

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

Interim       Final

**Date of Interim Audit Report:** Click or tap here to enter text.       N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:**      October 7, 2020

### Auditor Information

**Name:** Barbara Jo Denison

**Email:** denisobj@sbcglobal.net

**Company Name:** Shamrock Consulting, LLC

**Mailing Address:** 2617 Xavier Ave.

**City, State, Zip:** McAllen, TX 78504

**Telephone:** 956-566-2578

**Date of Facility Visit:** September 15 - 16, 2020

### Agency Information

**Name of Agency:** The GEO Group, Inc.

**Governing Authority or Parent Agency (If Applicable):** N/A

**Physical Address:** 4955 Technology Way

**City, State, Zip:** Boca Raton, FL 33431

**Mailing Address:** SAA

**City, State, Zip:** SAA

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Agency Website with PREA Information:** www.geogroup.com/prea (Social Responsibility Section)

### Agency Chief Executive Officer

**Name:** George C. Zoley, Chairman of the Board, CEO and Founder

**Email:** gzoley@geogroup.com

**Telephone:** 561-893-0101

### Agency-Wide PREA Coordinator

**Name:** Ryan Seuradge, Director, Contract Compliance, PREA Coordinator

**Email:** rseuradge@geogroup.com

**Telephone:** 561-999-5827

**PREA Coordinator Reports to:**  
Daniel Ragsdale, Executive Vice President,  
Contract Compliance

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

## Facility Information

**Name of Facility:** Philadelphia Residential Reentry Center

**Physical Address:** 3950 D Street, Bldg. B

**City, State, Zip:** Philadelphia, PA 19124

**Mailing Address (if different from above):**  
SAA

**City, State, Zip:** SAA

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

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

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

ACA

NCCHC

CALEA

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

N/A

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

### Facility Director

**Name:** Lisa Yingling, Facility Director

**Email:** lyingling@geogroup.com

**Telephone:** 215-291-1231 (ext. 225)

### Facility PREA Compliance Manager

**Name:** Jennifer Fox, Assistant Facility Director - Programs

**Email:** jfox@geogroup.com

**Telephone:** 215-291-1231 (ext. 228)

### Facility Health Service Administrator N/A

**Name:** N/A

**Email:** N/A

**Telephone:** N/A

### Facility Characteristics

**Designated Facility Capacity:**

70

**Current Population of Facility:**

47

Average daily population for the past 12 months:	46	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	Adults (20-65)	
Average length of stay or time under supervision	3-6 months	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months	161	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	161	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	152	
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other - please name or describe: United States Probation <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	22	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	54	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7 (5-male & 2-female)
<p><b>Number of single resident cells, rooms, or other enclosures:</b></p>	0
<p><b>Number of multiple occupancy cells, rooms, or other enclosures:</b></p>	0
<p><b>Number of open bay/dorm housing units:</b></p>	7 dorms
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p><b>Are medical services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<p><input type="checkbox"/> On-site  <input type="checkbox"/> Local hospital/clinic  <input checked="" type="checkbox"/> Rape Crisis Center  <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p>
<p><b>Investigations</b></p>	
<p><b>Criminal Investigations</b></p>	
<p><b>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:</b></p>	<p>0</p>
<p><b>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.</b></p>	<p><input type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input checked="" type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p><input type="checkbox"/> Local police department  <input type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input checked="" type="checkbox"/> Other (please name or describe: BOP (Office of Internal Affairs))  <input type="checkbox"/> N/A</p>
<p><b>Administrative Investigations</b></p>	
<p><b>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?</b></p>	<p>0 at the facility</p>
<p><b>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</b></p>	<p><input type="checkbox"/> Facility investigators  <input checked="" type="checkbox"/> Agency investigators  <input checked="" type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p><input type="checkbox"/> Local police department  <input type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input checked="" type="checkbox"/> Other (please name or describe: BOP Office of Internal Affairs)  <input type="checkbox"/> N/A</p>

# Audit Findings

## Audit Narrative (including Audit Methodology)

The Philadelphia Residential Reentry Center (PRRC) is a community confinement facility owned and operated by the GEO Group, Inc. (GEO). GEO contracts with the Federal Bureau of Prisons to house their offenders released or diverted from prison.

### Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of agency policies 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jails*, and 5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, as well as the facility policies 2019-6, *Sexual Abusive Behavior Prevention and Intervention Program (PREA)*; 2019-1, *PREA Staffing and Facility Requirements*, 2019-2, *PREA Intake and Orientation*, 2019-3, *PREA Screening/Admission*; 2019-4, *Resident Searches, Viewing and Contraband* and 2019-5, *Grievance Process*, Procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. The Assistant Facility Director - Programs, designated as the facility's PREA Compliance Manager, answered questions and provided additional information and documentation as requested.

The facility was provided with facility notices in English and Spanish six weeks prior to the onsite audit visit informing residents of the scheduled audit date, which included my name and mailing address if they wished to send me correspondence. Residents were informed correspondence would remain confidential. Due to the COVID-19 pandemic, the original date of the audit (6/30/20 - 7/1/20) was changed to 9/15/20 - 9/16/20. Revised facility notices were provided to the facility on 7/13/20. Photos of notices posted in 10 locations throughout the facility were provided showing the date posted as 7/14/20.

The facility has a Memorandum of Understanding (MOU) with the Women Organized Against Rape (WOAR) to provide crisis intervention services to resident victims of sexual abuse. Executive Director of WOAR was contacted numerous times by telephone and e-mail. Due to the pandemic, the administrative offices of WOAR are currently closed and the Executive Director did not respond to my numerous phone calls or e-mails during this Pre-Onsite Audit Phase.

Forensic exams are not performed at the facility. Victims of sexual abuse are transported to the Philadelphia Sexual Assault Response Center (PSARC), a private forensic office where SANE exams are performed. The Program Director of PSARC was contacted to confirm and review the terms of the MOU. PSARC is affiliated with the Drexell University College of Medicine, the PSARC has trained SANE nurses on call 24/7 to perform forensic exams.

If requested by the victim, a victim advocate from Women Organized Against Rape (WOAR) would be contacted to accompany the victim through the SANE exam. Resident victims would

be administered prophylaxis for sexually transmitted diseases and a five-day prescription of HIV anti-viral medication, where indicated and are given a referral to Public Health or to the victim's primary provider for continued treatment. Female victims would be offered emergency contraception. The SANE exam, medications and all related services are offered at no cost to the victim. The Crime Victim Compensation Act covers all related costs. The terms of the MOU provides support and individual and group counseling for resident victims of sexual abuse. PSARC also provides court advocacy and will work with law enforcement agency assigned to the sexual abuse case.

The Philadelphia Residential Reentry Center has a Behavioral Health and Emergency Medical Services Agreement with Temple University Hospital, Inc., Episcopal Campus entered into on 3/13/19. The Executive Director of the Episcopal Campus was contacted to discuss services provided. Temple University Hospital has full psychiatric services with a 118-bed acute bed unit and a long term crisis response center, as well as provide full medical services.

The PREA Compliance Manager provided lists of security staff and non-security staff scheduled to be on-site during the audit visit, At Risk Logs, LGBTI Log, names of limited English proficient residents and a resident roster. From this information, staff were selected to be interviewed and resident records were selected to be reviewed during the onsite audit visit.

### **Onsite Audit Phase**

The PREA audit of the Philadelphia Residential Reentry Center was conducted September 15 - 16, 2020. On the first day of the audit, an entrance meeting was held with Lisa Yingling, Facility Director and Jennifer Fox, Assistant Facility Director – Programs/PREA Compliance Manager. Information on the audit process and audit schedule was reviewed.

Following the entrance meeting, a site review of the facility, with the Facility Director and the PREA Compliance Manager. *Third Party Reporting* posters were found posted in various locations throughout the facility and *Resident Reporting Options* posters were found in resident rooms near the resident telephones. Facility Notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in numerous locations throughout the facility with the date posted noted as 7/14/20. No correspondence was received from residents of the Philadelphia Residential Reentry Center.

