

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

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: July 9, 2020

Auditor Information

Name: Dave Andraska	Email: ddafalls@hotmail.com
Company Name: Andraska Consulting, LLC	
Mailing Address: P.O. Box 191	City, State, Zip: Melrose, WI 54642-01915
Telephone: 715 896-2648	Date of Facility Visit: 6/1/2020-6/3/2020

Agency Information

Name of Agency: The GEO Group			
Governing Authority or Parent Agency (If Applicable):			
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: Same as above		City, State, Zip:	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.geogroup.com/PREA			

Agency Chief Executive Officer

Name: George C. Zoley	
Email: gzoley@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Ryan Seuradge	
Email: rseuradge@geogroup.com	Telephone: 561-999-5875
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President	Number of Compliance Managers who report to the PREA Coordinator: 108

Facility Information

Name of Facility: Robert A. Deyton Detention Facility

Physical Address: 11866 Hasting Bridge Road

City, State, Zip: Lovejoy, GA 30250

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe):

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Annual GEO Corporate audit, Client audit and PREA mock audit

Warden/Jail Administrator/Sheriff/Director

Name: Mike Pearce

Email: mpearce@geogroup.com

Telephone: 770-305-8103

Facility PREA Compliance Manager

Name: Wanda Wright

Email: wawright@geogroup.com

Telephone: 770-305-8124

Facility Health Service Administrator N/A

Name: Martha Sayers

Email: masayers@geogroup.com

Telephone: 770-305-8120

Facility Characteristics

Designated Facility Capacity:

768

Current Population of Facility:

593

Average daily population for the past 12 months:

643

Has the facility been over capacity at any point in the past 12 months?

Yes

No

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-71	
Average length of stay or time under supervision:	47 days	
Facility security levels/inmate custody levels:	Medium	
Number of inmates admitted to facility during the past 12 months:	6211	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	4389	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1289	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	247	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	51	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	12	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	12	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	84	
Physical Plant		

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	24
<p>Number of single cell housing units:</p>	4
<p>Number of multiple occupancy cell housing units:</p>	19
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	66
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe:)
- N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

3

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) Audit for the Robert A. Deyton Detention Facility (RADDF), a private prison owned and operated by The GEO Group Inc. (GEO) was conducted on June 1-3, 2020 by Department of Justice (DOJ) Certified PREA Auditor David Andraska. This was the third PREA audit for the facility. GEO contracts with the United States Marshall Services (USMS) to house their medium security male and female detainees. The Auditor was in contact, by phone and email with the GEO Contract Compliance PREA Manager and the RADDF PREA Compliance Manager (PCM) to discuss the posting of audit notice, Pre-Audit Questionnaire (PAQ), internal review and logistics.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility to include the PAQ, GEO and RADDF policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The auditor also reviewed the Agency website, the annual PREA reports and prior PREA Audit Report for RADDF. GEO conducts an annual internal review (mock audit) to prepare for the PREA audit. Results of the review and corrective action taken were discussed with the auditor. Just Detention International (JDI) in reference to any information submitted by detainees. JDI responded indicating they did not receive any PREA-related information regarding RADDF. The auditor did not receive any correspondence from detainees or staff.

The audit began on Monday morning June 1, 2020 with an entrance meeting with the Facility Administrator and PCM to provide the facility with an overview of the audit process and finalize the facility tour and interview schedule. The facility was advised that PREA audits are practice based audits and do not rely solely on policies and procedures or past audit results. Rather, the audit utilizes a practice-based methodology to assess day-to-day practices used by facility staff. The auditor discussed privacy relative to interviews of staff and detainees. The PCM provided employee rosters, contractor list, detainee rosters, and targeted detainee lists for the selection of interview.

The site visit consisted of conducting a full tour of the facility; a thorough review of documentation, and formal and informal interviews with staff and detainees. During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage and security mirrors. The reporting hotline phone number for reporting PREA allegations and for requesting emotional support services was tested. Detainees were able to shower, dress and use the toilet facilities without exposing themselves to staff of the opposite gender. Areas visited during the tour included the main lobby, all inmate housing areas, intake, laundry, kitchen, recreation areas, visiting room, medical and mental health area, all program areas and central control.

PREA posters were observed posted throughout all areas accessible to inmate and staff in English and Spanish. The notification of PREA audit visit in English and Spanish were also observed in all in areas visible to staff, detainees, and the public. The notification of the PREA audit visit was documented as posted on January 22, 2020. In addition to a complete tour of the facility, the on-site visit consisted of a thorough review of inmate files, training records, personnel files, investigation reports, supporting documentation and formal interviews with staff and detainees inmates. The auditor observed a PREA screening and the orientation process.

