confirmed their receipt of PREA education materials and reporting information. All residents acknowledged that a PREA Reporting Notice was posted in their room and other areas throughout the facility. Residents stated that they could report incidents of Sexual Abuse and Sexual Harassment in the following ways: *tell a staff member, tell the Facility Director, call the hotline number, write a request, submit a grievance, tell their Case Manager, call the police* (Oakland Police Department).

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

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

115.252 (e)

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

115.252 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-5, *Grievance Process*
4. GEO PREA Education Manual for Residents
5. Facility Director Memo to File RE: PREA Grievances (July 2020)

Interviews:

1. Oakland Center PREA Compliance Manager (Facility Director)

Site Review Observations:

1. PREA posters within the facility
2. Grievance mailbox located in the entrance foyer

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'L', *Reporting of Sexual Abuse*, numeral 2, *Exhaustion of Administrative Remedies*, states that:

"a. Facility grievance policies shall include the following procedures regarding Sexual Abuse grievances:

- 1) No time limit on when an Individual in a GEO Facility or Program may submit a grievance regarding an allegation of Sexual Abuse.*
- 2) Individuals in a GEO Facility or Program have a right to submit grievances alleging Sexual Abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint.*
- 3) Third parties (e.g. fellow Individuals in a GEO Facility or Program, Employees, family members, attorneys and outside advocates) may assist Individuals in a GEO Facility or Program in filing requests for administrative remedies relating to allegations of Sexual Abuse and may file such requests on behalf of Individuals in a GEO Facility or Program.*
- 4) The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process.*
- 5) Individuals in a GEO Facility or Program are not required to use any informal grievance process or attempt to resolve with Employees an alleged incident of Sexual Abuse.*
- 6) A final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in a GEO facility or program in preparing any administrative appeal.*
- 7) Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing.*
- 8) At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level." (p.19-20)*

"b. Emergency Grievances:

- 1) Individuals in a GEO Facility or Program may file an emergency grievance if he/she is subject to a substantial risk of imminent Sexual Abuse.*
- 2) After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim.*
- 3) An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five (5) calendar days." (p.20)*

"c. Individuals in a GEO Facility or Program may receive a disciplinary report for filing a grievance relating to alleged Sexual Abuse in bad faith." (p.20)

"d. The PREA Compliance Manager shall receive copies of all grievances related to Sexual Abuse, Sexual Harassment or Sexual Activity, for monitoring purposes." (p.20)

Oakland Center has administrative procedures in place to address resident grievances regarding sexual abuse and is not exempt from this standard. The auditor's interview with the PREA Compliance Manager (Facility Director) confirmed that there is a grievance process in place and that there is no time limit on when

a resident can submit a grievance regarding an allegation of sexual abuse. The *PREA Education Manual for Residents* (August 2020) states that:

“There is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance may be submitted directly to the referring agency (BOP, USPO, & US Pre-Trial), GEO PREA Coordinator... and/or GEO Residential Reentry Services Sr. Area Manager.” (p.8)

The facility does not require residents to utilize any informal grievance process prior to filing a formal grievance. Interviews with random staff confirmed that residents when a resident requests a grievance form the staff member issues a blank grievance form to the resident without requiring any explanation of what the grievance is for. The front entrance foyer contains a locked mailbox which is mounted to the wall, for residents to file grievances. The mailbox is accessed by the Facility Director, which prevents other staff members, who may be the subject of the grievance, from handling the grievance. As noted above, GEO policy prescribes the time limits for response, agency extension of the time limits and the automatic response of a denial, whenever the agency does not meet the time limits for any level of the grievance process. Third parties can assist residents in filing requests for administrative remedies.

The Facility Director issued a Memo to the audit file indicating that there were no incidents of sexual abuse and sexual harassment, no grievances related to “PREA” and no Emergency Grievances related to imminent risk of sexual abuse during the audit period. The facility reported that there were no instances of a resident being disciplined for filing a grievance related to sexual abuse.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center PREA Education Manual for Residents

Interviews:

1. Random Residents

Site Review Observations:

1. PREA posters within the facility
2. Resource Manuals in Resident Multipurpose Room

GEO Corporate Policy #5.1.2-A, Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities, section III, Guidelines, paragraph 'M', numeral 8, Access to Outside Confidential Support Services (p.25-26), states: "a. Facilities shall provide Individuals in a GEO Facility or Program who allege Sexual Abuse while in GEO custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. (This may be done by providing mailing addresses, telephone numbers, toll-free hotline numbers, etc.)."

“b. Facilities shall enable reasonable communication between Individuals in a GEO Facility or Program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.”

“c. Facilities are required to maintain or attempt to enter into agreements with community service providers to provide Individuals in a GEO Facility or Program with confidential emotional support services related to the Sexual Abuse while in custody.”

“d. Facilities shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.”

The facility has PREA posters posted on bulletin boards in common areas in the facility, which include the name and toll-free contact information for a national rape crisis network (RAINN). The facility also provides resource binders in the resident multipurpose room on the first floor, which contain the names, addresses, telephone numbers and websites for local rape crisis centers, victim advocacy organizations and emotional support and counseling organizations. The resource manuals are located on a bookshelf in the room and are available to residents without staff involvement. The PREA Resident Education manual states: *“You may also call the report line toll free. RAINN National Network, which is confidential, (800) 656-4673. This number is not recorded or monitored at the facility.”* (p.6) Oakland Center provided the auditor with a copy of a signed Memorandum of Understanding with the Bay Area Women Against Rape (BAWAR) (August 2020), which stipulates that BAWAR will provide victim advocacy and support, counseling, individual therapy, group therapy and referrals for SANE/SAFE exams for any resident who is the victim of sexual abuse, at no cost to the victim. As part of the auditor’s contacts with community-based organizations, the auditor contacted BAWAR and confirmed with the Executive Director, the MOU and the services provided to residents at Oakland Center. The Facility Director wrote a Memo to the audit file indicating that there were no allegations of sexual abuse during the audit period, therefore there were no resident who reported sexual abuse to interview. The auditor interviewed 16 random residents and asked them about the availability of outside services for victim advocacy and emotional support. Ten of the 16 residents acknowledged that information about these services was available through the PREA posters which are posted throughout the facility or in their PREA Resident Education Manual.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. PREA Resident Education Manual (August 2020)
4. GEO Website (www.geogroup.com)

Site Review Observations:

1. PREA posters within the facility

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'L', numeral 3, *Third-Party Reporting* (p.20), states:

"GEO shall post publicly, third-party reporting procedures on its public website to show its method of receiving third-party reports of Sexual Abuse and Sexual Harassment on behalf of Individuals in a GEO Facility or Program. In all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include, lobby, visitation and staff break areas within the facility."

