

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** December 1, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> David K. Haasenritter			
<b>Address:</b> PO Box 1265, Midlothian, VA 23113			
<b>Email:</b> davidkhaasenritter@gmail.com			
<b>Telephone number:</b> 540-903-6457			
<b>Date of facility visit:</b> February 22-24, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Robert A. Deyton Detention Facility			
<b>Facility physical address:</b> 11866 Hastings Bridge Road Lovejoy GA 30250			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 770-305-8000			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Randy Tillman			
<b>Number of staff assigned to the facility in the last 12 months:</b> 237			
<b>Designed facility capacity:</b> 768			
<b>Current population of facility:</b> 621			
<b>Facility security levels/inmate custody levels:</b> Low-Medium			
<b>Age range of the population:</b> 18-71			
<b>Name of PREA Compliance Manager:</b> Nikki Martin		<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> nmartin@geogroup.com		<b>Telephone number:</b> 770-305-8124	
<b>Agency Information</b>			
<b>Name of agency:</b> The GEO Group Inc			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> One Park Place, Suite 700, 621 Northwest 53 <sup>rd</sup> Street, Boca Raton Florida 33487			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 561-999-5827			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> George C. Zoley		<b>Title:</b> Chairman of the Board, CEO and Founder	
<b>Email address:</b> gzoley@geogroup.com		<b>Telephone number:</b> 561-893-0101	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Phebia L. Moreland		<b>Title:</b> Director Contract Compliance, PREA Coordinator	
<b>Email address:</b> pmoreland@geogroup.com		<b>Telephone number:</b> 561-999-5827	

## AUDIT FINDINGS

### NARRATIVE

The PREA audit of the Robert A. Deyton Detention Facility was conducted on February 22 – 24, 2017 by Mr. David Haasenritter. The announcement of the audit was posted on January 10, 2017. Approximately two weeks prior to the audit, the auditor received the Pre-Audit Questionnaire and additional documents through a secure thumb drive. Documents included examples from 2015, 2016, and 2017. Prior to the audit the institution provided a roster of all detainees housed at the institution; lists of detainees for specific categories to be interviewed; and a list of all staff by duty position and shifts that were used to identify detainees and staff to be interviewed (random and specific category).

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

Following the entrance meeting with staff, the auditor toured the facility on February 22, 2017; and went back to certain areas of the facility February 23- 24, 2017. While touring, random detainees and staff were informally interviewed (not counted in interview count) and questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and detainees informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. During the tour the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; tested the detainee phone system for reporting allegations and for emotional support services; and institution operations.

Following the initial tour, the auditor began the formal interviews, review of investigations, checking of cameras, and random checks of personnel, medical, and training records. Some of the review of staff and detainee records were scanned for review after the on-site audit. The auditor conducted 42 staff interviews (15 random, 27 specialized). Staff interviewed knew their responsibilities in reporting and responding to any allegations of sexual abuse, sexual harassment, and staff negligence. GEO has built a culture of zero tolerance.

A total of 31 detainees were formally interviewed: 31 random interviews and 12 specialized interviews (LGBTI (6); who disclosed sexual victimization during screening (1); who reported sexual abuse while confined (1); and limited English (4)). Majority of the detainees interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and detainee's handbooks) in a language they understand outlining the agencies zero tolerance policies towards sexual abuse; and knew the reporting procedures. The detainees were aware of PREA.

The auditor reviewed the PREA investigation tracking log for 2015, 2016, and 2017; and seven (7) investigations of sexual abuse and sexual harassment at Robert A. Deyton Detention Facility during the audit cycle (six in 2016, one in 2017). There were two detainee-detainee allegations sexual harassment substantiated. There were five staff-on-detainee allegations: three staff-on-detainee sexual harassment unfounded; two staff-on-detainee sexual abuses unfounded (one staff voyeurism and one pat search).

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked GEO and Robert A. Deyton Detention Facility staff for their hard work and commitment to the Prison Rape Elimination Act.

During the interim report writing and corrective action period, the auditor reviewed additional documents, modified forms, and conducted staff interviews.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Robert A. Deyton Detention Facility is a 164,465-square foot private detention facility located in Lovejoy Georgia. The United States Marshal Services contracts GEO to provide secure care, custody, and control of United States Marshal Services male and female pre-and post-trial detainees. Most are awaiting transfer to the Federal Bureau of Prisons. The facility capacity is 768 detainees, count on the first day of the audit was 621 detainees.

Robert A. Deyton Detention Facility is comprised of one building and a central core that includes all support functions and four housing units connected to the support services by secure corridors. Administrative functions are located on the first and second floors within the front entry of the building include: business support, human resources, detainee records retention, conference room, facility armory, mail room, information services system, training, senior administrative staff offices, investigative services, transportation services, classification and program support offices.

Housing A, C, and D consists of six pods each, which include a dayroom and 16 double bunked general population cells split on two levels. Housing B has four general population pods with 16 double bunked general population cells split on two levels, and two pods for restrictive housing (segregation) with 16 double bunked segregation. Detainees in restrictive housing is normally celled by themselves. Each housing building includes its own control room, detainee visiting area, outdoor recreation space, showers and multi-purpose room.