The placement of mirrors and cameras were observed as well as room layouts to assess for blind spots. One area of concern for a blind spot was noted in room 2223 in Unit C, the male housing unit. There is a small partition, approximately two feet wide, in front of the entrance to the adjoining restroom. It was recommended a mirror be installed on the wall opposite the restroom to provide a visual of the restroom entrance from the entry door of the room. On the second day of the audit, a mirror was installed and was found to provide a view of the area of concern. Also noted in room 2223, a single bed was on the right-hand wall as you enter the room. The bed was underneath the resident telephone. It was recommended the bed be moved to the opposite wall to allow access to the telephone. The bed was moved by the close of the onsite visit.

The resident reporting option telephone numbers were called on a resident telephone to determine if the numbers were accessible to residents. The telephones in the female rooms in Unit A were found not to be working at all. The calls were made in a room in the male housing unit. The number for WOAR (215-985-3333) and the BOP Residential Reentry (BOP RRM) Office (215-521-7300) were both found to be inaccessible. The numbers would ring and after a pause a message, "Call not accepted" was heard. The Facility Director called and e-mailed the facility's contact person for GTL, the facility's telephone vendor. A GTL technician will be dispatched to the facility to address the problem with the WOAR phone number.

GTL did not have information about the number for the BOP RRM Office. The Facility Director e-mailed BOP's Contract Oversight Specialist to ask about the phone number for the BOP RRM and found out the number is not a reporting line for residents. Residents are able to reach the BOP RRM by writing to the address provided on the *Resident Reporting Options* poster (2<sup>nd</sup> & Chestnut St., 7<sup>th</sup> Floor, Philadelphia, PA 19106). The *Resident Reporting Options* posters and the reporting information in the *PREA Education Manual for Residents* will be revised in the English, Spanish and large print Manuals to reflect the change in this information.

On the first day of the audit visit, I observed the risk screening of one new resident. The resident was appropriately screened by a Security Monitor in the Intake Room, given a *PREA Education Manual for Residents* and acknowledged receiving the Manual by signing an *Acknowledgement of Receipt of PREA Education Manual*. The Security Monitor discussed information contained in the Manual and asked the resident if he had any questions.

During the site review, residents were informally questioned about their overall knowledge of the agency's zero-tolerance policy and methods available to them of reporting allegations of sexual abuse, sexual harassment and retaliation. On the first day of the onsite audit visit, there were 47 residents assigned to the Philadelphia Residential Reentry Center and 45 individuals on home confinement. Seventeen random residents assigned to the facility were interviewed. The following are the number of targeted residents interviewed and their special designations:

<b>Special Designations</b>	<b>Number Assigned to the Facility on First Day of Audit</b>	<b>Number of Residents Interviewed</b>
Residents with Physical Disabilities	0	0
Residents Who Are Blind	0	0
Residents Who Have Low Vision	0	0
Residents Who Are Deaf	0	0

Residents Who Are Hard of Hearing	0	0
Residents Who Are LEP	5	3
Residents With Cognitive Disabilities	0	0
Residents Who Identify as Gay	0	0
Residents Who Identify as Lesbian	0	0
Residents Who Identify as Bisexual	0	0
Residents Who Identify as Transgender	1	1
Residents Who Identify as Intersex	0	0
Residents Who Reported Sexual Abuse	0	0
Residents Who Reported Sexual Victimization During Risk Screening	3	2
	<b>Total Targeted Residents Interviews</b>	<b>6</b>

Residents interviewed were knowledgeable of the methods available to them to report allegations of sexual abuse and sexual harassment. They reported opposite gender staff announce themselves when they enter the unit and knock and announce themselves before entering their rooms. They confirmed receiving PREA written information on the day of arrival to the facility and seeing the PREA video during orientation. The three limited English proficient residents spoke Spanish.

Two of the limited English proficient residents were interviewed with translation provided by the Office Support Specialist. The third limited English proficient resident was offered translation services, but stated he could speak English. One of the limited English proficient residents said he saw the video in English. The Office Support Specialist added that she translated the narrative of the video to the resident during his orientation, as well as other orientation information. In discussion with the PREA Compliance Manager, the facility normally shows the Spanish video to Spanish-speaking residents.

Seventeen random resident records were reviewed to determine compliance with PREA education requirements for residents and for risk screening procedures. Records reviewed included documentation that residents acknowledge receiving the *PREA Education Manual For Residents* at intake and sign an *Acknowledgement of Receipt of PREA Education Manual*. Upon completion of comprehensive education during orientation the first week of arrival,

residents sign an *Acknowledgement of Training in the Following Areas: PREA (1) Zero Tolerance Policy (2) Right to Report (3) Free Medical and Mental Health Care* and acknowledge viewing the *PREA: What You Need to Know* video.

The resident records reviewed showed initial risk screenings are being conducted on day of arrival to the facility. Two 30-day reassessments were found to be conducted late and the remaining 15 were conducted within the required 30-day of arrival timeframe. Seven resident records reviewed indicated the resident was offered a referral for a mental health evaluation due to reporting prior sexual victimization or scoring to be at risk for victimization or both victimization and abusiveness.

All staff scheduled to work on the first day of the audit visit were interviewed, which included 10 specialized staff and five random staff. The agency’s PREA Coordinator and the Executive Vice President Continuum of Care and Reentry Services (agency head designee) were both interviewed by telephone at the beginning of this three-year reaccreditation period. Staff who have multiple roles were asked questions as they relate to each of those roles, as well as the Random Staff questions. Specialized staff interviews conducted were as follows:

<b>Staff Interview Category</b>	<b>Interviews Conducted</b>
Agency Head or Designee	1
PREA Coordinator	1
Facility Director	1
PREA Compliance Manager	1
Staff Responsible for Unannounced Rounds	3
Intake Staff	5
Staff Responsible for Risk Assessments	5
Incident Review Team Members	2
Staff Who Monitor for Retaliation	2
<b>Total Specialized Staff Interviews Conducted</b>	<b>21</b>

Staff interviewed confirmed receiving PREA training as a new employee and annually and refresher training every six months. They knew their responsibilities if they were a first responder to an allegation of sexual abuse and whom to report allegations to. All staff carry with them a First Responder Card affixed to their badges reminding them of their first responder duties.

There are currently 22 employees of the Philadelphia Residential Reentry Center. The human resource files of all employees were reviewed with the Office Support Specialist to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are performed for pre-employment by BOP and by CareerBuilders. In review of two employees promoted within the past 12 months, criminal background checks were conducted by CareerBuilders and an internal check by GEO. Files reviewed were found

to be complete with documentation of criminal background clearances and disclosures required annually and when being considered for a promotion. Human resource files were well organized and complete.

Documentation of PREA training for employees is maintained in the human resource files. All employee files were reviewed to determine compliance with PREA training requirements. The files were found to have signed acknowledgement forms of annual PREA training.

In information provided prior to the audit, in the 12 months preceding the audit, there were three allegations of staff-on-resident sexual harassment reported. All allegations were administratively investigated by agency investigators and determined to be unsubstantiated. One of the allegations was received from another facility and made by a resident formerly assigned to the Philadelphia Residential Reentry Center. Upon receiving notification of the allegation, an investigation was promptly initiated. Incident reviews were conducted for all three allegations.

Retaliation Monitoring Logs in the two allegations reported by residents assigned to the facility at the time the allegation was reported were found filed in the corresponding investigative files. Review of the retaliation monitoring logs showed monitoring began a month after the report of the allegation. The PREA Compliance Manager stated that during an Annual Internal Audit, the process of retaliation monitoring was discussed and clarified and in the future the PREA Compliance Manager will conduct retaliation monitoring for residents beginning the week the allegation is reported and weekly thereafter for at least 90 days. The Office Support Specialist will conduct retaliation monitoring for staff monthly for 90 days. And in both cases, longer than 90 days if deemed necessary.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings with the Facility Director and the PREA Compliance Manager, with the Jennifer Sheahan, Manager, Contract Compliance – PREA in attendance via telephone. Observations, information gathered from staff and resident interviews and on-site records reviewed were discussed. The Facility Director and the PREA Compliance Manager were reminded of the following pending items:

1. When the GTL Technician corrects the phone number to WOAR, verify the number is accessible and forward in writing verification the problem has been resolved.
2. Revise the *Resident Reporting Options* posters and the pages in the *PREA Education Manual for Residents* (English, Spanish and large print) eliminating the telephone number for the BOP RRM. Replace the *Resident Reporting Options* posters with the revised copies in all locations. Send a photo of one of the posters to show they were replaced.