RADDF has 247 staff that may have contact with detainees. The security staff is assigned to three 8 hour shifts. A total of 31 staff members were interviewed during the course of this audit. These interviews consisted of 16 randomly selected staff which included security staff on all three shifts, non-security staff, contract staff and volunteers. There were no volunteers on-site during the audit due to COVID-19 restrictions. Two volunteers were interviewed by phone. 15 specialized staff were interviewed. The specialized staff interviewed included: Agency Head, PREA Coordinator, PCM, Facility Administrator, Investigator, intake staff, case manager, retaliation monitor, incident review team

member, Shift Supervisor, Training Administrator, medical and mental health, contract staff and volunteers. All staff at RADDf are trained as first responders and those interviewed were well versed in their areas of responsibility regarding responding to PREA allegations and the agency's zero tolerance policy regarding sexual abuse and sexual harassment.

On the first day of the audit there were 593 detainees (81 females and 512 males) at the facility. 30 detainees were interviewed. Fifteen detainees were randomly selected and fifteen in the targeted group. The target group included two with a physical disability, five that are LEP, two that self-identified as LGBT, one transgender, four that reported sexual abuse and one identified as being potentially vulnerable to sexual victimization. There were no inmates who were identified as meeting the following categories; youthful offender, blind, deaf, with a cognitive disability or in segregated housing for high risk of sexual victimization. No detainees wrote to the auditor prior to the auditor or requested to speak to the auditor during the onsite phase of the audit. One detainee refused to be interviewed. All detainees interviewed were aware of the agency's zero tolerance policy regarding sexual abuse/harassment and the procedures for reporting. Overall inmates stated they felt safe at the facility.

The auditor was provided with copies of detainee and staff files and documents prior to the audit for review. The auditor selected and examined a random sample of 12 additional detainee case files while on site. The documentation indicated detainees received PREA information during intake and receive comprehensive PREA education within 30 day of arrival at the facility. Detainees sign several forms indicating they received and understood the PREA information. The auditor also reviewed documentation associated with initial risk screenings and reassessments. All screenings were completed within the required timelines.

The auditor examined a random sample of additional personnel files and staff, volunteer and contractor training files. New hires, volunteers and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete and included written documentation that staff received and understood the PREA training.

There were two allegations of sexual abuse and three allegations of sexual harassment received in the past 12 month. There were no allegations that were substantiated. All five investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency procedure.

An exit briefing was conducted on June 3, 2020 with the Facility Director, PCM, RADDf management staff and the GEO Contract Compliance PREA Manager via phone. The auditor thanked the facility staff for their hospitality and all the assistance and cooperation they provided during the audit. Discussion included general observations and preliminary findings. The post-audit phase was described and timelines for submitting the report was discussed.

Facility Characteristics

RADDf is located at 11866 Hastings Bridge Road in Lovejoy, Georgia. RADDf established under contract in 2008, is a privatized detention facility offering cost effective, high quality service to the United States Marshals Service, Northern District of Georgia (USMS). USMS contracts with GEO to provide secure care, custody, and control of USMS male and female pre-and post-trial detainees. Most are awaiting transfer to the Federal Bureau of Prisons. The facility has a capacity for 768 male and female detainees and employs 247 staff. RADDf ensures that the USMS receives comprehensive detention services through continual assessment and improvement of all areas of operations, which include the preservation of detainee rights through extensive security and safety measures, quality healthcare, balanced nutritional diets, productive activities, and fair and equitable treatment. The facility offers religious services on the evening shift and substance abuse sessions on the day shift. All detainee programs and movement are under staff escort and staff supervision. RADDf is committed to the safety of detainees and the safety of staff. They have the right while in this facility to be treated with dignity and to be free from sexual assault, sexual harassment, and retaliation. RADDf has zero

tolerance regarding sexual assault within the facility. Every effort is made to prevent sexual assault and misconduct from occurring.