The mission of Robert A. Deyton Detention Facility is to provide the United States Marshal Services cost effective high-quality services; providing detainees safe and secure confinement, quality health care, balanced nutritional diets, productive activities, fair and equitable treatment.

## **SUMMARY OF AUDIT FINDINGS**

On February 22 – 24, 2017, the on-site visit was completed. Within a week of the audit being completed, the auditor provided a list of not met standards, and standards requiring additional information. During the 45-day interim report writing period, six (6) standards were identified as requiring corrective action. On July 10, 2017, the auditor found Robert A Deyton Facility compliant with all PREA standards. The final results of Robert A. Deyton Detention Facility PREA is listed below:

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

### Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO operates the Robert A. Deyton Detention Facility to house United States Marshal Service detainees. GEO has very good written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment that outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The main PREA policies are GEO Policy 5.1.2, Sexual Abuse Behavior Prevention and Intervention Program (PREA); GEO Policy 5.1.2-A, Sexual Abuse Behavior Prevention and Intervention Program (PREA for Adult Prison, Jail, and Adult Community Confinement Facilities); and GEO Policy 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA). Other agency policies supplement these main PREA policies. Robert A. Deyton Detention Facility Policy 11.12 Prison Rape Elimination Act is the facility supplement to implement PREA. Agency and facility policies and procedures were very well organized. It is clear to the auditor that the Prison Rape Elimination Act is part of the GEO fabric.

GEO employs an upper-level, agency-wide facility PREA Coordinator and a PREA Compliance Manager. Ms. Phebia Moreland is the PREA Coordinator. She is very knowledgeable of PREA standards and is one of the top PREA Coordinators I have met. Ms. Moreland has the authority to develop, implement, and oversee PREA compliance. She is very active in coordinating PREA, consistently sending updates to facilities, especially as FAQs are posted on the PREA website. She conducts training and meetings to keep unit PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO’s PREA program. The GEO organization chart demonstrates Ms. Moreland is in a position of authority. The auditor has observed her develop, implement and oversee compliance over the last three years. Ms. Moreland keeps up with PREA FAQs and her facility audits to make any necessary modifications to policy, procedure, and training in order to make GEO facilities not only PREA compliant; but for detainee and staff to be safe from sexual assault and sexual harassment. She indirectly supervises 80 compliance managers (Prisons and Jails, Community Corrections, Lockups, and Juveniles) through three regional corrections coordinators, one community corrections coordinator, and one juvenile coordinator. She often goes directly to the compliance managers to coordinate changes, provide updates, conduct training, and on-site during audits.

Ms. Nikki Martin is the Robert A. Deyton Detention Facility PREA Compliance Manager, who reports to the Warden for PREA. She was knowledgeable of PREA standards very enthusiastic to learn and better the program, and was actively involved in PREA activities. Ms. Martin claimed to have enough time to perform his PREA duties. She coordinates and conducts training, provides information at staff calls, and coordinates with facility leadership. She has access to the GEO PREA Coordinator, which she does contact as questions and issues arise. Detainees knew she was the PREA Compliance Manager based on her interaction with the detainee population. Review of Robert A. Deyton Detention Facility organizational chart and interviews demonstrated she had the authority to coordinate the facility’s efforts to comply with PREA.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO Policy 5.1.2-A states GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adapt and comply with the PREA standards. It also states contractors in its facilities that have direct contact with individuals in GEO facilities or programs shall be obligated to comply with PREA standards. These requirements are required to be in the contracts. United States Marshal Service contract requires compliance with PREA standards. The auditors were provided a copy and reviewed the contract between GEO and United States Marshal Service. GEO is a private provider and does not contract with other agencies for the confinement of detainees.

### **Standard 115.13 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO ensures each institution it operates develops documents, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect detainees against sexual abuse by monitoring and reviewing the staffing plans. GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 establishes procedures to develop and monitor staffing plans uses the criteria found in standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or detainees may be isolated); composition of the detainee population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan.

The auditor reviewed the Robert A. Deyton Detention Facility staffing plan and 2015, and 2016 annual review. The staffing plan is reviewed annually by the facility, GEO Corrections Division, and PREA Coordinator. GEO has established a good form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. All findings and corrective action is documented by the PREA Coordinator. The plan follows generally accepted correctional practices. There have been no findings of inadequacy from any external or internal oversight bodies. All components of the facility's physical plant are considered and blind-spots are acknowledged and steps are taken to fix the blind spots. There is a brief description of the detainee population and the times programs are occurring. The signature of the PREA Coordinator on the Annual Review confirmed that this was done in consultation with her.