During the site review the auditor observed PREA posters and PREA Reporting Notices, which contained information on how to report incidents of sexual abuse and sexual harassment on behalf of someone else (third-party reporting), written in both English and Spanish languages. The PREA Resident Education Manual informs residents that someone can report on their behalf anonymously by contacting the facility (p.10). The auditor visited the GEO website (www.geogroup.com) and confirmed that information on how to make a third-party report of an allegation of sexual abuse or sexual harassment was listed on the website.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-6, *Sexually Abusive Behavior Prevention and Intervention Program (PREA)*
4. Facility Director Memo to File RE: Mandatory Reporting (July 2020)

Interviews:

1. Oakland Center PREA Compliance Manager (Facility Director)
2. Oakland Center Facility Director
3. Random Staff

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'L', *Reporting of Sexual Abuse*, numeral 4, *Employee and GEO Reporting Duties* (p.20-21), states:

"Employees are required to immediately report any of the following:

- 1) *Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Sexual Harassment that occurred in a Facility whether or not it is a GEO Facility;*
- 2) *Retaliation against Individuals in a GEO Facility or Program or Employees who reported such an incident; and,*
- 3) *Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation."*

"a. Apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone."

"b. Employees reporting Sexual Abuse or Sexual Harassment shall be afforded the opportunity to report such information to the Chief of Security or Facility management privately if requested."

The auditor interviewed random staff including 7 of the 11 security staff (Monitors) who were working onsite during the audit. All seven staff confirmed GEO's requirement that they immediately report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment. These staff also stated that they would report the incidents to the Facility Director or one of the two Assistant Directors and that they would keep the information confidential and not disclose it to anyone else unless directed to do so.

Oakland Center Policy #2019-6, *Sexually Abusive Behavior Prevention and Intervention Program (PREA)*, section III, *Procedures*, paragraph 'B', *Staff Reporting Responsibilities*, 3-c (p.7) states:

"c. The facility shall report all allegations of Sexual Abuse and Sexual Harassment to the Federal Bureau of Prisons, Residential Reentry Manager and/or local law enforcement for investigation."

Oakland Center does not employ medical or mental health staff onsite, therefore, there were no staff for the auditor to interview. The Facility Director, who also serves as the PREA Compliance Manager, confirmed during interview that the facility is aware of California state law for the mandatory reporting to law enforcement and to the state of California, of incidents of abuse against the elderly or dependent adults (the facility does not house juveniles). The Director wrote a Memo to the audit file which indicated that there

were no PREA incidents that required mandatory reporting to law enforcement or state officials during the audit period.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*

Interviews:

1. GEO Agency Head Designee
2. Oakland Center Facility Director
3. Random Staff

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'M', *Actions Required After Report of Sexual Abuse*, numeral 1, *Facility Protection Duties (p.21)*, states:

"a. When a Facility learns that an Individual in a GEO Facility or Program is subject to substantial risk of imminent Sexual Abuse, it shall take immediate action to protect the alleged victim. Employees shall report

and respond to all allegations of Sexually Abusive Behavior and Sexual Harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly."

"b. Only designated Employees specified by policy should be informed of the incident, as it is important to respect the victim's security, identity and privacy."

"c. All allegations of Sexual Abuse shall be handled in a confidential manner throughout the investigation."

"d. All conversations and contact with the victim should be sensitive, supportive and non-judgmental."

The Agency Head Designee confirmed during interview that when GEO learns that a resident is subject to substantial risk of imminent sexual abuse, staff are trained and required to take immediate action to protect the resident. The Facility Director stated during interview that protection could include removing the resident from their room and placing the resident in a staff office under the constant supervision of a staff member until the facility could obtain more information about the imminent risk being posed. The auditor interviewed 7 of the 11 security staff members (Monitors) employed at Oakland Center. All confirmed during interview that they would immediately separate any resident who was in substantial risk of imminent sexual abuse. The Facility Director wrote a Memo to the audit file indicating that there were no residents identified as being in substantial risk of imminent sexual abuse during the audit period.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Facility Director Memo to File RE: Facility Head Notification (July 2020)
4. Oakland Center Monthly PREA Incident Tracking Log (Annual 2019)

Interviews:

1. GEO Agency Head Designee
2. Oakland Center Facility Director

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'M', *Actions Required After Report of Sexual Abuse*, numeral 5, *Actions Required After Report of Sexual Abuse* (p.24), states:

"a. In the event that an Individual in a GEO facility or Program alleges that Sexual Abuse occurred while confined at another Facility, the Facility shall document those allegations and the Facility Administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification."

"b. The Facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA Compliance Manager and Corporate PREA Coordinator."

"c. Any Facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards."

The Facility Director wrote a Memo to the audit file stating there were no allegations received from other facilities that an incident of sexual abuse occurred at Oakland Center. The Memo also stated that the facility did not learn of any allegations of sexual abuse that occurred at another facility requiring a notification to the head of the other facility, during the audit period. GEO Policy #5.1.2-A requires the Facility Administrator (Director) or the Assistant Administrator (Director) to make notification to the Facility Administrator or designee of a facility where an allegation of sexual abuse is alleged to have occurred, as soon as possible but no later than 72 hours, as required by this Standard. The Policy also requires a facility that receives notification of an allegation to investigate the allegation. The Facility Director confirmed during interview that the Monthly PREA Incident Tracking Log is used to document, and track notifications made or received. The Director also confirmed that when allegations are received regarding another facility, the other Facility Head is contacted within 72 hours. The Agency Head Designee confirmed that the GEO Facility Director would be the point of contact for other facilities to provide notice of an allegation of sexual abuse.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. GEO PREA Resident Education Manual for Residents
4. GEO Sexual Abuse First Responder Duties Flash Card