The team was thanked for their cooperation prior to the onsite visit and throughout the audit process and were informed of the process that would follow the onsite audit visit and the responsibility of GEO to post this final report on their website.

## Post-Onsite Audit Phase

The Executive Director of WOAR was reached on 9/23/20. She reported that normally paid advocates are assigned to PSARC Monday thru Friday for 14 hours a day (11 a.m. -1 a.m.). Outside of those hours, volunteer advocates are on-call to answer the hotline and provide victim advocacy services. Because of the COVID-19 pandemic, all paid and volunteer advocates are on-call. New advocates receive 40 hours of training and five hours of support on the hotline.

Residents can call the hotline at any time and continue to call for support services. After a victim receives a SANE exam, advocates call to follow-up and make them aware of the services that WOAR offers. Besides a 24-hour support hotline and accompaniment of victims through the SANE process, other services offered include court advocacy, individual counseling (after completing a one-on-one counseling assessment), and access to numerous support groups, which at this time are being held virtually.

The Executive Director stressed that WOAR's services are trauma informed and client driven. If a caller on the hotline reports an allegation of sexual abuse, advocates make sure they are in a safe place and provide them with options of reporting their allegations either to the facility or to law enforcement.

On 9/23/20, the Facility Director through e-mail informed me she checked the phones in both housing units to verify the WOAR number was accessible. She verified the problem was resolved by GTL.

On 9/30/20, the PREA Compliance Manager forwarded the revised *Resident Reporting Options* posters in English and Spanish and the pages of the *PREA Education Manual for Residents* (English, Spanish and in large print) with revisions to reporting information. The phone number for the BOP RRM was removed and instructions for residents to press "0" and when asked for their name, their response should be "Philadelphia RRC Resident".

Contact was made with the BOP Residential Reentry Manager to discuss the procedure of allegations reported to him in writing. The BOP RRM stated the residents are supposed to be given the number to his office and verified the number (215-521-7465). He is available to answer these calls at any time, as he can access calls to this number from his cell phone. He further stated the number for BOP's Contract Oversight Specialist (215-521-7437) and BOP's Sector Administrator numbers need to be available to residents as well. Those number were found posted on bulletin boards in the housing units, in the Employment Lab and in the Cafeteria during the on-site audit visit.

The Facility Director and the PREA Compliance Manager were notified of the change of procedures for resident to report PREA allegations to the BOP RRM. The Facility Director contacted GTL to set up the number. On 10/6/20, the PREA Compliance Manager e-mailed that test calls were made on the BOP RRM and WOAR numbers and verified both numbers were accessible in both housing units. On this date, she also forwarded revised *Resident Reporting Options* posters in English and Spanish and the pages of the *PREA Education Manual for Residents* in English, Spanish and large print. To access both numbers, residents

are instructed to press “0” and when asked for their name their response should be “Philadelphia RRC Resident”.

The Manager, Contract Compliance – PREA forwarded a copy of the *PREA Annual Facility Assessment* conducted by the Facility Director and the PREA Compliance Manager on 9/9/20. The assessment showed no changes to the established staffing plan. Recommendations were made for the purchase of nine additional cameras to be included in the 2021 CAPEX budget.

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and resident interviews during the Onsite Audit Phase were reviewed to determine the facility’s compliance of the PREA standards.

## Facility Characteristics

The Philadelphia Residential Reentry Center is located at 3950 D St., Philadelphia, PA. The facility was purchased by the GEO Group, Inc. in April 2017 from the Community Education Center (CEC), who owned and operated the facility from 2008 – 2017. The Philadelphia Residential Reentry Center was opened in April 2019. Prior to that date the facility, named Hoffman Hall, closed on 11/30/8. Areas of the former Hoffman Hall are not used with resident access restricted to those areas by locked metal gates.

The facility has a capacity to house 70 residents. BOP provides placement for residents and approves release plans for home confinement for offenders who are nearing their release date. BOP has a contract with United States Probation to house parole violators as a diversion to incarceration. At the time of the on-site audit visit, there were 47 in-house residents and 45 individuals on home confinement. In house residents included 45 male BOP residents and two United States Probation female residents. Residents’ ages ranged from 20-65, with the average length of stay being 3-6 months.

Entrance to the facility is in the back of the building where there is a large employee parking lot a large fenced in recreation yard on this side of the building. Residents can play basketball or handball or relax on picnic tables. The recreation yard, the parking lot and the entrance to the facility are under camera surveillance. Females and males are allowed access to the recreation yard at separate times.

There is a Main Control Station as you enter the building. Staff, residents and visitors walk through a metal detector, are wanded and visitors sign a visitor’s log. Resident movement in and out of the building are tracked in GEOtrack, an electronic program. Residents are pat searched in view of a camera. Resident, staff and resident property is searched and residents are breathalyzed each time they enter the building. Urinalysis are performed on all new arrivals and if they are suspect for any reason.

On the first floor of the building there is an Intake Room, Case Manager’s office, two classrooms, Employment Specialist office/lab, two IT control rooms, storage rooms, and a dining hall and kitchen. Also on the first floor there is an administrative hallway with offices for the Facility Director, Assistant Facility Director, the PREA Compliance Manager, Office

Support Specialist and a conference room. All doors have cut-out windows for visibility into the rooms. There is a gym with basketball hoops, pull up and push up bars. Females and males are allowed access to the gym at separate times.

The facility is a two-story building with two resident housing units, Units A (Alpha Unit) and Unit C (Charlie Unit). On the first floor is the Alpha unit. There are three rooms on this unit that house female residents. Two rooms have two single beds and a bunk bed and the third room is a handicapped room with two single beds.

The building has two stairways and an elevator. One stairway is secured with an alarmed door and is only used by staff, residents with mobility problems or for emergency evacuations. The second stairway is opened and leads to the second floor where the male housing unit is located. The elevator is used by staff, with residents who are disabled given permission to use access the elevator. The Charlie Unit is on the second floor and houses male residents. There are sixteen rooms, each with a bunkbed and two single beds. One of the room is a handicapped room.

Both resident housing units have adjoining restrooms in each room each with one toilet, one sink and one shower. The shower has a shower curtain and each restroom has a solid door for privacy. There is one pay telephone in each room with *Resident Reporting Options* posters on the wall near the telephone.

When entering the housing units, there is a large day room with tables, a microwave oven, TV and exercise equipment. A glassed enclosed bulletin board in each day room was found to have PREA information. There is an opened window security office in each unit that overlooks the day room. The entry doors to the unit have reminders to staff to make opposite gender announcements. The majority of the rooms have domed mirrors for increased visibility when security staff are conducting rounds. Resident room doors have cut out windows on the door.

Security Monitors conduct counts every two hours and on the hours there is not a count, they conduct rounds. The counts and rounds are documented electronically in Geotrack. Unannounced PREA Rounds are conducted by Shift Supervisors, once per shift per month in all areas of the facility.

The facility has 73 cameras. A centralized DVD system is in the Main IT room and a smaller IT room has a DVD for one camera located in the Case Managers' office. DVD's retain data for up to 30 days. Security Monitors assigned Main Control view live camera footage. The Facility Director also has the ability to view cameras in her office. Security Monitors also control alarmed doors.

The established staffing plan for the Philadelphia Residential Reentry Center totals 29.50. The facility currently has 22.50 employees. Seven vacancies include one Assistant Facility Director – Operations, one Security Monitor II and five Security Monitors I. The facility does not utilize the services of contractors or volunteers at this time.

## Summary of Audit Findings

### **Standards Exceeded**

**Number of Standards Exceeded:** 5

**List of Standards Exceeded:** The following standards were determined to exceed the requirements of the standard: 115.211; 115.217; 115.231; 115.233 and 115.288.

### **Standards Met**

**Number of Standards Met:** 36

### **Standards Not Met**

**Number of Standards Not Met:** 0

**List of Standards Not Met:** There were no standards found that did not meet the requirements of the standard.

## 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*)

**115.211 (a):** GEO policy 5.1.2-A and the Philadelphia Residential Reentry Center policy 2019-6, are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's/facility's approach to preventing, detecting and responding to such conduct. Facility policy 2019-1, *PREA Staffing and Facility Policy*, and GEO policy 5.1.2-A include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The agency policy, as well as the facility policy, were found to be comprehensive and address all provisions of the PREA standards, exceeding in the requirements of this standard.