RADDF is comprised of one building with 164,465 square feet. It has a central core that includes all support functions and four housing units connected to the central core 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 units 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 are normally single celled. Each housing building includes its own control room, detainee visiting area, outdoor recreation space, showers and multi-purpose room. The facility has three female housing areas, which have a capacity of 96 beds. These areas are directly supervised by female staff.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 6

List of Standards Exceeded: 115.11,115.17,115.31,115.67,115.73,115.88

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed Pre-Audit Questionnaire ("PAQ")
2. GEO Organizational Chart and RADDf Organizational Chart
3. GEO Corporate Policy 5.1.2, Sexually Abusive Behavior Prevention and Intervention Program
4. GEO Corporate Policy 5.1.2-A, Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail
5. RADDf Policy 11.12, Prison Rape Elimination Act

6. GEO website: <https://www.geogroup.com/PREA>
7. Observation while on-site
8. Interviews with the following:
 - a. PREA Coordinator
 - b. PCM

115.11(a) GEO PREA Policy 5.1.2 Section I, states, “The GEO Group, Inc. (GEO) mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in all its facilities. It is the policy of GEO that sexual conduct between Employees, Volunteers, or Contractors and Individuals in a Program regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic or sexual nature. All Employees, Contractors, and Volunteers are expected to have a clear understanding that GEO strictly prohibits any type of sexual relationship with Individuals in a GEO Facility or Program. This shall be considered a serious breach of the Standards of Employee Conduct, Volunteer agreements as well as vendor, service and Contractor agreements and these relationships will not be tolerated.”

GEO Policy 5.1.2-A, section III.A.1.a states, “Each Facility is required to have a current policy mandating zero tolerance towards all forms of Sexual Abuse and Sexual Harassment and outlining GEO’s approach to preventing, detecting, and responding to such conduct.” RADDf policy 11.12 purpose statement states, “The purpose of this policy is to support the elimination, reduction, and prevention of all forms of sexual abuse and sexual harassment within RADDf and enforce a “zero tolerance” for such actions. This policy complies with the Prison Rape Elimination Act (PREA) of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule, dated, June 2012 which establishes a zero-tolerance standard for all forms of detainee sexual abuse, makes prevention of detainee sexual abuse a top priority at the facility, and develops standards for detection, prevention, and punishment of sexual abuse.” GEO policy 5.1.2-A and RADDf policy 11.12 are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and prohibit retaliation against inmates or any staff who reports sexual harassment or sexual abuse against an inmate, or cooperates with an investigation. The policies outline the agency’s/facility’s approach to preventing, detecting and responding to such conduct. The policies detail definitions that are consistent with the PREA definitions. The policies further outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment; and detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse and harassment. Both policies were found to be comprehensive and address all provisions of the PREA standard. The agency’s zero-tolerance policy is also posted on its website.

- 115.11(b) GEO Policy 5.1.2-A, section III.B.1.states,“GEO shall designate a PREA Coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee the Company’s efforts to comply with the PREA standards in all of its required Facilities. PREA Coordinator duties include:
- a. PREA oversight for U.S. Corrections and Detention, Reentry Services and Youth Services Facilities;
 - b. Developing the corporate PREA policy to comply with standard requirements;
 - c. Work with Compliance on the refinement of the PREA audit tool;
 - d. Work with Facilities if an incident occurs;
 - e. Review the results of every investigation of Sexual Abuse;
 - f. Compile annual reports on findings and corrective actions for the Company; and,
 - g. Develop and implement best practices in training, identification, treatment and reporting.”

GEO employs an upper-level, agency-wide PREA Coordinator who is the Director in the Contract Compliance Division for GEO. He is very knowledgeable of PREA standards and has the authority to develop, implement, and oversee PREA compliance. The GEO organization chart demonstrates the PREA Coordinator is in a position of authority. He indirectly supervises 108 PREA compliance

managers through three regional coordinators, one community corrections coordinator, and one juvenile coordinator.

115.11(b) GEO Policy 5.1.2-A, section III.B.2.states, “Each Facility Administrator shall appoint a local PREA Compliance Manager for each U.S. Corrections and Detention Facility with sufficient time and authority to coordinate the Facility’s efforts to comply with the PREA standards. PREA Compliance Manager duties include:

- a. Gathering of Facility statistics and reports on incidents of Sexual Activity and Sexual Abuse;
- b. Assist with development/revision of any site specific PREA policies;
- c. Assist with PREA training initiatives;
- d. Assist with PREA Facility assessments;
- e. Prepare an annual report on findings and corrective actions for the Facility; and,
- f. Monitoring for retaliation in accordance to Section N (2) of this policy.

GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facility’s PREA efforts. The facility’s organizational chart illustrates the PREA Compliance Manager’s position within the facility. RADDf’s PREA Compliance Manager (PCM) is the Compliance Administrator and reports to the Facility Administrator. She is very knowledgeable of PREA standards and strives for compliances. Per interviews with the PREA Coordinator and PCM, both stated they have sufficient time and authority to manage their PREA-related responsibilities.