Interviews:

1. Random Staff
2. Oakland Center Volunteer

Site Review Observations:

1. Sexual Abuse First Responder Duties Flash Card

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, Guidelines, paragraph 'M', *Actions Required After Report of Sexual Abuse*, numeral 2, *Staff First Responder Duties* (p.21-22), states:

"Upon receipt of a report that an Individual in a GEO Facility or Program was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall:

- a) Separate the alleged victim and abuser.*
- b) Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.*
- c) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.*
- d) Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating.*
- e) If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff.*
- f) It is important that all contact with the alleged victim be sensitive, supportive, and non-judgmental.*
- g) Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident.*
- h) Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log."*

The Facility reported in the PAQ that there were no incidents of sexual abuse or sexual harassment during the audit period. There were no security or non-security staff who acted as First Responders to an incident of sexual abuse, for the auditor to interview. With no incidents, there were also no residents who reported sexual abuse for the auditor to interview. The facility Director wrote a Memo to the audit file indicating that there were no allegations of sexual abuse at Oakland Center, which required the activation of any staff member responsibilities as First Responders. The auditor interviewed 7 of the 11 security staff members (Monitors) who were working at the facility during the onsite audit. Each of them carried on their person in a plastic protective sleeve with their identification, which was attached to a lanyard, a Flash Card which listed each of the First Responder duties listed in this Standard. The auditor allowed staff to reference this flash card during interviews, which facilitated discussion of what steps staff would take when acting as a First

Responder. All of the seven security staff members were able to describe the steps that they have been trained to take to protect the alleged victim, preserve and protect any crime scene, instruct the alleged victim not to destroy any physical evidence and take steps to ensure that the victim does not destroy any physical evidence. There are no contractors approved for access to the facility at the time of the audit. There was one volunteer who the auditor interviewed by telephone. The volunteer confirmed his training in PREA and confirmed to the auditor his knowledge and understanding of his responsibility to request that an alleged victim of sexual abuse not take any actions which could destroy physical evidence and then to immediately report the incident to a staff member. The volunteer provides services in the multipurpose room located on the first floor directly across from the Monitor's station.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center PREA Coordinated Response Plan (January 2020)

Interviews:

1. Oakland Center Facility Director

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'A', *Policy Statements*, numeral 4, *Coordinated Response (p.6)*, states:

"a. Each Facility shall develop written Facility plans to coordinate the actions taken in response to incidents of Sexual Abuse."

"b. The plans shall coordinate actions of staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership."

"c. The local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response."

The Facility Director confirmed during interview that GEO policy requires, and Oakland Center has a *PREA Coordinated Response Plan*. The auditor was provided with a copy during the Pre-Audit Phase. The Plan provides step-by-step instructions for security staff to take when responding to an incident of sexual abuse. Oakland Center does not have medical or mental health staff onsite and the Plan includes the contact information and address for the Sexual Assault Response Center (Highland Hospital) and the Emergency Department at Alta Bates Medical Center, both located in Oakland. The Plan also provides the contact information and address for the Crisis Support Services – Alameda County and the Bay Area Women Against Rape (BAWAR) who has an MOU with Oakland Center to provide rape crisis and victim advocacy services to residents of Oakland Center at no cost.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Facility Director Memo to File RE: No Collective Bargaining Agreement (July 2020)

Interviews:

1. GEO Agency Head Designee

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph ‘A’, *Policy Statements*, numeral 3, *Ability to Protect Individuals from Contact with Abusers (p.5-6)*, states:

“a. In every case where the alleged abuser is an Employee, Contractor or Volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders requiring “no contact” shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file.”

“b. GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a Facility’s ability to remove alleged Employee sexual Abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”

The Facility Director wrote Memo to the audit file indicating that Oakland Center was not part of a Collective Bargaining Agreement. The Agency Head Designee confirmed during interview that the facility is not part of a Collective Bargaining Agreement.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Facility Director Memo to File RE: No PREA Investigations (July 2020)

Interviews:

1. GEO Agency Head Designee
2. Oakland Center Facility Director
3. Staff Charged with Monitoring Retaliation (Facility Director)

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'N', *Ongoing Actions After Reports of Sexual Abuse*, numeral 2, *Protection Against Retaliation* (p.26-27P, states:

"a. Facilities shall implement procedures to protect Individuals in a GEO Facility or Program and Employees who report Sexual Abuse or Sexual Harassment or cooperate with investigations, from retaliation by other Individuals in a GEO Facility or Program or Employees."

"b. The Facility PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of Individuals in a GEO Facility or Program."

“c. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, who fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations.”

“d. A Mental Health staff member or the PREA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist.”

“e. Any issues discussed shall be noted on the “Protection from Retaliation Log” (see Attachment H), to include corrective actions taken to address the issue.”

Interviews with the Agency Head Designee, Facility Director, Staff member Charged with Monitoring Retaliation (Facility Director) confirmed that GEO has a tracking system in place to monitor residents and staff who have reported sexual abuse and sexual harassment and protect them from retaliation by other residents or staff. Oakland Center has the ability to change a resident’s room assignment, change an alleged abuser’s room assignment, remove residents from a room to create a single room for the resident who reported the incident and in extreme case, GEO can contact the referring agency (Federal Bureau of Prisons, US Probation or US Pre-Trial) and ask that a resident be removed from the facility and returned to custody. The Facility Director wrote a Memo to the audit file indicating that there were no incidents of sexual abuse and sexual harassment during the audit period. As a result, there were no residents who reported sexual abuse or sexual harassment for the auditor to interview.

GEO Policy #5.1.2-A, paragraph ‘N’, numeral 2 (p.27), further states:

“g. For at least 90 days following a report of Sexual Abuse, the Facility shall monitor the conduct and treatment of Individuals in a GEO Facility or Program who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Individuals in a GEO Facility or Program or staff, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded.”

“h. Items to be monitored for Individuals in a GEO Facility or Program include disciplinary reports and housing or program changes.”