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

Robert A. Deyton Detention Facility Policy 11.12 addresses procedures for intermediate and higher level unannounced rounds. Staff are prohibited from alerting other staff that unannounced rounds are being conducted. Throughout the site review, the auditor saw evidence that intermediate and higher-level supervisors conduct unannounced rounds to deter and identify staff sexual abuse and sexual harassment. Interviews of staff who do unannounced rounds demonstrated they may not be done on all shifts, or "unannounced". The auditor requested and reviewed unannounced round check sheets for February which demonstrated not all housing units were documented to be done on all shifts, specifically none during third shift. There is a specific form to be used to document unannounced rounds. The form captures different things checked and to include discussions with staff and detainees. The auditor reviewed additional end of shift report sheets provided following the audit, but these do not meet the standard (115.13(d)) or Robert A. Deyton Detention Facility Policy 11.12. Corrective Action Plan: Train staff to consistently use the PREA unannounced rounds forms to document unannounced rounds. Provide the auditor all the forms from March and April for review. The auditor reviewed the PREA unannounced rounds forms from March 1, - April 27, and found Robert A. Deyton Detention Facility compliant with the standard.

### Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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X Not Applicable

GEO policy 5.1.2.A does cover all parts of the standards for GEO facilities that do confine juveniles. The Robert A. Deyton Detention Facility does not house detainees under the age of 18.

### Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Based on review of: GEO policy 5.1.2-A, Robert A. Deyton Detention Facility Policy 11.12, and training material; interview of staff and detainees; and observation it was determined the facility limits cross-gender viewing and searches. Robert A. Deyton Detention Facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches, cross-gender pat-down searches of female detainees absent exigent circumstances and if they did conduct such search it was documented, and staff is prohibited and does not search transgender or intersex detainees to determine detainees' genital status. Based on policy, interviews and observation, female detainees are not restricted access to regularly available programs and out of cell activities.

Based on review of GEO policy 5.1.2-A and Robert A. Deyton Detention Facility policy 11.12, review of training material, and interview of staff and detainees; detainees are able to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. Most detainees interviewed stated they could shower and change clothes without being observed by female staff. Observation of during the audit identified detainees were unable to shower or perform bodily functions without non-medical staff observing their genitalia or buttocks in Housing Building D (115.15(d)). Housing Building D is a different design than the rest of the facility and showers are open and staff of the opposite gender can see the male detainees' buttocks, or genitalia area while taking a shower from some areas of the first floor and a good portion of the second floor. The Corrective Action Plan is for Housing Building D showers be modified so detainees are able to shower without non-medical staff observing their genitalia or buttocks. Photos need to be taken at each area and provided to the auditor. Photos of all areas was provided to the auditor. The modifications allow detainees to shower or perform bodily functions without non-medical staff observing their genitalia or buttocks. All the modifications done were done professionally and was not rushed to simply meet a standard. The auditor found Robert A. Deyton Detention Facility compliant with the standard.

Based on review of GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12, review of training material, interview of staff and detainees, review of logs, and observation it was determined staff do announce their presence each time when entering a detainee housing unit of the opposite gender.

Review of training records and lesson plans demonstrated staff had been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Prior to the audit, training documents were provided to the auditor demonstrating staff had been trained on searches of transgender and intersex detainees. Interviews of staff and transgender detainees, and review of training documentation demonstrated staff received training and properly conduct searches of transgender detainees in a professional and respectful manner.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 ensure detainees with disabilities and who are limited English proficient have access to PREA information and programs. GEO, and Robert A. Deyton Detention Facility has taken appropriate steps to ensure that detainees who are limited English proficient or disabled have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. GEO has a contract with Language Line Solutions Inc., to provide foreign language translation and assistance. PREA handouts and detainee handbooks are in English and Spanish. English and Spanish PREA posters are posted throughout the institution for detainees and staff to see. Staff and detainees interviewed stated detainees are not used as interpreters when addressing sexual abuse and sexual harassment allegations. The Pre-Audit Questionnaire (PAQ) stated no detainee interpreters had been used.

Informational and educational materials for detainees with physical and mental disabilities are provided in ways that will enable the detainee to understand the GEO zero tolerance policy and related material and be able to make a claim of sexual abuse or sexual harassment, if necessary. For detainees who are hearing impaired, the facility has a Teletype (TTY) machine available for detainees who are hearing impaired. Provisions can be made for detainees who may be visually impaired, though those with limited vision are assisted by some of the posters having been printed in larger print. For detainees with a mental disability, staff spend time to ensure they understand the PREA basics of definitions and reporting.

### **Standard 115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 outlines policy and procedures to ensure staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively



adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 also requires the institution to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees. Prior to and during the audit, the auditor reviewed 38 employee applications and two (2) contractor packets. Through review of staff and contractor records and staff interviews it was determined Robert A. Deyton Detention Facility staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated GEO and the facility considers incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees.

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 requires background checks for staff; and to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Prior to and during the on-site audit, the auditor reviewed 38 background checks and employee application packets that demonstrated background checks were done prior to employment. Interviews of human resource staff and employees, and review of application packets also demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background checks include checks through ACCURATE Inc.

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 requires criminal background records check before enlisting the services of any contractor who may have contact with detainees. The auditor reviewed two (2) contractors background checks. Interviews of human resource staff and contractors, and review of contractor packets demonstrated background checks were conducted.