**115.211 (b):** The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts that position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO policy 5.1.2-A, page 6, section III-B-1 and facility policy 2019-1, pages 2 & 3, section III-A-1 outline the responsibilities of the agency's PREA Coordinator. The agency also employs a Director, Quality Assurance, Reentry Services who provides oversight to the agency's reentry facilities.

**115.211 (c):** GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the Assistant Facility Director - Programs/PREA Compliance Manager's position within the facility. Pages 6 & 7, section III-B-2 of policy 5.1.2-A, and page 3, section III-A-2 of facility policy 2019-1 outline the responsibilities of the PREA Compliance Manager. The PREA Compliance Manager reports to the Facility Director and the agency's PREA Coordinator.

In interview with the PREA Coordinator at an earlier date and the PREA Compliance Manager during the onsite audit, both stated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required.

## **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*)

GEO is a private provider and does not contract for the confinement of their residents; therefore, this standard is not applicable to this facility.

## 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*)

**115.213 (a):** Based on GEO policy 5.1.2-A, pages 7, section C-1 and facility policy 2019-1 pages 3 & 4, section B-1-a-e, the facility has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the inmate population and the prevalence of substantiated incidents of sexual abuse, and any other relevant factors in the development of the facility's staffing plan. In the past 12 months, the average daily population of the facility was 40. The staffing plan was developed based on an average daily population of 70 residents and includes 29.50 allocated positions. In interview with the Facility Director and the PREA Compliance Manager, they both confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this provision. The staffing plan was provided for review.

**115.213 (b):** According to information provided on the Pre-Audit Questionnaire and on interview with the PREA Compliance Manager and the Facility Director, in the past 12 months there were no deviations to the staffing plan. Documentation provided showed when vacancies occur, staff overtime is approved. In interview with the Facility Director, she reported she ensures compliance to the staffing plan by reviewing the staffing schedule. Staffing information is shared with BOP during monitoring visits,

**115.213 (c):** Whenever necessary and no less than annually, the staffing plan is reviewed and documented on the *Annual PREA Facility Assessment*. This completed form is submitted to the Corporate PREA Coordinator and the Vice President, Residential Reentry Centers for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. Based on the *Annual PREA Facility Assessment* conducted on 9/9/20, it was noted there were no deviations to the staffing plan and no recommendations for changes to the established staffing plan. It was noted there were vacancies in security positions that are filled by management staff who provide coverage when needed. In interview with the PREA Coordinator, *Annual PREA Facility Assessments* forwarded to him for his review and approval for each of the agency's facilities. He consults with the appropriate divisional leadership to assess requests for additional staffing and recommendations of equipment and cameras.

**115.213 (d):** According to facility policy 2019-1, pages 3 & 4, section B-1-f & g, the Philadelphia Residential Reentry Center has a policy and practice requiring facility management staff and mid-level supervisors to conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. These rounds are required at a minimum of once a month for each shift and documented on the *PREA Unannounced Supervisor Rounds* form. Employees are prohibited from alerting other employees that supervisor rounds are being conducted, unless such announcement is related to the legitimate operational functions of the facility. In interview with management staff and mid-level supervisors and in review of *PREA Unannounced Supervisor Rounds* for the months of July and August, the practice of unannounced rounds is in place and being followed. There are three unannounced PREA rounds conducted each month by Shift Supervisors.

## 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*)

**115.215 (a):** Based on review of GEO policy 5.1.2-A, pages 17 & 18, sections I and J, and facility policy 2019-4, pages 3 & 4, section D, the agency and facility have policies in place regarding resident searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no cross-gender strip or visual body cavity searches conducted.

**115.215 (b):** According to agency and facility policies, the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Females are not restricted access to available programming or other outside opportunities in order to comply with this provision. In interview with the female residents and security staff, they reported there was always a female staff member on duty to conduct female pat-down searches.

**115.215 (c):** The facility does not conduct strip searches or visual body cavity searches. Any cross-gender pat-down searches of female residents would require to be documented.

**115.215 (d):** The agency and facility has policies and practices that allow residents to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Opposite gender staff are required to announce their presence when entering housing units. Signs on the entry doors of the housing units remind opposite gender staff to announce their presence when entering. In the event an opposite-gender staff observes a resident for any reason, the staff member is responsible for making an immediate report of the incident and submit the report to the Facility Director. In interview with residents, they feel they have privacy to shower, toilet and change clothing when opposite gender staff are in their housing unit. Residents interviewed reported opposite gender staff always announce themselves when they get to the unit and knock and announce themselves at their doors.

**115.215 (e):** GEO policy 5.1.2-A, pages 17 & 18, section J and facility policy 2019-4, pages 3 & 4, sections D-4-10, address searches of transgender and intersex offenders. Facilities shall not search or physically examine a transgender or intersex resident solely to determine their

genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. At the time of the onsite visit there was one transgender female resident assigned to the facility.

**115.215 (f):** All employees of the Philadelphia Residential Reentry Center receive training on how to conduct cross-gender pat searches and searches of transgender and intersex residents in a professional and respectful manner during pre-service and in-service PREA training. The training curriculum was provided for review. Staff sign a *PREA Basic Acknowledgement* form acknowledging receiving and understanding the general PREA training and the training on cross gender pat searches and searches of transgender and intersex residents that is included in the general PREA training curriculum. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually.

## **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*)

**115.216 (a):** Based on GEO policy 5.1.2-A, pages 11 & 12, section E and facility policy 2019-2, page 1, section II, the agency and the facility ensure that residents with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The staff training curriculum addresses residents with disabilities. In interview with the Vice-President, Continuum of Care and Reentry Services (agency head designee), he stated PREA education is offered in various formats. Posters, PREA videos and all PREA education material is available in both English and Spanish. The *PREA Education Manual for Residents*, is available in English and Spanish and in large print for residents with low vision. He also stated that facilities have contracts with Language Line Services that provide translation and staff interpreters are used for translation. There is a TDD for use of deaf residents. At the time of the onsite audit there were no residents housed at the facility who were blind, with low vision, deaf, hard of hearing, with cognitive or physical deficits or with low reading skills.

**115.216 (b):** The facility takes steps to ensure that residents who are limited English proficient have access to PREA information they can understand. All written and posted information is provided in both English and Spanish. Residents receive a *PREA Education Manual for Residents*, available in English and Spanish and in large print for residents with low vision. Designated staff are identified as being bilingual (English/Spanish) and are called upon to interpret for Spanish-speaking residents. A contract with Language Line Solutions provides interpretation of any other language. At the time of the audit, there were five residents who were limited English proficient (Spanish).

**115.216 (c):** Agency and facility policies prohibit residents to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety. The use of residents under these circumstances must be justified and documented in a written investigative report. In information provided by the facility, in the past 12 months residents have not been used for this purpose. Staff interviewed knew residents were not to be used for this purpose.

## 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*)

**115.217 (a):** GEO policy 5.1.2-A, page 8 section C-2 and facility policy 2019-1, page 4, section 2, interview with the Office Support Specialist, and review of all employee files were used to verify compliance to this standard. Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement

settings or in the community. The facility does not utilize the services of contractors or volunteers.

**115.217 (b):** GEO and the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

**115.217 (c):** The agency requires all applicants who may have contact with residents have criminal background checks. BOP conducts NCIC/NLETS criminal background checks for all potential employees and another criminal background check is conducted through a contract with CareerBuilders. For those considered for promotions or who transfer from another facility, an internal background check through GEO, is requested on the *Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer* form (HR-104), and a CareerBuilders background check is conducted. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers is requested through CareerBuilders. At the beginning of the contract with BOP in April 2019, criminal background checks were conducted by BOP and by CareerBuilders on all employees.

**115.217 (d):** The BOP performs criminal background checks before enlisting the services of any contractor or volunteer. The Philadelphia Residential Reentry Center does not have volunteers or contractors at this time.