“i. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another Employee, the Facility Human Resources Staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the Employee who reported the Staff Sexual Misconduct (abuse or harassment) or Employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded.”

The Facility Director confirmed during interview that when retaliation is suspected, he meets privately with residents or staff who reported an incident and requests the individual to provide details of any retaliation. The Director also reviews facility records, to include incident reports, disciplinary records, the facility log, and electronic monitoring data (if relevant). The facility monitors the conduct or treatment of residents or staff who report incidents and any other individual who cooperates with an investigation for a period of at least 90 days to see if there are any changes which indicate retaliation. Monitoring includes periodic status checks with the resident and staff to verify that there is no retaliation occurring.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*
3. Facility Director Memo to File RE: No PREA Investigations (July 2020)
4. Oakland Center Monthly PREA Incident Tracking Log (2019 Annual)
5. GEO PREA Specialized Investigation Training, Course # GEO286, Lesson Plan (June 2013)

Interviews:

1. Oakland Center PREA Compliance Manager (Facility Director)
2. Oakland Center PREA Investigator (Facility Director)
3. Oakland Center Facility Director

GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, paragraph 'B', *Investigations*, numeral 1, *Criminal and Administrative Agency Investigations* (p.5), states:

"a. an Administrative or criminal investigation shall be completed for all allegations of Sexual Abuse and Sexual Harassment at GEO Facilities."

"d. When the facility conducts its own investigations into allegations of Sexual Abuse and Sexual Harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The completed preliminary investigative report will be forwarded to the Corporate PREA Office for review and approval no later than 60 calendar days after the allegation is reported. Extensions must be authorized by the Corporate PREA Director."

The Facility Director wrote a Memo to the audit file indicating that there were no PREA investigations during this audit period, consequently, there were no residents who reported an incident of sexual abuse or sexual harassment for the auditor to interview. The Director serves as the facility's trained PREA Investigator. The auditor verified that the Director has attended specialized training for investigators of sexual abuse in a confinement setting, as required by PREA Standard. During interview, the Director confirmed that an administrative investigation is initiated immediately upon receipt of an allegation. The Director also confirmed that allegations reported anonymously or via a third party are treated the same way as allegations reported directly from a victim. GEO policy requires all allegations of sexual abuse and sexual harassment to be investigated.

The auditor reviewed the GEO PREA Specialized Investigation Training, Course # GEO286, Lesson Plan (June 2013), which is used to provide specialized training to their investigators. On page 12, the lesson plan states:

"The standards have some basic requirements for investigations, including that they be prompt; that they include interviews with alleged victims, suspects and witnesses; that the investigator review prior complaints and reports of sexual abuse; and that the investigator gather direct and circumstantial evidence where available. Note that since the standards also require all allegations be investigated, this means that these steps must be taken for all reported allegations."

The Facility Director confirmed during interview that when investigating, he would preserve direct and circumstantial evidence and electronic monitoring data. Criminal investigations at Oakland Center would be conducted by the Oakland Police Department. Oakland Center staff are trained to preserve the crime scene and any evidence of the incident. This includes monitoring the alleged victim and the alleged abuser to prevent either from showering, brushing teeth, changing clothes, or taking any other action that may alter usable physical evidence. The Director has been trained to collect evidence and may do so if the alleged incident is not criminal. The Director confirmed that for administrative investigations, he would interview alleged victims, suspected perpetrators, and witnesses. The Director would also review prior complaints and reports of sexual abuse involving the suspected perpetrator. Oakland Center staff would not conduct any compelled interviews unless the incident was not criminal. Oakland Police Department would be responsible for consulting with prosecutors prior to initiating a compelled interview in the case.

GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, paragraph 'B', *Investigations*, numeral 1, *Criminal and Administrative Agency Investigations* (p.5), states:

"h. 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 Individual in a GEO Facility or Program or staff."

"i. No agency shall require an Individual in a GEO Facility or Program who alleges Sexual Abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

The Facility Director confirmed during interview that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. The Director also confirmed GEO policy that requires a written report to be completed which includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings.

The auditor reviewed the GEO PREA Specialized Investigation Training, Course # GEO286, Lesson Plan (June 2013), which is used to provide specialized training to their investigators. On page 14, the lesson plan states:

"The standards address both administrative and criminal investigations. For administrative investigations, the standards require investigators to determine whether there were actions taken by staff that facilitated the abuse. This will be helpful during the incident reviews that we'll be discussing later in this module in assisting the agency in determining whether there are policies or practices that should be changed to further enhance sexual safety."

GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, paragraph 'B', *Investigations*, numeral 1, *Criminal and Administrative Agency Investigations* (p.6), states:

"j. 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."

"k. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution."

"g. When outside agencies investigate Sexual Abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports."

Policy # 5.1.2-E paragraph 'B', numeral 2, *Investigative Reports* (p.5), also states:

"e. Investigative reports shall include attached copies of all documentary evidence where feasible."

“k. GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.”

The Facility Director confirmed during interview that an administrative investigation would continue and would not be terminated if the alleged victim or abuser terminated employment or was released from the facility. The Director also confirmed that GEO policy requires the facility to cooperate with the outside investigating entity and to periodically contact the entity to request updates and to remain informed about the progress of the investigation (to the extent that law enforcement would provide details).

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*
3. GEO Specialized Training Certificate of Attendance
4. Facility Director Memo to File RE: No PREA Allegations (July 2020)

Interviews:

1. Oakland Center Facility Director

GEO Policy # 5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, paragraph 'B', *Investigations*, numeral 2, *Investigative Reports*, letter 'd', *Evidentiary Standard for administrative investigations* (p.6), states:

"d. Evidentiary standard for administrative investigations. Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Sexual Harassment are Substantiated."