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 establishes the procedures to conduct criminal background records checks at least every five years of current employees and contractors who may have contact with detainees. Prior to and during the audit, the auditor reviewed background checks conducted on employees and contractors. The auditor randomly selected 38 staff to review background checks; 38 had a background check no more than five years old at the time of the audit. Two contractor background checks were reviewed and was within the last five years. Interviews of human resource staff and review of staff and contractor background checks demonstrated Robert A. Deyton Detention Facility has a system in place to maintain background checks every five years. Robert A. Deyton Detention Facility has implemented safeguards to ensure background checks are conducted prior to the five-year anniversary of the check.

GEO policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 states the facility shall ask all applicants and employees who may have contact with detainees directly about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. GEO policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 requires information be provided 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.

Any individual promoted must complete a PREA Disclosure and Authorization and successfully complete a new background check. All employees are required to complete a PREA Disclosure annually. The PREA Disclosure must be completed as part of the employee's annual performance evaluation. Prior to the audit, the auditor reviewed three staff applications, one promotion packets, and three annual review demonstrating they addressed previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. During the audit 38 additional employees' files that demonstrated employees who may have contact with detainees directly are asked about previous sexual misconduct as described in PREA standard 115.17 (a) written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct were reviewed. All 38 employees had annual disclosures.

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination.

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 states GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews of personnel staff demonstrated they would provide the information though none were requested during the audit period.

## **Standard 115.18 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Through review of GEO Policy 5.1.2-A and interviews of the Agency Head representative, PREA Coordinator, PREA Compliance Manager, and Warden it was determined that the GEO considers the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect detainees from sexual abuse. There were no modifications of the physical plant, but 12 cameras have been added in the facility to improve security, address blind spots, and protect detainees from sexual abuse.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Robert A. Deyton Detention Facility Policy 11.12 outline evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals. Forensic exams are offered for sexual abuse allegations that have occurred within 96 hours.

The MOU with the Lovejoy Police Department does not specifically address conducting PREA investigations and there is no documentation that the facility requested the outside investigative agency will follow PREA standards for conductive investigations (115.21(f)). Corrective Action Plan is for GEO or Robert A. Deyton Detention Facility document requesting Lovejoy Police Department to follow the requirements of PREA standard 115.21 (a) – (e) and to update the MOU as applicable. Provide the auditor a copy of the request and new MOU if applicable. On May 9, 2017, Robert A. Deyton Detention Facility and Lovejoy Police Department signed a new MOU that covers the PREA standards. Robert A. Deyton Detention Facility is compliant with the standard.

Robert A. Deyton Detention Facility makes available to the victim a victim advocate from a rape crisis center. Victim advocates services are provided by Southern Crescent Sexual Assault Center per a MOU that includes: victim advocate services and support through medical exam process and investigator interviews, provide confidential emotional support services, crisis intervention, information, and referrals.

There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The protocols were reviewed and found to be in line with DoJ’s National Protocol for Sexual Assault Medical Forensic Examinations. Staff interviewed were very knowledgeable of the evidence protocols, and could explain the protocol for obtaining useable evidence when a detainee alleged sexual abuse. Po The auditor interviewed one of the Robert A. Deyton Detention Facility investigator, who had a good understanding of the investigative procedures and responsibilities and evidence protocols.

GEO Policy 5.1.2-E and Robert A. Deyton Detention Facility Policy 11.12 requires all victims of sexual abuse are provided access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate,

by Sexual Assault Nurse Examiners (SANEs) where possible. The agency offers all victims of sexual abuse access to forensic medical examination without financial cost at either Southern Crescent Sexual Assault Center (primary) or Southern Regional Hospital (secondary).

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-E and Robert A. Deyton Detention Facility Policy 11.12 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation by the appropriate authority.

Based on review of the investigative paperwork, and interview of staff and detainees; an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment. GEO’s investigative policy is available on the GEO Web site. MOU between GEO and Lovejoy Police Department describe the responsibilities of both agencies.

The auditor reviewed seven (7) investigations of sexual abuse and sexual harassment at Robert A. Deyton Detention Facility during the audit cycle (six in 2016, one in 2017). There were two detainee-detainee allegations sexual harassment substantiated. There were five staff-on-detainee allegations: three staff-on-detainee sexual harassment unfounded; two staff-on-detainee sexual abuses unfounded (one staff voyeurism and one pat search).

### **Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 addresses PREA staff training requirements. Robert A. Deyton Detention Facility employees receive PREA training annually through scheduled training and roll call. The PREA training curriculum was reviewed and verified that the training provided to employees is very comprehensive. Review of the lesson plan and slides demonstrated the training covered: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; detainees’ right to be free from sexual abuse and sexual harassment; the right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The PREA Coordinator modifies GEO wide PREA training curriculum annually emphasizing areas identified as areas needing

emphasis. 2017 PREA training emphasizes detainee searches. Employees have to acknowledge they understood the training. Staff interviewed were well versed in the GEO zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. The auditor requested the training records of 36 staff and reviewed the documentation staff acknowledging they understood the PREA training. Six did not have training acknowledgement forms for 2016, although they received the training. Eight (8) did not have documentation of PREA training in 2015 due to no training administrator for six months. Corrective action plan was to provide PREA training acknowledgement forms for 2017 PREA training. The auditor reviewed 20 PREA training acknowledgement forms for 2017 PREA training. Robert A. Deyton Detention Facility is one of the few facilities the auditor has audited that staff could explain or demonstrate how to search transgender detainees in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs. This is a direct reflection of GEO and Robert A. Deyton Detention Facility training program.