**115.217 (e):** Criminal background checks will be conducted through CareerBuilders every five years.

**115.217 (f):** The agency asks all applicants and employees who have contact with residents directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* (PREA-102). Annually at the time of performance evaluations, employees sign a *PREA Disclosure and Authorization – Annual Performance Evaluations* (PREA-101).

**115.217 (g):** GEO and the facility policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

**115.217 (h):** Unless prohibited by law, GEO's Reentry Services Human Resource Department will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.

In review of all employee human resource files, files were found to be complete with documentation showing adherence to standard and agency policy requirements. The facility was found to exceed in the requirements of this standard. Records reviewed were well organized and complete with all required documentation.

## 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*)

**115.18 (a) & (b):** GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2019-1, page 4, section 4, state that the facility will consider the effect of new or upgraded design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect residents from sexual abuse.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months cameras that were not in use were removed and three new cameras were added, one in the Case Managers hallway, one in Main Control and one in the lobby area. Modifications were made in the handicapped areas in the male and female housing units.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee) at an earlier date he explained that the corporate PREA team works

closely with the corporate project development team. If design issues are detected during an internal or external site visit, a team approach is used to address and correct the issue.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

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

#### 115.221 (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*)

**115.221 (a):** GEO policy 5.1.2-E, pages 7 & 8, sections D and facility policy 2019-6, pages 6 & 7, section B-c & d outline the agency/facility's requirements as it applies to this standard. The policy addresses the requirements of the facility in response to reports of sexual abuse allegations. The agency/facility is responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes. The facility does not have facility investigators. When necessary an agency trained investigator will be assigned to conduct an administrative investigation.

**115.221 (b):** The agency and the facility follows a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

**115.221 (c):** Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. The facility has an MOU with the Philadelphia Sexual Assault Response Center (PSARC) where resident victims of sexual abuse are referred for SANE exams. In information reported on the Pre-Audit Questionnaire, in the past 12 months there were no residents referred for a forensic exam.

**115.221 (d):** An MOU with the Women Organized Against Rape (WOAR) provides victim advocacy services to victims of sexual abuse. Residents are made aware of the confidential emotional support services available to them and how to access them on in of the *PREA Education Manual for Residents* and on *Resident Reporting Options* posters displayed throughout the facility in both English and Spanish.

**115.221 (e):** The terms of the MOU with the WOAR provides advocates to accompany and support the victim through the forensic medical exam process and the investigatory process, individual and group counseling.

**115.221 (f):** The BOP conducts investigations of all allegations of sexual abuse. The BOP ensures all forensic evidence is collected and preserved and follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence.

## **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*)

**115.222 (a):** GEO policy 5.1.2-A, page 5, section III-A-2, GEO policy 5.1.2-E, page 4, section III-A-1 and facility policy 2019-6, pages 15 & 16, section 11, address the agency's policy and procedures for investigating and documenting incidents of sexual abuse and sexual harassment. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). In the past 12 months there were three allegations of staff-on-inmate sexual harassment reported that was administratively investigated. All allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR).

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he stated that based on client contract requirements, an investigation by either client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator.

**115.222 (b):** GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. The BOP RRM conducts all criminal investigations.

All allegations are documented and tracked on the *Monthly PREA Tracking Log*. Interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <https://www.geogroup.com/prea>.

**115.222 (c):** Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.

## 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)

**115.231 (a):** GEO employees receive training on GEO's zero-tolerance policy (5.1.2-A) for sexual abuse and sexual harassment at pre-service and annually. The agency's requirement of this training is found on pages 13 & 14, section F-1 of policy 5.1.2-A. The *PREA 2019 Pre-Service* and the *PREA 2019 In-Service* training curriculums were reviewed and found to address all elements of this provision of this standard as required. The PREA Compliance Manager provides classroom PREA training to new hires as part of the Pre-Service training requirements. Every six months the Facility Director provides refresher PREA training and annual PREA training is provided by the PREA Compliance Manager.

**115.231 (b):** The Philadelphia Residential Reentry Center houses adult males and females. The training provided is tailored to meet the needs of both genders.

**115.231 (c):** In information provided in the Pre-Audit Questionnaire and in review of random staff training records, employees of the Philadelphia Residential Reentry Center receive PREA education as required annually. In the past 12 months there were 26 employees assigned to the facility who completed PREA training. Between trainings, the facility has monthly staff meetings where PREA is discussed.

**115.231 (d):** Upon completion of PREA pre-service and annual in-service training, staff sign a *GEO PREA Basic Acknowledgement* form acknowledging receipt and understanding of the training received. Documentation of annual PREA training for employees is maintained and recorded electronically on individual training records in LMS.

Review of all employee training records confirmed training is being completed and documentation of this training being maintained by the facility. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment. Due to the number of PREA training conducted annually, the well-maintained training records and the knowledge of staff interviewed, the facility was found to exceed in the requirements of 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*)

The Philadelphia Residential Reentry Center does not utilize the services of contractors or volunteers at this time; therefore, this standard is not applicable to this facility.

## 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*)

**115.233 (a):** Based on GEO policy 5.1.2-A, pages 12 & 13, section E-2 and facility policy 2019-2, pages 3-5, *PREA Education & Orientation* section, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for

reporting such incidents and are informed of the agency policy and procedures for responding to such incidents.

In interview with the PREA Compliance Manager and Security Monitors who provide written PREA information on the day of arrival to the facility, residents receive a *PREA Education Manual for Residents*. On information reported on the Pre-Audit Questionnaire, there were 161 residents admitted to the Philadelphia Residential Reentry Center in the past 12 months and all residents received PREA education upon intake to the facility. In interview with Security Monitors, they confirmed providing written PREA information upon intake to the facility.

In interview of residents, they confirmed receiving written PREA information on day of arrival to the facility. Case Managers provide comprehensive PREA education during the orientation process. Orientation is held on Mondays, Wednesdays and Fridays and the *PREA: What You Need to Know* video shown with narrative of facility specific information provided by the Case Managers. When interviewed, residents confirmed viewing the PREA video after being at the facility after a few days.

**115.233 (b):** Refresher training is provided to residents who transfer to the facility from a different community confinement facility. In the past 12 months, there were no residents who transferred from another community confinement facility.

**115.233 (c):** All PREA education provided to residents is in formats accessible to all residents, including those who are limited English proficient, deaf, hard of hearing, blind, with low vision, otherwise disabled or have limited reading skills. The *PREA Education Manual for Residents* is provided in both English and Spanish and in large print for residents with low vision. Qualified staff interpreters provide translation of Spanish. A contract with the Language Line Solutions provides translation of any languages. The facility has a TTY for deaf or hard of hearing residents

**115.233 (d):** The facility maintains documentation of residents' participation in PREA education sessions. Residents sign an *Acknowledgement of Receipt of PREA Education Manual* and another acknowledgment form acknowledging training in the zero-tolerance policy, the right to report, and access to free medical and mental health care and viewing the *PREA: What You Need to Know* video. In review of random resident files, the facility is maintaining documentation of PREA education.

**115.233 (e):** In addition to PREA education provided to residents, there is PREA information readily available to residents. PREA information is posted in English and Spanish throughout the facility. The facility also holds House Meetings where PREA is reviewed.

Residents interviewed were knowledgeable of the zero-tolerance policy and knew how to report incidents of sexual abuse and sexual harassment. The facility was found to exceed in the requirements of this standard. Resident records were in excellent order and residents interviewed confirmed receiving written PREA information upon intake and viewing the PREA video.

## 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*)

**115.234 (a):** Based on GEO policy 5.1.2-A, page 14, section F-3, in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. At this time, the Philadelphia Residential Reentry Center does not have trained facility investigators. In the event of a report of an allegation of sexual abuse or sexual harassment, GEO's corporate office would assign a trained agency investigator to conduct an administrative investigation of the allegation.

**115.234 (b):** Agency trained investigators complete *Specialized Training: Investigating Sexual Abuse in Correctional Settings*, facilitated by GEO's PREA Coordinator.

**115.234 (c):** The agency maintains documentation that investigators have completed specialized training on conducting sexual abuse investigations in confinement settings. All agency investigators complete specialized investigative training, as well as general training provided to all employees.