Based on the review of policies, organization charts, interviews, observation and analysis, it is apparent that RADDf is committed to zero tolerance of sexual abuse and sexual harassment and demonstrated they substantially exceeded requirements of this Standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed Pre-Audit Questionnaire ("PAQ")
2. Interviews with the following:
 - a. PREA Coordinator
 - b. Agency Executive Director

GEO is a private agency and does not contract with other private agencies or entities for the confinement of inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?
 Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

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

Auditor Overall Compliance Determination

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

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed Pre-Audit Questionnaire ("PAQ")
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. RADDf Facility Staffing Plan
5. USMS Contracted Positions
5. Unannounced PREA Rounds Report
6. Annual PREA Facility Assessments (2017, 2018, 2019)
7. Diagram: CCTV Equipment and Locations
8. Daily Staff Roster: All Shifts
9. Interviews with the following:
 - a. Facility Administrator
 - b. PREA Coordinator
 - c. PCM
 - d. Immediate or Higher Level Facility Staff
 - e. Agency Executive Director
 - f. Random staff

115.13(a) GEO Policy 5.1.2-A, section III.1.a states, "Each Facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect Individuals in a GEO Facility or Program against Sexual Abuse." RADDf Policy 11.12, section C.1 states, "The facility shall develop, and document a staffing plan that provides adequate levels of staffing and video monitoring to protect detainees against sexual abuse. GEO ensures each facility 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 residents against sexual abuse by monitoring and reviewing the staffing plans. GEO in collaboration with USMS (client) determines the staffing plan and the client also monitors compliance with the plan. Per an interview with the Facility Administrator, RADDf has added positions over and above the contract requirements. Policy establishes procedures to develop and monitor staffing plans and uses the criteria found in this provision to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan. The average number of inmates the staffing plan was predicted on was 768 detainees. Since the last PREA audit, the average daily population of the facility was 643 detainees. In interview with the Facility Administrator and the PREA Compliance Manager, they both confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this standard.

115.13(b) GEO Policy 5.1.2-A, section III.C.1.b states, "In circumstances where the staffing plan is not complied with, Facilities shall document and justify all deviations from the plan." The contract that the agency has with USMS outlines in the Scope of Work, that the agency must maintain full staffing based on 100% occupancy. The design capacity of the facility is 768. The facility covers vacancies of security posts by utilizing overtime. Staff reports are submitted to and reviewed by the Facility Administrator, Shift Commander and the client Contract Monitor to ensure that staffing requirements are met. There were no deviations from the mandatory staffing requirements.

115.13(c) c. GEO Policy 5.1.2-A, section III.C.1.(c-e) states in part, "Facilities shall assess, determine and document no less frequently than once each year, whether adjustments are needed to:

- 1) The staffing plan;
- 2) The Facility's deployment of video monitoring systems and other monitoring technologies; and
- 3) The resources the Facility has available to commit to ensure adherence to the staffing plan.

The staffing plan, to include all deviations and the Annual PREA Facility Assessment shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA Coordinator annually as determined by each division. GEO's U.S. Corrections and Detention and Reentry Services Divisions, in consultation with the Corporate PREA Coordinator, shall review all Facility assessments and take appropriate actions necessary to protect Individuals in a GEO Facility or Program from Sexual Abuse at its Facilities. All findings and corrective actions taken shall be documented by the Corporate PREA Coordinator." GEO has established a form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. 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 no major blind-spots or surveillance camera deficiencies identified. There is a brief description of the inmate population and the times programs are occurring. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is also mentioned. The Annual PREA Facility Assessment determines, and documents whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. RADDf's Annual PREA Facility Assessment is completed annually by the facility, and forwarded to GEO Corrections Division and PREA Coordinator for review and signature.

The auditor reviewed three Annual PREA Facility Assessments. The assessments were dated September 12, 2019, August 17, 2018, and August 22, 2017. The assessments were very complete and addressed all the provisions required by GEO policy and this Standard.

115.13(d) GEO Policy 5.1.2-A, section C.1.(f-g) states, "Facilities shall implement a policy and practice requiring department heads, Facility management staff and supervisors to conduct and document unannounced rounds within their respective areas to identify and deter Employee Sexual Abuse and Sexual Harassment. Such policy and practice shall be implemented no less than once per week for U.S Corrections and Detention and no less than once per month for Residential Reentry for all shifts.