### **Standard 115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

All contractors and volunteers who have contact with detainees have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12, and the PREA training curriculum outline training requirements for volunteers and contractors who have contact with detainees. Prior to the audit, the auditor reviewed contractor and volunteer PREA training material; and four (4) volunteer training records and memorandum stating they understood the training. While on-site the auditor randomly reviewed four (4) contractor and two (2) volunteer training records, each have signed they understand the PREA training they received. Interviews of the contractor and volunteer demonstrated their knowledge of PREA, their responsibilities, and the agency zero tolerance policy. The contractors receive the same training as staff.

### **Standard 115.33 Inmate education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 requires that all detainees receive PREA information upon arrival; PREA education within 30 days of intake (within 10 days by institutional policy); and the information be provided in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. The auditor reviewed detainee handbooks, posters and education documents.

Posters and detainee handbooks are provided to detainees or posted in the housing units in formats accessible to all detainees to ensure that key information is continuously and readily available or visible to detainees. The Robert A. Deyton Detention Facility detainee handbook

has a lot of good information to include covers zero tolerance, definitions, how to report PREA incidents, and how not to destroy evidence. The GEO posters include ways to report, GEO zero tolerance policy, and what actions will occur upon reporting a PREA allegation.

During the tour and interviews most detainees acknowledged the information being provided upon arrival and orientation, and posters displayed throughout the institution. The detainees interviewed definitely knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. Prior to the audit, the auditor reviewed three examples (one from 2015, 2016, and 2017) of detainees' documentation of receiving information and receiving comprehensive training; and randomly reviewed 32 additional detainee records onsite and during the report writing period. All records requested demonstrated the 32 detainees had received the information and training. The limited English detainees interviewed acknowledged the information was provided in formats that could be understood.

### **Standard 115.34 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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

### **Standard 115.35 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A outlines the training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. Prior to audit, the auditor reviewed the GEO medical training plan used to train medical and mental health staff on specific medical and mental health PREA training. The auditor randomly reviewed five (5) training records of medical and mental health staff; all those checked had received annual PREA and specialized medical

PREA training. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The five medical and mental health staff interviewed felt safe working at the facility. Medical staff do not conduct forensic medical examinations.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 requires facilities to: conduct a screening for risks of sexual victimization and abusiveness within 24 hours of arrival; a follow-up screening for risks of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the detainee’s arrival at the facility; and reassesses detainee’s risk level again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee’s risk of sexual victimization or abusiveness.

All detainees are assessed during intake screening for their risks of being sexually abused by other detainees or sexually abusive towards other detainees. Prior to the audit, auditor reviewed two (2) examples of detainee screening forms (initial screen and follow-up screen), one each from 2015 and 2016. The auditor randomly selected 32 detainees and reviewed their screens during the on-site and report writing period. All screens were done IAW timeline requirements. A detainee’s risk level is also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee’s risk of sexual victimization or abusiveness. The screening instrument is objective in determining if the detainee is at risk for victimization or abusiveness. During detainees’ interviews, most detainees who arrived within the last 12 months remembered receiving the PREA screen.

The auditor had six staff who conduct the screens perform the screen of the auditor to demonstrate the process of filling out the screening form. The process was done professionally. Some information is provided through asking the detainee questions, others through review of detainee records. Detainees are asked all of the questions required to be asked of the detainee. The screening instrument is objective in determining if the detainee is at risk for victimization or abusiveness. All the criteria referenced in the standard are on the form except for (5) Whether the detainee’s criminal history is exclusively nonviolent. Corrective Action Plan: Adjust the screening form to add “Whether the detainee’s criminal history is exclusively nonviolent” in the section that assess for risk of sexual victimization; train staff and implement. Provide the auditor 60 days of screening after the form is modified (June 16). GEO modified the form, trained staff on the change and provided screening examples from each week between April 16 – June 16. The auditor conducted follow-up interviews with screeners and finds Robert A. Deyton Detention Facility compliant with the standard.

Staff who perform the screens make their own assessment of whether the detainee is gender non-conforming; half of the screeners interviewed did know the definition of gender nonconforming. This creates problems when the screener has to assess if the detainee is gender non-conforming. The Corrective Action Plan: Train all staff who conduct screens on PREA definitions, specifically gender nonconforming, and practice identifying persons who are gender nonconforming. Provide the auditor documentation of such training; and the auditor conduct follow-up interviews with screeners. Robert A. Deyton Detention Facility conducted training of screeners and provided the auditor documentation. The auditor conducted follow-up interviews with screeners and finds Robert A. Deyton Detention Facility compliant with the standard.

Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other detainees.