The Facility Director serves as the facility's investigator for administrative investigations involving allegations of sexual abuse and sexual harassment. The facility provided documentation verifying that the Director attended specialized training for PREA Investigators. The Director confirmed during interview that he attended the training and utilizes the evidentiary standard of "preponderance of the evidence" whenever investigating an allegation of sexual abuse or sexual harassment.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*
3. Oakland Center Policy #2019-6, Sexual Abuse Behavior Prevention and Intervention Program (PREA)
4. Facility Director Memo to File RE: No PREA Allegations (July 2020)

Interviews:

1. Oakland Center Facility Director

GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, paragraph 'K', *Reporting Individuals in a GEO Facility or Program* (p. 11), states that:
"1. At the conclusion of an investigation, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of Sexual Abuse in writing, whether the allegation has been: *Substantiated, Unsubstantiated or Unfounded.*"

"2. If the alleged abuser was an Employee, the victim shall also be informed whenever:

- a) *The Employee is no longer posted within the victim's housing unit/area.*
- b) *The Employee is no longer employed at the facility;*
- c) *The facility learns that the Employee has been indicted on a charge related to the Sexual Abuse within the facility; or,*
- d) *The facility learns that the Employee has been convicted on a charge related to Sexual Abuse within the facility."*

"3. If the alleged abuser was another Individual in a GEO Facility or Program, the victim shall also be informed whenever:

- a) *The facility learns that the alleged abuser has been indicted on a charge related to Sexual Abuse within the facility; or,*
- b) *The facility learns that the alleged abuser has been convicted on a charge related to Sexual Abuse within the facility."*

"4. The individual shall receive the original completed "Notification of Outcome of Allegation" form (see attachment D) in a timely manner and a copy of the form shall be retained as part of the investigation file."

"5. The individual will be provided an updated notification at the conclusion of a criminal proceeding, if the individual is still in custody at the facility."

"6. The facility's obligation to report under this section shall terminate if the individual is released from custody."

"7. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual."

"8. At the conclusion of every investigation of Sexual Abuse, the written results shall be promptly forwarded to the Corporate PREA Coordinator for review."

Oakland Center Policy #2019-6, Sexual Abuse Behavior Prevention and Intervention Program (PREA), section III, *Procedures*, paragraph 'C', *Actions Required After Report of Sexual Abuse*, numeral 2, *Staff First Responder Duties* (p.8), states that:

"g. Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log."

The Facility Director wrote a Memo to the audit file indicating that there were no allegations of sexual abuse and sexual harassment during the audit period. As a result, there were no residents who reported sexual abuse for the auditor to interview. The Facility Director, who also serves as the facility's investigator, confirmed during interview that GEO policy requires the facility to notify residents of the determination of an allegation (i.e. Substantiated, Unsubstantiated, Unfounded). GEO conducts administrative investigations, and the Oakland Police Department is responsible for conducting criminal investigations. The Director confirmed that GEO policy requires the facility to contact the investigating entity to request information on the outcome of the investigation. As noted in the excerpt from GEO Policy #5.1.2-E, above, for allegations against staff and another resident, GEO policy requires the facility to notify the resident in accordance with this Standard. Attachment 'A' to Policy #5.1.2-E contains check boxes for the required circumstances when a resident is to be notified (i.e. change in staff member's post, facility learns that the alleged resident abuser has been indicted). As a result of there being no alleged incidents during the audit period, there was no documentation for the auditor to review. The auditor was provided with a blank copy of Attachment 'A' for review.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*
3. GEO Employee Handbook (undated)
4. Facility Director Memo to File RE: No PREA Allegations Against Staff (July 2020)

Interviews:

1. Oakland Center Facility Director

Site Review Observations:

1. PREA posters within the facility

GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, paragraph 'L', *Disciplinary Actions*, numeral 1, *Employee Disciplinary Sanctions* (p.12), states that:

"a. Employees may be subject to significant disciplinary sanctions for sustained violations of Sexual Abuse and Harassment policies, up to and including termination for any Employee found guilty of Sexual Abuse."
"b. Termination shall be the presumptive disciplinary sanction for staff who engaged in Sexual Abuse."
"c. 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."
"d. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity clearly was not criminal."

The GEO Employee Handbook (undated) states on page 18 that:

"Sexual Abuse and Sexual Harassment – GEO has a zero tolerance for sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or otherwise served by GEO. Therefore, sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors,

and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination.”

The Facility Director wrote a Memo to the audit file indicating that there were no substantiated incidents of sexual abuse or sexual harassment during the audit period. The Facility Director confirmed during interview that GEO has a zero tolerance towards sexual abuse and sexual harassment and that employees would be disciplined, up to and including termination for engaging in sexual abuse or sexual harassment. The Director also confirmed that termination would be the presumptive disciplinary action for staff who engage in sexual abuse, and that disciplinary sanctions for violations of agency policies relating to sexual abuse and sexual harassment 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 Director confirmed that GEO policy requires the reporting of terminations or resignations from employees who would have been terminated to law enforcement unless the actions were clearly not criminal. GEO policy also requires any relevant licensing bodies to be notified.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*
4. Facility Director Memo to File RE: No Residents Referred Offsite for Care (July 2020)

Interviews:

1. Oakland Center Facility Director

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'G', *Volunteers*, numeral 3, *Corrective Action for Volunteers*, states that:

"a. Any volunteer who engages in Sexual Abuse or Sexual Harassment shall be prohibited from contact with Individuals in a GEO facility or Program and shall be reported to law enforcement and relevant licensing bodies unless the activity was clearly not criminal. GEO is committed to investigating, and referring for prosecution, any Volunteer that engages in such behavior." (p. 15)

"b. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by the Volunteer, the Facility shall notify the applicable GEO Contracting Authority who will take remedial measures, and shall consider whether to prohibit further contact with Individuals in a GEO Facility or Program." (p. 15)

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'H', *Contractors*, numeral 3, *Corrective Action for Contractors*, states that:

"a. Any contractor who engages in Sexual Abuse or Sexual Harassment shall be prohibited from contact with Individuals in a GEO facility or Program and shall be reported to law enforcement and relevant licensing bodies unless the activity was clearly not criminal. GEO is committed to investigating, and referring for prosecution, any Contractor that engages in such behavior." (p. 15)

"b. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by the Contractor, the Facility shall notify the applicable GEO Contracting Authority who will take remedial measures, and shall consider whether to prohibit further contact with Individuals in a GEO Facility or Program." (p. 15)