## 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*)

The facility does not employ medical or mental health staff; therefore, this standard is not applicable to this facility. Medical and mental health services are provided by referral off-site.

## 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*)

**115.241 (a):** According to GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 2019-3, pages 2 & 3, section B, all residents are assessed for their risk of being sexually abused or sexually abusive towards others upon arrival to the facility. On information provided on the Pre-Audit Questionnaire, in the past 12 months, 161 residents assigned to the Philadelphia Residential Reentry Center were assessed for their risk of victimization or abusiveness upon arrival. Security Monitors conduct risk screening in the Intake Room upon a resident's arrival to the facility. Inmates interviewed confirmed being screened on their day of arrival to the facility.

**115.241 (b):** Intake screening takes place within 24 hours of residents' arrival to the facility. The facility exceeds in this provision of the standard requirement of intake screening within 72 hours of arrival to the facility. In review of random resident files, intake screening is conducted on the day of arrival to the facility.

**115.241 (c):** Intake risk assessment are conducted by Security Monitors using the *Reentry Facilities PREA Risk Assessment*, an objective screening tool.

**115.241 (d):** The *Reentry Facilities PREA Risk Assessment* was reviewed and found to contain all requirements of this provision of this standard and allowed the screener to document his/her perception of gender non-conformity.

**115.241 (e):** The screening includes the screener's thorough review of any available records available to assist with determining the resident's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

**115.241 (f):** Within a set time period, not to exceed 30 days of residents' arrival to the facility, residents are reassessed by their assigned Case Manager for their risk for victimization and abusiveness using the *PREA Vulnerability Questionnaire*. In review of random resident files, this process is in place.

**115.241 (g):** A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

**115.241 (h):** Residents are not be disciplined for refusing to answer any questions or for not disclosing complete information.

**115.241 (i):** The Facility Director, PREA Compliance Manager, Security Monitors and Case Managers are allowed access to screening information. In interview with the PREA Coordinator, he stated only those that need to know to make housing, work assignments and programming/education decisions should have access to residents' risk assessments.

In interview with Security Monitors, Case Managers and the PREA Compliance Manager and in review of random resident files, the screening process is in place.

## 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*)

**115.242 (a):** The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. GEO policy 5.1.2-A, pages 10 & 11, section D-3-a-c and facility policy 2019-, page 3, section 2, explains the use of the PREA screening information. On interview with the PREA Compliance Manager, Case Managers and Security Monitors responsible for screening residents, they explained how the facility utilizes screening information for this purpose.

**115.242 (b):** Individualized determinations are made about how to ensure the safety of each residents. Residents who score at risk of victimization or abusiveness are referred off site for further evaluation. Residents have an option of refusing these services. Those identified to be at risk of being victimized or abusive are tracked on an *At Risk Log* maintained and kept current by the PREA Compliance Manager. Following an allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the *At Risk Log* pending the outcome of the investigation. If the investigation determines the allegation to be unfounded, the victim may be removed from the *At Risk Log*.

**115.242 (c):** Guidelines for housing and program assignments and for the management of transgender and intersex residents are outlined in GEO policy 5.1.2-A, pages 10 & 11, section D-3-c-g and in facility policy 2019-3, page 3, section 2-c-f. In making housing and programming assignments for transgender or intersex residents, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Residents who self-disclose being lesbian, gay, bisexual, transgender or intersex are tracked on a *LGBTI Log*. At the time of the onsite visit, there were no residents who self-disclosed being lesbian, gay, bisexual, or intersex. There was one female resident who self-disclosed being transgender. In interview with the PREA Coordinator, he explained the agency's guidelines for housing and program assignments for the management of transgender and intersex residents.

**115.242 (d):** A transgender or intersex resident's housing and program assignments will be reassessed every six months using the *PREA Vulnerability Reassessment Questionnaire* to review any threats to safety experienced by the resident.

**115.242 (e):** A transgender or intersex resident are offered the opportunity to shower separately from other residents. When interviewed the transgender resident stated since there is a door on the restroom, she has privacy when showering.

**115.242 (f):** GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. The transgender resident stated she does not feel she was housed any differently because of her sexual identity.

## 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*)

**115.251 (a):** As stated in GEO policy 5.1.2-A, page 19, section L-1, and facility policy 2019-6, page 6, section III-A, the facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed in the *PREA Education Manual for Residents* they can report to any staff member or to the PREA Compliance Manager. This information is also on the *Resident Reporting Options* posters posted in each resident room and on bulletin boards in the housing units.

**115.251 (b):** The facility also provides multiple external ways for residents to report allegations to a public or private agency that is not part of GEO. Residents are informed in the *PREA Education Manual for Residents* and on *Resident Reporting Options* posters they can contact the BOP Residential Reentry Management Office in writing or by telephone.

**115.251 (c):** Staff shall accept reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. Staff interviewed were aware of this requirement. All allegations of sexual abuse are to be handled in a confidential manner.

**115.251 (d):** Information on staff reporting is found on pages 6 & 7, section B-2 of facility policy 2019-6. Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for resident and staff reporting is found on the GEO website (<https://www.geogroup.com/prea>). *Third Party Reporting* posters inform employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the Employee Hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of residents.

Staff and residents interviewed were aware of the reporting options available to them.

#### 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*)

**115.252 (a):** In review of GEO policy 5.1.2-A, pages 19 & 20, section L-2, and facility policy 2019-5, there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to residents on page 8 of the *PREA Education Manual for Residents*.

**115.252 (b):** There is no time limit when a resident can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by an inmate on the ground that the applicable statute of limitations has expired.

The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no PREA-related grievances filed. Residents interviewed were aware they could file a grievance regarding sexual abuse and sexual harassment.

**115.252 (c):** Based on agency and facility policies, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Residents may submit grievances to the Facility Director, the PREA Compliance Manager or to GEO's PREA Coordinator. If a third party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.

**115.252 (d):** 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 the facility in preparing any administrative appeal.

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. 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 the response to be a denial at the first level.

**115.252 (e):** Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. 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. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

**115.252 (f):** Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Information on the procedure for residents to file emergency grievances is found on page 20, section L-2-b, c & d of GEO policy 5.1.2-A, and on pages 5 of facility policy 2019-5, section F. After receiving an emergency grievance of this nature, the Facility Director or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

**115.252 (g):** A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith.

## **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*)

**115.253 (a):** GEO policy 5.1.2-A, pages 25 & 26, section M-8 and facility policy 2019-6, pages 11 & 12, section 8, addresses the agency/facility's policies on providing residents with access to outside victim advocates for emotional support services related to sexual abuse.

**115.253 (b):** Residents are informed of the telephone numbers for the Women Organized Against Rape (WOAR) in the *PREA Manual for Residents* and on *Resident Reporting Options* posters. The Philadelphia Residential Reentry Center enables reasonable communication between the residents and these agencies in a confidential manner.

**115.253 (c):** The facility has an MOU with WOAR, which provides confidential crisis intervention services to victims of sexual abuse. Residents interviewed knew how to access information on emotional support services available to them if they became a victim of sexual abuse.

## 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*)

**115.254 (a):** Based on GEO policy 5.1.2-A, page 20, section L-3, the agency has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Residents are informed of third party reporting on PREA posters displayed in both English and Spanish in numerous locations throughout the facility.

The method for third party reporting procedures is made available on the GEO website at <http://www.geogroup.com/prea>. Third-party reports can be made in person, in writing, anonymously or by contacting the agency’s PREA Coordinator. *Third Party Reporting* posters are posted in areas visible to visitors and staff.

In interview with the PREA Compliance Manager, during the past 12 months, there were no third party reports of sexual abuse or sexual harassment of a resident.

**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*)

**115.261 (a):** The agency's requirement on staff reporting duties can be found on pages 20 & 21, section L-4 of GEO policy 5.1.2-A and pages 6 & 7, section III-B of facility policy 2019-6. Reporting duties for volunteers is found on page 15, section G-2 of GEO policy 5.1.2-A and contractor reporting duties on page 16, section H-2 of GEO policy 5.1.2-A. At this time, the facility does not utilize the services of contractors or volunteers.

All staff must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In interview with random staff, they knew their reporting duties.