#### **Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Prior to the audit, the auditor determined the facility did not reassess each transgender or intersex detainee at least twice each year to review any threats to safety experienced by the detainee. One transgender detainee who had been at the facility for nine months. An assessment was conducted during the audit. Policy and procedures were in place just not followed. The PREA Compliance Manager will start tracking to ensure compliance. The transgender detainee did feel safe at Robert A. Deyton Detention Facility.

### **Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 states detainees at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers; if placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; that the facility shall document any access to programs, privileges, education, or work opportunities that was restricted, duration of restriction and why; and that every 30 days, the facility shall afford each such detainee a review to determine whether there is a continuing need for separation from the general population. Interviews of the Warden, PREA Compliance Manager, and segregation staff verified detainees at high risk of sexual victimization would not be placed in involuntary segregation unless other measures have been assessed. Other measures included moving housing areas or facilities. It was confirmed through Pre-Audit Questionnaire; investigative paperwork; and during interviews with the Warden, staff who supervise segregated detainees, and detainees; that no detainees at high risk for sexual victimization had been placed in involuntary segregated housing during the past 12 months prior to the audit. GEO documents any review of alternatives using a form that addresses possible alternatives reviewed prior to placing detainees at high risks for sexual victimization shall not be placed in involuntary segregated housing. The auditor reviewed a review form which the detainee was not placed in protective custody and one form that the detainee requested protective custody.

### **Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Robert A. Deyton Detention Facility detainee handbook, PREA handouts, and posters throughout the facility provide specific internal and external ways for detainees to report sexual abuse, sexual harassment and retaliation by other detainees or staff for reporting sexual abuse and sexual harassment. Interviews of detainees and staff and review of investigations verified detainees knew of and used multiple internal and external ways to report incidents of abuse or harassment, and retaliation. Detainees can report verbally and in writing to staff; file a grievance; write or call the DoJ OIG; write the United States Marshal Services; call or write Southern Crescent Sexual Assault Center; call the national RAINN hotline; and through a third party. The auditor called the number posted to the OIG, the recording provided a mailing address to send allegations. Per facility staff between 10 a.m. and 4 p.m. you can prompt the OIG phone line to talk to someone. The auditor called during those times and was told by the OIG operator to put it in writing, he does not take PREA allegations over the phone. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and promptly documents any verbal reports.

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

#### **Standard 115.52 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Robert A. Deyton Detention Facility Policy 11.12 and Robert A. Deyton Detention Facility Policy 11.11 Detainee Grievance Procedures covers the standard requirements and allows detainees to file a sexual abuse allegation through the grievance system. The auditor reviewed a PREA allegations that went through the grievance procedures. There were no emergency grievances.

Robert A. Deyton Detention Facility may discipline a detainee for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the detainee filed the grievance in bad faith.

#### **Standard 115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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



GEO Policy 5.1.2-A, and Robert A. Deyton Detention Facility Policy 11.12 states detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations; and the facilities shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible. Information is provided to the detainees through various means from fliers to posters throughout the facility.

Robert A. Deyton Detention Facility has a MOU with Southern Crescent Sexual Assault Center. The facility posted both the phone number for RAINN and Southern Crescent Sexual Assault Center. The auditor tested both numbers in the housing unit during the audit. Both times the auditor was provided a victim advocate for confidential emotional support from the Southern Crescent Sexual Assault Center. The victim advocate and other staff was very professional and helpful. Southern Crescent Sexual Assault Center staff also stated they could provide a Spanish speaking victim advocate if needed.

### **Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a detainee. GEO websites outlines GEO methods to receive third party reports of sexual abuse and sexual harassment. GEO website provides a number and mailing address. Discussion with detainees demonstrated they knew how third-party reporting could be accomplished.

### **Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Health practitioners are required to report sexual abuse and to inform detainees of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Health practitioners during interviews stated they are required and would report sexual abuse. Review of investigative files, and interviews of staff and detainees verified staff immediately report to the facility's designated investigator, PREA Compliance Manager, or on-duty supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Interviews with detainees and staff did not reveal any incident of sexual abuse or harassment not reported.

### Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 requires staff to take immediate action to protect any detainee they learn is subject to substantial risk of imminent sexual abuse. Interviews with staff demonstrate they know the steps to take to protect a detainee subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Investigator, PREA Compliance Manager and Warden. Per the interview with the PREA Compliance Manager and Warden, no detainee has reported substantial risk of imminent sexual abuse. The Pre-Audit Questionnaire reported no cases of detainees at substantial risks of imminent sexual abuse.

### Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A requires when an allegation that a detainee was sexually abused while confined at another institution, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation; that all sexual abuse allegations reported by another institution regarding any detainee that was confined at the Robert A. Deyton Detention Facility be fully investigated. Interviews with the Warden, PREA Compliance Manager, and investigator confirmed their knowledge of the policies and responsibilities to report any allegations and investigate any allegations that may have occurred at Robert A. Deyton Detention Facility. Auditor was provided two examples of notifications made by the warden.

### Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 outlines procedures to respond to an allegation of sexual abuse for both security and non-security staff. There is a GEO Incident Checklists to be used when responding to sexual abuse or sexual harassment. Random interviews with security and non-security staff confirmed both security and non-security staff were very knowledgeable what to do upon learning a detainee was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions detainees should not take in order not to destroy physical evidence. No forensic exams were conducted by SANE/SAFE staff in the 12 months prior to the audit.