The facility reported during the Pre-Audit phase that it had no contractors who had contact with residents at the facility and one volunteer who had contact with residents. The auditor interviewed the volunteer by phone and the volunteer confirmed receiving initial PREA training and subsequent refresher training. The volunteer confirmed his understanding of GEO's zero tolerance policy towards sexual abuse and sexual harassment and explained how he could report any incidents during his group meetings or interactions with residents. GEO policy protects residents from volunteers or contractors who engage in sexual abuse or sexual harassment. The Facility Director issued a Memo to the audit file stating that there were no incidents of sexual abuse or sexual harassment involving volunteers or contractors during the audit period. The

Facility Director confirmed during interview that the facility was prepared to take remedial action against volunteers or contractors who violate GEO's zero tolerance policy against sexual abuse and sexual harassment. This action could include additional training or a prohibition of having future contact with residents. GEO policy also requires the facility to report volunteers or contractors who engage in sexual abuse, to law enforcement and any relevant licensing authority.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*
3. Oakland Center Policy #2019-6, *PREA Sexual Abusive Behavior Prevention and Intervention Program (PREA)*
4. Oakland Center Resident Program Handbook (February 2020)
5. Facility Director Memo to File RE: No Residents Referred Offsite for Care (July 2020)

Interviews:

1. Oakland Center Facility Director

Site Review Observations:

1. PREA posters within the facility

GEO Corporate Policy #5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, section III, *Procedures*, paragraph 'L', *Disciplinary Actions*, numeral 2, *Individuals in a GEO Facility or Program Disciplinary Sanctions*, states that:

"a. Individuals in a GEO Facility or Program who are found guilty of engaging in Sexual Abuse involving other Individuals in a GEO Facility or Program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions." (p.12)

"b. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories." (p.12)

“c. The disciplinary process shall consider whether an individual’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.” (p. 12)

“d. If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate.” (p. 12)

“e. Disciplining an Individual in a GEO Facility or Program for sexual contact with an Employee is prohibited unless it is found that the Employee did not consent to the contact.” (p. 12)

“f. A report of Sexual Abuse made in good faith by an Individual in a GEO Facility or Program, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.” (p. 12)

“g. Facilities may not deem that Sexual Activity between Individuals in a GEO Facility or Program is Sexual Abuse unless it is determined that the activity was coerced.” (p. 12)

“h. The PREA Compliance Manager shall receive copies of all disciplinary reports regarding Sexual Activity and Sexual Abuse for monitoring purposes.” (p. 13)

“i. The incident shall be reported to law enforcement, unless the activity was clearly not criminal.” (p. 13)

The Facility Director wrote a Memo to the audit file indicating that there were no residents who were disciplined for sexual abuse or sexual activity during the audit period. The Director confirmed during interview that the *Resident Handbook* contains sanctions for sexual abuse, sexual activity between residents and sexual contact with staff that was not consensual. The Director reiterated GEO’s zero tolerance policy towards sexual abuse and sexual harassment and confirmed that sanctions would be commensurate with factors such as the nature and circumstances of the offense committed, the resident’s discipline history, and the sanctions imposed for similar situations. The Director also confirmed that by policy, a resident’s mental illness or disability must be considered when determining what type of sanction, if any, to impose. The facility does not provide medical or mental health services onsite. Case Managers can refer residents to community providers for services if indicated. The Director reported that there were no incidents of sexual abuse, sexual harassment, or sexual activity, therefore there were no corresponding reports or investigations files for the auditor to review. The Director also confirmed that residents who make reports in good faith, even if the resulting investigation does not substantiate the allegation, are not subject to discipline.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. Oakland Center Standards Compliance electronic files for #211 (provided by facility)
3. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
4. Oakland Center Policy #2019-6, *Sexual Abusive Behavior Prevention and Intervention Program (PREA)*
5. Letter from Alameda Health Systems RE: Availability of Care
6. Letter from Summit Health RE: Availability of Care
7. Facility Director Memo to File RE: No Residents Referred Offsite for Care (July 2020)

Interviews:

1. Oakland Center PREA Compliance Manager (Facility Director)
2. Random Staff

Site Review Observations:

1. PREA posters within the facility
2. Resource manuals in resident multipurpose room

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'M', *Actions Required After Report of Sexual Abuse*, numeral 7, *Access to Emergency Medical and Mental Health Services*, states that:

"a. Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners." (p.25)

"b. Reentry Community Confinement Facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegation, a "Resident Referral Verification" form (See Attachment L) will be utilized to document the offer for onsite or offsite mental health services was made to the resident victim. The form will also document the acceptance or refusal of these services." (p.25)

"c. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. 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." (p.25)

"d. No attempt will be made by 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." (p.25)

"e. Facility Medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/Abusers shall either be transported to a local community Facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the Facility to conduct the examination. All refusals of medical services shall be documented." (p.25)

Oakland Center does not provide any medical or mental health services onsite. All such services are provided in the community. There were no medical or mental health staff who worked at the facility for the auditor to interview regarding the provision of medical or mental health services onsite. Oakland Center Policy #2019-6, *Sexual Abusive Behavior Prevention and Intervention Program (PREA)* states on page 9 that:

"k. Facility management staff shall implement the written Facility PREA Coordinated Response Plan, to coordinate the necessary actions required in response to incidents of Sexual Abuse which include at a minimum:

- 1) Ensuring that both alleged victim and abuser are referred to offsite medical providers for further assessment and treatment as deemed necessary by the Healthcare Provider;*
- 2) Ensuring that the alleged victim is promptly referred to offsite Mental Health (or on-call Mental Health personnel during non-business hours) for assessment of vulnerability and treatment needs."*

The Facility Director wrote a Memo to the audit file stating that there were no residents referred to outside medical or mental providers during the audit period. The Facility Director confirmed during interview that there were no incidents of sexual abuse at the facility during this audit period. There were no security or non-security staff who acted as a first responder to a sexual abuse incident. The auditor's interviews with random staff confirmed that staff are trained in how to respond to incidents of sexual abuse and the immediate steps that they need to take to protect the victim, preserve evidence and to notify law enforcement and emergency medical personnel (if necessary). The Facility Director confirmed that GEO policy requires the facility to be offered timely information and access to emergency contraception and sexually transmitted disease prophylaxis as required by this Standard. The Director also confirmed that GEO policy requires treatment services to be provided without cost to the victim regardless of whether the victim names the abuser or cooperates with the investigation.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. Oakland Center Policy #2019-6, *Sexual Abusive Behavior Prevention and Intervention Program (PREA)*
4. Letter from Alameda Health Systems RE: Availability of Care
5. Letter from Summit Health RE: Availability of Care
6. Facility Director Memo to File RE: No Residents on Treatment Plans (July 2020)
7. GEO PREA Resident Education Manual for Residents