**115.261 (b):** Apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff interviewed knew this information is to be kept confidential and knew whom to report allegations to.

**115.261 (c):** The facility does not employ medical or mental staff; therefore, this provision of the standard is not applicable to this facility.

**115.261 (d):** The Philadelphia Residential Reentry Center houses adult male and female adults only and does not house residents under the age of 18. No residents, according to their classified level of care, are considered vulnerable adults under the State Vulnerable Persons Statute; therefore, this provision of this standard is not applicable to this facility. In interview with the Facility Director, she confirmed this information.

**115.261 (e):** In interview with the Facility Director, Philadelphia Residential Reentry Center reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, require notification to the Reentry Services Divisional PREA Coordinator and the BOP Residential Reentry Manager.

## 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*)

**115.262 (a):** When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim according to GEO policy 5.1.2-A, page 21, section M-1 and facility policy 2019-6, page 7, paragraph C-1. All

allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim are sensitive, supportive and non-judgmental.

In interview with the Vice President Continuum of Care and Reentry Services (agency head designee), he stated the agency takes immediate action to protect the victim from further harm and refer him or her for necessary offsite services.

In interview with the Facility Director and information provided on the Pre-Audit Questionnaire, during the past 12 months there no times it was necessary for the facility to take immediate action in regards to a resident being in substantial risk of sexual abuse. The Facility Director stated she would notify the client and separate the alleged victim and alleged abuser. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse.

## 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*)

**115.263 (a):** GEO policy 5.1.2-A, pages 24 & 25, section M-5 and facility policy 2019-6, pages 10 & 11, section 6, were used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director will notify the head of the facility where the sexual abuse was alleged to have occurred. In interview with the Facility Director, she knew his responsibilities of providing notification and knew her responsibilities if she received notification from another facility.

**115.263 (b):** This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

**115.263 (c):** The facility will document that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Compliance Manager and the PREA Coordinator.

**115.263 (d):** The facility will ensure that the allegation is investigated in accordance with the PREA standards.

In information reported on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months the facility one resident who alleged sexual abuse while confined to another facility. Documentation provided for review showed the allegation was made on 1/7/20 and the PREA Compliance Manager notified the other facility of the allegation on 1/8/20. The resident requested mental health services and a referral was made to an offsite provider and approved by BOP.

In the past 12 months, there were no notifications received from other facilities of a residents formerly assigned to the Philadelphia Residential Reentry Center alleging sexual abuse while assigned to this facility. When interviewed the Facility Director stated if this were to occur, she would notify the client and initiated an investigation into the allegation.

In interview with the Vice President Continuum of Care (agency head designee), he reported when facilities receive referred allegations that abuse occurred in one of the agency facilities, the allegation is referred to designated internal or external investigators for investigations. The PREA Coordinator is also informed of all allegations of this type via e-mail.

## 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*)

**115.264 (a):** GEO policy 5.1.2-A, pages 21 & 22, section M-2 and facility policy 2019-6, pages 7 & 8, section C-2, outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member.

Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone.

**115.264 (b):** If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence, stay with the alleged victim and notify security staff.

All staff carry with them a First Responder Card reminding them of the steps to take if they are first responders to an allegation of sexual abuse and are trained on first responder duties.

On information provided on the Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, in the past 12 months there were no allegations of sexual abuse reported.

Interviews with security and non-security staff revealed they knew the policy and procedures to follow if they were the first responder to an allegation of sexual abuse.

## 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*)

**115.265 (a):** GEO policy 5.1.2-A, page 6, section A-4, and review of the Philadelphia Residential Reentry Center *PREA Coordinated Response Plan* were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse and sexual harassment.

The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA Incident Checklist for Incidents of Sexual Abuse and Harassment* is completed to ensure that all steps of the plan are carried out and proper notifications are made. This checklist is filed with the completed investigative packet.

The Facility Director and the PREA Compliance Manager are responsible to ensure compliance to the plan. In interview with the Facility Director, she stated a copy of the plan is kept in the security area and in the Case Managers' office. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

## 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*)

**115.266 (a):** GEO policy 5.1.2-A, pages 5 & 6, section III-A-3, GEO policy 5.1.2-E, pages 4 & 5, section III-A-2 and facility policy 2019-6, page 5, 2<sup>nd</sup> paragraph, were used to verify compliance to this standard. GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. On information provided for review, the Philadelphia Residential Reentry Center does not have a collective bargaining agreement.

**115.266 (b):** In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), stated six reentry facilities have collective bargaining agreements and none of the language in the collective bargaining agreements precludes investigations and disciplinary action against staff, up to and including termination for substantiated allegations of sexual abuse and sexual harassment.

## 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*)

**115.267 (a):** GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined in policy 5.1.2-A, pages 26 & 27, section N-2 and in facility policy 2019-6, pages 12 & 13, section C-9-2.

**115.267 (b):** The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or offender abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In interview with the Vice President Continuum of Care and Reentry Services (agency head designee), he reported management staff consider best options for the victim when a PREA incident is reported. Things

like housing changes or transfers from the facility, removal of alleged abusers whether staff or resident and emotional support services are considered on a case-by-case basis.

**115.267 (c):** Residents who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Office Support Specialist will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of residents and staff is documented on the *Protection from Retaliation Log – Reentry* form.

**115.267 (d):** Monitoring of residents also includes periodic status checks.

**115.267 (e):** If any resident or staff who cooperates with an investigation expresses fear of retaliation, the agency will respond appropriately to protect that individual from retaliation.

**115.267 (f):** Retaliation monitoring will terminate if it is determined that the allegation was unfounded.

In interview with the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred.

## 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*)

**115.271 (a):** An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at Philadelphia Residential Reentry Center, promptly, thoroughly and objectively, including third party and anonymous reports. The agency's policy on administrative and criminal investigations as outlined in GEO policy 5.1.2-E, pages 5 & 6, section III-B-1.

**115.271 (b):** The facility does not have trained facility investigators. GEO's corporate office assign trained investigators to conduct administrative investigations at the Philadelphia Residential Reentry Center. Agency trained investigators complete specialized training in the investigation of sexual abuse and sexual harassment allegations. All allegations of sexual abuse and sexual harassment are referred to the BOP RRM. The BOP RRM may choose to investigate the allegation or turn in over to the Philadelphia Police Department for investigation for criminal investigation.

**115.271 (c):** It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

**115.271 (d):** When the quality of evidence supports criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors.

**115.271 (e):** The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff. An offender who alleges sexual abuse is not required to submit to a polygraph examination.

**115.271 (f):** The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

**115.271 (g):** A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

**115.271 (h):** Substantiated allegations of conduct that appears to be criminal shall be referred for criminal prosecution. On information reported on the Pre-Audit Questionnaire, in the past 12 months, there were no allegations of sexual abuse reported. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for investigation.

**115.271 (i):** The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**115.271 (j):** The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation.

**115.271 (k):** Any state entity or Department of Justice component that conduct investigations shall do so pursuant to the above requirements.

**115.271 (l):** When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, he reported that facilities are required to check in with outside law enforcement at least once a month in order to track the status of the investigation.

## **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*)

**115.272 (a):** Based on GEO policy 5.1.2,-E, page 6, section B-2-d the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

## 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*)

**115.273 (a):** GEO policy 5.1.2-E, pages 11 & 12, section III-K was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager, is responsible for preparing the *Notification of Outcome of Allegation* form and

presents the notification to the alleged victim for his/her signature. The resident receives a copy of the form and a copy is forwarded to the agency's PREA Coordinator.

**115.273 (b):** If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident.

**115.273 (c):** Following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation. The resident is to be informed if the staff member is no longer posted within the resident's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.

**115.273 (d):** Following a resident's allegation that he has been sexually abused by another resident, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

**115.273 (e):** All *Notification of Outcome of Allegation* or attempted notifications are documented and filed in the corresponding investigative file. In review of investigative files, in all three cases the *Notification of Outcome of Allegation* form was prepared, but not delivered because the alleged victims were released prior to the conclusion of the investigation.

**115.273 (f):** An agency's obligation to report under this standard shall terminate if the resident is released from GEO custody.