#### **Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Robert A. Deyton Detention Facility has written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with staff (first responders, medical and mental health practitioners, investigators, and institution leadership) confirmed staff were knowledgeable about the PREA plan and the coordinated duties and collaborative responsibilities.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A addresses collective bargaining units and states in every case remove alleged staff sexual abusers from contact with detainees pending the outcome of an investigation. Robert A. Deyton Detention Facility has no collective bargaining agreement. Review of investigations demonstrates that Robert A. Deyton Detention Facility will separate the victim from the accused staff member in both sexual abuse and harassment usually by placing the staff member in a position where there would be no contact with the detainee. If the alleged abuser was a detainee, the alleged abuser is normally moved to restrictive housing or another housing unit.

#### **Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A require a staff member be designated to monitor for retaliation against detainees or staff who reported or had been sexually abused or harassed; provided multiple protection measures for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; monitoring the conduct and treatment of detainees or staff who reported the sexual abuse and of detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by detainees or staff; and conducting periodic status checks through interviews at least every seven days; monitoring will occur for at least 90 days following the report of the allegation; and may go beyond the 90 days if the monitoring indicates a continuing need. Four of seven allegations requiring monitoring reviewed did not have periodic status checks through interviews at least every seven days following the allegation being reported per policy. All monitoring is logged on the “Protection from Retaliation Log.” The corrective action plan is for the facility to provide the auditor a copy of monitoring being conducted for approximately 90 days of any monitoring being conducted. Robert A. Deyton Detention Facility provided monitoring logs for monitoring conducted through June 15, 2017. Monitoring was being conducted to include face to face with the detainee every seven days. Robert A. Deyton Detention Facility is in compliance with the standard.

**Standard 115.68 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 states involuntary segregated housing for detainees who have alleged to have suffered sexual abuse may be used only after an assessment of all available housing alternatives has shown there are no other means of protecting the detainee; and use of protective custody to protect alleged victim is only used as a last resort for a very short time. If placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; and that the institution shall document any access to programs, privileges, education, or work opportunities that was restricted and that every 30 days, the institution shall afford each such detainee a review to determine whether there is a continuing need for separation from the general population. There were no detainees who have alleged to have suffered sexual abuse in protective custody during the audit. Per interviews of the Warden, PREA Compliance Manager, and staff; there were no instances of using segregation housing to protect detainees who had alleged to have been sexually abused in the last 12 months, and alternate protective measures would be used in lieu of protective custody and if they had to place a detainee in segregated housing involuntarily they would have access to programs, privileges, education, and work opportunities to the maximum extent possible.

**Standard 115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Based on review of GEO Policy 5.1.2-E, Robert A. Deyton Detention Facility Policy 11.12; PREA investigations reviewed; interviews of Robert A. Deyton Detention Facility Warden, PREA Compliance Manager, and investigator it was determined an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Robert A. Deyton Detention Facility conducts its investigations using uniform evidence protocols.

The auditor reviewed seven (7) investigations of sexual abuse and sexual harassment at Robert A. Deyton Detention Facility during the audit cycle (six in 2016, one in 2017). There were two detainee-detainee allegations sexual harassment substantiated. There were five staff-on-detainee allegations: three staff-on-detainee sexual harassment unfounded; two staff-on-detainee sexual abuses unfounded (one staff voyeurism and one pat search).

The PREA Investigator has received the GEO specialized training for PREA investigators. This is a very extensive training program.

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

When conducting administrative investigations, the Investigator always makes a determination whether staff actions or failures to act contributed to the abuse.

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

### **Standard 115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

A review of GEO Policy 5.1.2-E, Robert A. Deyton Detention Facility Policy 11.12, and investigations; and interviews with the investigator and leadership staff confirm the Robert A. Deyton Detention Facility has no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All investigative reports state “Based on preponderance of the evidence...”

### **Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A requires facilities to inform the detainee as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if investigated by an outside agency, request the outside investigative agency inform the detainee as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the detainee whenever the staff member is no longer posted within the detainee’s unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the detainee allegation is against an detainee be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented. All notifications are done using the GEO notification form.

Prior to the audit, Robert A. Deyton Detention Facility provided copies of four notifications to the detainees. On site the auditor reviewed the remaining notifications from PREA allegations in the last 12 months. The auditor found all notifications were timely and well documented using the GEO notification form. There were no outside investigations.

#### **Standard 115.76 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Per GEO Policy 5.1.2-E, Robert A. Deyton Detention Facility Policy 11.12, GEO employee handbook, and interviews with staff: staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were no staff cases substantiated, thus no disciplinary sanctions for staff.

#### **Standard 115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policies 5.1.2-A, 5.1.2-E, and Robert A. Deyton Detention Facility Policy 11.12, prohibit contractors or volunteers who engaged in sexual abuse to have contact with detainees and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden reported that there have been no allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of detainees or staff.