Interviews:

1. Oakland Center PREA Compliance Manager (Facility Director)

Site Review Observations:

1. PREA posters within the facility
2. Resident Resource Binders

GEO Corporate Policy #5.1.2-A, Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities, section III, Guidelines, paragraph 'N', Ongoing Actions After Reports of Sexual Abuse, numeral 1, Ongoing Medical and Mental Health Care, states that:

- “a. Each Facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile Facility.” (p.26)*
- “b. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.” (p.26)*
- “c. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.” (p.26)*
- “d. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim.” (p.26)*
- “e. The Facility shall attempt to conduct mental health evaluation on all known inmate on inmate or resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: “known abusers” are those inmate or resident abusers in which PREA investigation determined either administratively substantiated or substantiated by outside law enforcement.” (p.26)*
- “f. All refusals for medical and mental health services shall be documented” (p.26)*

Oakland Center does not provide any medical or mental health services onsite. All such services are provided in the community. There were no medical or mental health staff who worked at the facility for the auditor to interview regarding the provision of medical or mental health services onsite. Oakland Center Policy #2019-6, *Sexual Abusive Behavior Prevention and Intervention Program (PREA)* states on page 9 that:

“k. Facility management staff shall implement the written Facility PREA Coordinated Response Plan, to coordinate the necessary actions required in response to incidents of Sexual Abuse which include at a minimum:

- 3) Ensuring that both alleged victim and abuser are referred to offsite medical providers for further assessment and treatment as deemed necessary by the Healthcare Provider;*
- 4) Ensuring that the alleged victim is promptly referred to offsite Mental Health (or on-call Mental Health personnel during non-business hours) for assessment of vulnerability and treatment needs.”*

The Facility Director wrote a Memo to the audit file stating that there were no residents placed on a treatment plan during the audit period. The Facility Director confirmed during interview that there were no incidents of sexual abuse at the facility during this audit period. The *GEO PREA Resident Education Manual* (August 2020) includes the contact information for the Rape and Incest National Network (RAINN) for residents to contact to report an incident or to access support in the community, which is provided by a local Rape Crisis Center. The Facility provides Resource Binders located in the first-floor multipurpose room. The binders contain community contact information for emotional support agencies, crisis and counseling centers and medical facilities for residents to access if needed. The facility also employs three Case managers who are available to speak with residents and make any necessary referrals for medical treatment, to include pregnancy tests, response to sexually transmitted diseases and pregnancy-related medical services at no cost to the resident. The facility obtains a letter from both the Alameda Health (Highland Hospital) and Sutter Health Systems (Alta Bates Summit Medical Center) annually, which confirms the availability of medical services for residents of Oakland Center, who are sexual abuse victims. There were no residents identified as abusers during the audit period who would require the facility to attempt to offer a mental health evaluation. The Facility Director confirmed that if an abuser is identified, the facility would make a referral for the resident to be evaluated (in the community) as required by this Standard.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. Oakland Center Standards Compliance electronic files for #211 (provided by facility)
3. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
4. Oakland Center Policy #2019-1, *PREA Staffing and Facility Requirements*
5. Facility Director Memo to File RE: PREA Incidents (July 2020)

Interviews:

1. GEO Corporate (agency wide) PREA Coordinator
2. Oakland Center PREA Compliance Manager (Facility Director)
3. Oakland Center Assistant Director-Security (Incident Review Team Member)
4. Oakland Center Assistant Director-Programs (Incident Review Team Member)

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'N', *Ongoing Actions After Reports of Sexual Abuse*, numeral 3, *Sexual Abuse*, states that:

"a. Facilities are required to conduct a Sexual Abuse incident review at the conclusion of every Sexual Abuse investigation in which the allegation has been determine [sic] substantiated or unsubstantiated." (p.28)

"b. Such review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners. The Corporate PREA Coordinator may be consulted as part of this review." (p.28)

“c. Unless mandated by client contract, a “PREA After Action Review Report (see Attachment J)” of the team’s findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. The Facility shall implement the recommendations for improvement or document its reasons for not doing so.” (p.28)

“d. The PREA Compliance Manager shall maintain copies of all completed “PREA After Action Review Reports” and a copy shall also be maintained in the corresponding investigative file.” (p.28)

The facility responded in the PAQ and the Facility Director issued a Memo to the audit file indicating that there were no incidents of sexual abuse and sexual harassment during the audit period. The facility identified management personnel who would participate in an Incident Review. The auditor interviewed the Facility Director and both Assistant Directors, who separately confirmed that the incident review team would meet within 30 days of the conclusion of the investigation to consider the following criteria during their review:

1. Whether the incident requires a change to policy or practice to better prevent, detect, or respond to sexual abuse;
2. Whether the incident was motivated by race, ethnicity, gender identity, LGBTI status or perceived status, gang affiliation or other group dynamics at the facility;
3. Examination of the area in the facility where the incident occurred to identify physical barriers that may enable abuse;
4. Adequacy of facility staffing levels;
5. Whether existing monitoring technology is sufficient, or it needs to be augmented;

The Incident Review Team is required to prepare a report of its findings and submit it to GEO’s PREA Coordinator. The facility would then implement the recommendations of the Review Team or document the reasons that the facility did not implement the recommendations. The GEO PREA Coordinator confirmed during interview that every incident review results in the creation of a report that is forwarded to the GEO PREA Coordinator for review. The PREA Coordinator then considers the Team’s recommendations for any changes to policy, practice, or physical plant, to include modifications to the facility’s monitoring system.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. GEO Website (www.geogroup.com)

Interviews:

1. GEO Corporate (agency wide) PREA Coordinator
2. Oakland Center PREA Compliance Manager (Facility Director)

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'O', *Data*, numeral 2, *Data Review for Corrective Action*, states that:

“a. GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- 1. Identifying problem areas;*
- 2. Taking corrective action on an ongoing basis; and*
- 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.” (p.28)*

“b. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of GEO’s progress in addressing sexual abuse.” (p.29)

“c. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO’s website or the client’s website as required by contract.” (p.29)

“d. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.” (p.29)

“e. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of Sexual Abuse, Sexual Harassment and Sexual Activity as required.” (p.28)

The GEO Annual PREA Report is published on GEO’s website. The Report includes definitions of terms used in GEO’s PREA reporting system. The interview with the Facility Director confirmed that Oakland Center aggregates incident-based sexual abuse data annually. This information is then submitted to the GEO Compliance Unit, which is responsible for creating GEO’s Annual PREA Report. Oakland Center does not contract out to other facilities to house residents. Oakland Center was not requested to provide previous calendar year data by the Department of Justice.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. GEO Website (www.geogroup.com)

Interviews:

1. GEO Corporate (agency wide) PREA Coordinator
2. Oakland Center PREA Compliance Manager (Facility Director)

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'O', *Data*, numeral 2, *Data Review for Corrective Action*, states that:

"a. GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- 1. Identifying problem areas;*
- 2. Taking corrective action on an ongoing basis; and*
- 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole." (p.28)*

- “b. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of GEO’s progress in addressing sexual abuse.” (p.29)
- “c. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO’s website or the client’s website as required by contract.” (p.29)
- “d. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.” (p.29)
- “e. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of Sexual Abuse, Sexual Harassment and Sexual Activity as required.” (p.28)

PREA incident data is collected and evaluated by the GEO PREA Compliance Unit to determine if policy, operational, staffing or program changes are warranted. At the facility level, the Incident Review Team conducts an evaluation of each incident to identify the need for any changes to policy or practice. The Facility Director also conducts an Annual Review to evaluate incidents of Sexual Abuse and Sexual Harassment that occurred during the year to determine root causes and to identify policy, operational or physical plant modifications that are necessary to improve the sexual safety of residents at the facility. The auditor visited the GEO website and reviewed the 2019 PREA Annual Report. The Report did not contain any personally identifiable information (PII). This Report is a comprehensive document that provides a *Policy Summary* (PREA), *Operational Changes* made to GEO facilities during the reporting year, *PREA Audit and Certification* information, *Definitions* used in the Report and the acronyms for *Incident Types*. The GEO Annual PREA Report provides the required data, however, the data is presented within the context of GEO’s efforts to implement and support the National PREA Standards. The *Analysis* section compares current year to previous year data and presents statistics in a clear format. The Report does not indicate the agency head’s approval within the document. The auditor contact GEO and received supplemental documentation confirming that the agency head approved of the report. GEO’s multi-tiered approach to data collection, evaluation and public reporting exceeds the requirements of this Standard.

Based upon this analysis, the auditor finds the facility exceeds the requirements of this standard.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. GEO Website (www.geogroup.com)

Interviews:

1. GEO Corporate (agency wide) PREA Coordinator
2. Oakland Center PREA Compliance Manager (Facility Director)

GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*, section III, *Guidelines*, paragraph 'O', *Data*, numeral 3, *Storage, Publication, and Destruction*, states that:

"Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated Sexual Abuse data publicly available, all personal identifiers shall be removed." (p.29)

The auditor interviewed the corporate PREA Coordinator (agency-wide), who confirmed that each GEO facility is required to enter PREA data into a proprietary software system that GEO uses to collect, track, monitor and evaluate PREA incidents company-wide. This software allows the corporate PREA Compliance Unit to ensure that PREA incidents are being reported and investigated in accordance with PREA Standards and company policy. Once collected, the data is evaluated by the PREA Compliance Unit to determine if policy, operational, staffing or program changes are warranted. At the facility level, the Incident Review Team conducts an evaluation of each incident to identify the need for any changes to policy or practice. The

Facility Director also conducts an Annual Review to evaluate incidents of Sexual Abuse and Sexual Harassment that occurred during the year to determine root causes and to identify policy, operational or physical plant modifications that are necessary to improve the sexual safety of residents at the facility. The auditor visited the GEO website and reviewed the 2019 PREA Annual Report. The Report did not contain any personally identifiable information (PII). This Report is a comprehensive document that provides a *Policy Summary* (PREA), *Operational Changes* made to GEO facilities during the reporting year, *PREA Audit and Certification* information, *Definitions* used in the Report and the acronyms for *Incident Types*. The GEO Annual PREA Report provides the required data, however, the data is presented within the context of GEO's efforts to implement and support the National PREA Standards. GEO's multi-tiered approach to data collection, evaluation and public reporting exceeds the requirements of this Standard.

Based upon this analysis, the auditor finds the facility exceeds the requirements of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. GEO Website (www.geogroup.com)

GEO Policy #5.1.2-A requires each GEO facility to be audited every three years. The auditor reviewed the GEO website as part of the audit process and confirmed that the Oakland Center was audited, and a Final Report issued and posted to the GEO website in August of 2017. As detailed in the Audit Narrative of this audit, the auditor was provided access to all areas of the facility, provided access or a photocopy (when requested) of all relevant documents from the facility and the auditor was allowed access to the video monitoring system. The auditor was provided a private office to conduct staff and resident interviews. The facility posted notices of the audit which provided the auditor's name and mailing address. These Notices also identified communication with the auditor as confidential. The auditor contacted community-based organizations to gain insight into relevant conditions in the facility. No concerns were noted.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Oakland Center Pre-Audit Questionnaire (PAQ)
2. GEO Corporate Policy #5.1.2-A, *Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities*
3. GEO Website (www.geogroup.com)
4. Oakland Center Final Audit Report (August 2017)

GEO Policy #5.1.2-A requires each GEO facility to be audited every three years. The auditor reviewed the GEO website as part of the audit process and confirmed that the Oakland Center was audited, and a Final Report issued and posted to the GEO website in August of 2017. The auditor will verify that the Final Report for this audit is posted to the GEO website as required by this Standard.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Michael B. Vitiello

February 02, 2021

Auditor Signature

Date

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

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