## 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*)

**115.276 (a):** Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, page 12, section L-1.

**115.276 (b):** Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

**115.276 (c):** Disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

**115.276 (d):** All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. The *GEO 2013 Employee Handbook*, provided to all staff, pages 16 & 17, explain the agency's zero-tolerance policy for employees and the sanctions imposed for violations of the policy.

In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no staff members disciplined for violating the agency sexual abuse or sexual harassment policy.

## 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*)

**115.277 (a):** GEO policy 5.1.2-E, page 13, section L-3, addresses corrective action for contractors and volunteers who violate the agency's zero-tolerance policy. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and will be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.

**115.277 (b):** The facility will take appropriate remedial measures and consider whether to prohibit further contact with residents if a contractor or volunteer violates the agency sexual abuse or sexual harassment policies.

The Philadelphia Residential Reentry Center does not utilize the services of contractors or volunteers at this time.

## 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*)

**115.278 (a):** According to GEO policy 5.1.2-E, pages 12 & 13, section L-2, if a resident is found guilty of engaging in sexual abuse involving another resident, either through administrative or criminal investigations, the resident will be subject to formal disciplinary sanctions. The *GEO Reentry Services Resident Handbook* outlines violations a resident will be disciplined for and the sanctions to be imposed for violations.

**115.278 (b):** Sanctions will 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.

**115.278 (c):** Based on GEO policy 5.1.2-E, page 12, section 2-c, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

**115.278 (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.

**115.278 (e):** Disciplining a resident for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

**115.278 (f):** A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**115.278 (g):** The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between resident is sexual abuse unless it is determined that the activity was coerced.

In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no disciplinary sanctions imposed for residents violating the sexual abuse policies.

## 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*)

**115.282 (a):** Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 25, section 7 and facility policy 2019-6, pages 11, section 7.

**115.282 (b):** The facility does not employ medical and mental health staff. All staff first responders are trained to take preliminary steps to protect the victim. In interview with security and non-security staff, they knew their responsibilities if they were a first responder to an incident of sexual abuse. Victims of sexual abuse are transported to PSCAR where SANE

nurses are available to perform SANE exams. A Service Agreement with Temple University Hospital provides for emergency medical and mental health services. A *Resident Referral Verification Form* is used for referrals for offsite mental health services. Any refusal of services shall be documented.

**115.282 (c):** Resident victims are offered prophylaxis for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Female victims are offered contraception prophylaxis.

**115.282 (d):** All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In information reported from the facility, in the past 12 months there were no residents who required emergency medical or mental health services due to being victimized by sexual abuse.

## 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*)

**115.283 (a):** The facility offers ongoing medical and mental health care to all residents who have been victimized by sexual abuse.

**115.283 (b):** According to GEO policy 5.1.2-A, pages 26, section N-1 and facility policy 2019-6, pages 12, section 9-1, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.

**115.283 (c):** The facility provides victims with outside community providers for medical and mental health care. Medical services are provided by a Service Agreement with Temple University Hospital. Referrals for ongoing mental health services are made to the Counseling and Psychotherapy Centers, after approval from BOP.

**115.283 (d):** Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

**115.283 (e):** If pregnancy results, victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

**115.283 (f):** Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.

**115.283 (g):** All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**115.283 (h):** The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Referrals are made to the Temple University Hospital. All refusal of services will be documented.

On information provided by the PREA Compliance Manager, in the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

## 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*)

**115.286 (a):** GEO policy 5.1.2-A, page 28, section N-3 and facility policy 2019-6, page 13, section 3, state the facility is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

**115.286 (b):** The review is conducted within 30 days of the conclusion of the investigation.

**115.286 (c):** The review team consists of the Facility Director, the Assistant Facility Director of Operations and the PREA Compliance Manager and the PREA Coordinator may attend via telephone or in person.

**115.286 (d):** The review team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a *PREA After Action Review Report* (attachment J to policy 5.1.2-A) with any recommendations for improvement, and forwarded to the PREA Coordinator no later than 10 working days after the review. The PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file.

**115.286 (e):** The facility will implement the recommendations for improvement, or documents the reasons for not doing so.

In review of investigative files, *PREA After Action Review Reports* were completed on all three allegations of staff-on-resident sexual harassment. The facility did not receive any allegations of sexual abuse in this review period. The PREA Compliance Manager was told these reviews are required after sexual abuse investigations.

## 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*)

**115.287 (a):** Information on data collection is found on page 28, section O-1 of GEO policy 5.1.2-A and page 14, section 10-1 of facility policy 2019-6. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control.

The incident-based data collected shall include, at 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.

**115.287 (b):** The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log* (attachment K of policy 5.1.2-A). In addition to submitting the *Monthly PREA Incident Tracking Log*, the PREA Compliance Manager is to 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. At least annually, the PREA Coordinator aggregates this data.

**115.287 (c):** The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).

**115.287 (d):** The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

**115.287 (e):** This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its offenders.

**115.287 (f):** Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. According to information provided on the Pre-Audit Questionnaire, the DOJ requested this information from the previous calendar year.

## 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*)

**115.288 (a):** Based on GEO policy 5.1.2-A, pages 28 & 29, section O-2, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. In interview with the PREA Coordinator, he confirmed GEO publishes a PREA report annually on their website. In interview with the Vice President Continuum of Care Reentry Services (agency head designee), he explained how the sexual abuse data is used and that the corporate PREA team reviews the data to determine what improvements are needed to enhance their program.

**115.288 (b):** The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

**115.288 (c):** The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Corrections and Detention and International Operations for their signatures and approval. The report is made public on the GEO website at <https://www.geogroup.com/prea>.

**115.288 (d):** Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report. In interview, the PREA Coordinator stated when interviewed that GEO only reports numbers and incident types: personally, identifiable information is omitted for confidentiality purposes.

## 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*)

**115.89 (a):** Based on GEO policy 5.1.2-A, page 29, section O-3 and on interview with the PREA Coordinator, GEO ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A (11). In interview, the PREA Coordinator reported in 2015 GEO designed a secure PREA Portal with restricted access to retain all PREA related data.

**115.89 (b):** GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <https://www.geogroup.com/prea>.

**115.89 (c):** Before making aggregated sexual abuse data public, GEO removes all personal identifiers.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the 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*)

**115.401 (a):** Based on GEO policy 5.1.2-A, page 29, section P, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice (DOJ) audits each facility at least once. This is the initial audit of the Philadelphia Residential Reentry Center, conducted by a DOJ certified PREA Auditor.

**115.401 (b):** According to GEO's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years.

**115.401 (f):** I received and reviewed all relevant agency-wide and facility policies and procedures during the pre-onsite audit phase and during the onsite audit.

**115.401 (g):** I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

**115.401 (h):** During the audit, I was allowed access to all areas of the Philadelphia Residential Reentry Center.

**115.401 (i):** I was permitted to request and received copies of relevant documentation.

**115.401 (j):** I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

**115.401 (k):** I interviewed all staff scheduled to work during the on-site audit visit and a random sample of residents during the onsite audit.

**115.401 (l):** I reviewed camera monitors with the Facility Director.

**115.401 (m):** I was permitted to conduct private interviews with residents and staff in an area that ensured confidentiality to our conversation.

**115.401 (n):** Residents were notified six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive any correspondence from residents of the Philadelphia Residential Reentry Center.

**115.401 (o):** During the Pre-Onsite Audit Phase I contacted Women Organized Against Rape (WOAR) and confirmed and reviewed the MOU with the Executive Director. I also contacted the Philadelphia Sexual Assault Response Center (PSARC) and Temple University Hospital.

## **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*)

**115.403 (a):** In compliance with the National PREA Standards, I certify by my signature in the *Auditor's Certification* Section of this report that no conflict of interest exists with my ability to conduct this audit.

**115.403 (b):** In thorough review of GEO's policies, as well as facility policies and procedures, they were found to comply with relevant PREA standards.

**115.403 (c):** For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page 15 for a summary of audit findings for each of the PREA standards.

**115.403 (d):** This report describes the methodology, sampling sizes and basis for my conclusions as required.

**115.403 (e):** I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request.

**115.403 (f):** Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<https://www.geogroup.com/prea>) to be available to the public.

## AUDITOR CERTIFICATION

I certify that:

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

Barbara Jo Denison  
**Auditor Signature**

October 7, 2020  
**Date**