#### **Standard 115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Per review GEO Policies 5.1.2-E and Robert A. Deyton Detention Facility Policy 11.12 and interviews with Robert A. Deyton Detention Facility staff: detainees are subject to disciplinary sanctions following an administrative finding that the detainee engaged in detainee-on-detainee sexual abuse or following a criminal finding of guilt for detainee-on-detainee sexual abuse; sanctions are commensurate with the nature and circumstances of the abuse committed, the detainee’s disciplinary history; and the sanctions imposed for comparable offenses by other detainees with similar histories; and considers whether an detainee’s mental disabilities or mental illness contributed to his or her behavior. In the 12 months prior to the audit there have been no substantiated finding and disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that a detainee engaged in detainee-on-detainee sexual abuse. Robert A. Deyton Detention Facility prohibits all sexual activity between detainees and discipline detainees for such activity.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 requires all new detainees receive a PREA screen upon arrival, along with a medical and mental health screen. If any of these identify someone as having experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community, they will be offered a medical and mental health follow-up meeting within 14 days. Prior to and during the audit, reviewed PREA screens and medical and mental health records, it was determined detainees who reported prior sexual victimization or previously perpetrated sexual abuse were offered consults with medical and mental health practitioners within 14 days of the screen. Interviews of medical and mental health staff confirmed follow-up meetings would

be scheduled and conducted. Interview of detainees who previously experienced prior sexual victimization reported they were offered medical and mental health consultation. Interviews of medical and mental health staff confirmed any information related to sexual victimization or abusiveness that occurred in the institution is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

115.81 (c) is NA Robert A. Deyton Detention Facility is not a jail.

### **Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A states detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment; detainee victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Qualified medical practitioners are on duty 24 hours. Upon returning from the hospital a nurse evaluates and documents the detainee’s health status, and refers the detainee for mental health services. The detainee is prioritized for sick call and if the emergency room does not complete testing sexually transmitted diseases, testing is done at the facility. Per GEO Policy 5.1.2-A requires detainee victims of sexual abuse shall receive timely, unimpeded access to outside emergency medical exams without financial costs. The services at no costs are provided regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Forensic exams are done for up to 96 hours since the time of the incident. There has been no forensic exam in the last 24 months.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on review of GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12, and interviews with staff and detainees; and medical and mental health documentation demonstrate Robert A. Deyton Detention Facility offers medical and mental health evaluations and, as appropriate, treatment to all detainees who have been victimized by sexual abuse. Robert A. Deyton Detention Facility provides victims with medical and mental health services consistent with the community level of care. Mental health evaluations are conducted on all known detainee on detainee abusers within 60 days of learning such abuse.

### **Standard 115.86 Sexual abuse incident reviews**



- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor reviewed all incident review conducted in the audit cycle, and one completed during the interim report writing period. All elements of the standard are reviewed. GEO has an excellent PREA after action review form that addresses all elements of the standard. Incident review team members were interviewed and were knowledgeable of the process.

#### **Standard 115.87 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A and Robert A. Deyton Detention Facility Policy 11.12 requires the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. GEO facilities provide monthly reports and PREA surveys to GEO headquarters. A monthly PREA Incident Tracking log is used to collect and provide the GEO PREA Coordinator data on sexual abuse and harassment incidents. Per conversation with GEO staff the data is aggregated. Upon request from DoJ, GEO provides the data. The auditor reviewed the Robert A. Deyton Detention Facility monthly PREA tracking log, and GEO 2015 annual PREA report. Review of Robert A. Deyton Detention Facility 2015 DoJ Survey of Sexual Violence reports, GEO annual PREA reports, and data submitted by the institution demonstrated the agency collects uniform data to be used by GEO.

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

#### **Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

GEO Policy 5.1.2-A requires GEO to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. It is then provided to the agency contracted with, who produces an annual report with comparisons from previous years and corrective actions, and posted on that agency website. The GEO annual report is very comprehensive in scope, provides data, an assessment of its PREA program and areas of focus, and includes the agency’s progress in meeting the PREA Standards. The GEO home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, and the GEO annual report. The auditor previously reviewed the GEO 2013, 2014, and 2015 PREA annual reports. The GEO PREA annual report is a very good report with comparison of current and previous year data; and an assessment GEO’s effectiveness of its sexual abuse prevention, detection, and response policies and actions to eliminate sexual abuse and sexual harassment. The GEO website PREA tab is easy to find, and is very informative.

#### **Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

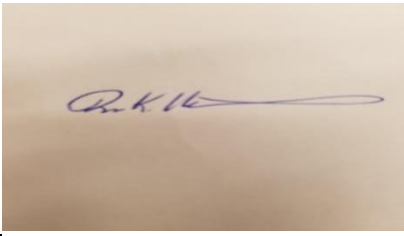
**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These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

Review of GEO Policy 5.1.2-A, website, storage of documents at the facility, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All GEO institution data is in the annual report and posted on the website, only the last report is posted. GEO maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the GEO Retention Records Schedule. Before making aggregated sexual abuse data publicly available, GEO removes all personal identifiers.

#### **AUDITOR CERTIFICATION**

I certify that:

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



Auditor Signature

December 1, 2017

Date