Employees are prohibited from alerting other Employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the Facility." Policy states Department Heads, Facility Management staff and supervisors shall conduct and document unannounced rounds within their respective areas to identify and deter Employee Sexual Abuse and Sexual Harassment. Unannounced rounds shall be conducted on all shifts no less than once per month. Employees are prohibited from alerting other employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility." Management staff complete unannounced PREA rounds weekly document these rounds on the PREA Unannounced Round Documentation form. The auditor reviewed a sample of these completed forms. Shift Supervisors also make rounds a daily basis on all shifts. These rounds are documented on the log book in each area and the shift activity log. The practice of these rounds being conducted was also confirmed by interview with staff. The duty officers are also required to complete a weekly round of the facility.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

- RADDF Completed Pre-Audit Questionnaire ("PAQ")
- Interviews with the following:
 - PCM
 - Facility Administrator

RADDF only houses adult male and female detainees and does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. RADDf Policy 11.12
3. PREA Training Curriculum
4. Staff Training Logs
5. Training Sign in sheets
6. Signed training acknowledgement forms
7. Training transcripts
6. Interviews with the following:
 - a. Facility Administrator
 - b. PCM
 - c. Random staff
 - d. Random detainees

115.15(a) GEO policy 5.1.2-A, section III.I and RADDf policy 11.12, section I.2 addresses detainee searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. Per the PAQ, in the past 12 months there were zero cross-gender strip or visual body cavity searches conducted. Detainees interviewed did not report being subjected to cross-gender viewing during a strip search. Staff interviews determined the facility does not conduct cross-gender strip or visual body cavity searches. RADDf houses male and female detainees.

115.15(b) Per policies, Cross-gender pat-down searches of female detainees are prohibited, except in exigent circumstances. Female detainees shall not be restricted access to regularly available programming or other outside opportunities in order to comply with this provision. Per the PAQ, in the past 12 months there were zero cross-gender pat-down searches of female detainees by male staff. Interviews with staff and female detainees confirmed male staff does not conduct pat-down searches of female detainees. Female detainees during interviews stated there are always female officers on duty and experienced no delays in movement.

115.15(c) Per policies, Facilities shall document and justify all cross-gender pat-down searches of female detainees and shall document and justify all cross-gender strip searches and cross-gender visual body cavity searches of detainees. Per interviews with the PCM and random staff, they were all aware of this requirement. As indicated above there were no such searches completed.

115.15(d) GEO and RADDf has policies and practices that allow detainees to shower, use the toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Staff of the opposite gender are required to announce their presence when entering housing units. Signs are posted on the entry of housing units to remind staff to announce their presence when entering housing units. . All housing units were observed to have curtains in place that allow inmates to use both the bathroom and shower facilities without being observed by staff of the opposite gender. Housing unit camera coverage was noted as not having the ability to see into bathroom or shower areas. Overall inmates indicated that opposite gender staff announces their presence when entering a housing unit. This practice was also observed by the auditor during the on-site tour. Detainees indicated that were not able to be viewed by staff of the opposite gender when using the toilet, showering, or changing clothes. Random staff interviews indicated that opposite gender staff announcements are made prior to entering the housing units. Detainees are advised during the orientation process of the requirement to remain clothed in the common areas.

115.15(e) GEO and RADDf has policies and practices that address searches of transgender and intersex inmates. Facilities shall not search or physically examine a transgender or intersex inmate solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with random staff confirmed they were aware of this policy. There was one transgender detainee at the facility and per interview stated there were no issues regarding searches.

115.15(f) RADDf policy 11.12 states, “Security Staff shall be trained to conduct cross-gender pat-down searches and searches of Transgender and Intersex Individuals in a GEO Facility or Program in a professional and respectful manner.” All security staff at RADDf received training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The PREA training curriculum was provided for review and found to contain training on pat searches, including searches of transgender and intersex inmates. All of the random staff interviewed said they received training in how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The auditor reviewed the training records, training roster and acknowledgement forms. A Transgender Search Preference form is completed to document the individual’s preference for searches, use of showers, etc.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

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

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

115.16 (a)

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

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

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 - Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A,
3. RADDf Policy 11.12
4. RADDf Policy 11.1 Staff-Detainee Communications
5. Language Line Service Agreement
6. PREA Posters (English & Spanish)
7. Detainee Handbook (English & Spanish)
8. Training Curriculum- Rights of Inmates with Disabilities
9. Statement of Fact
10. Observation while on-site
11. Interviews with the following:
 - a. Facility Administrator
 - b. PCM
 - c. Random staff
 - d. LEP detainees
 - e. Disabled detainees

115.16(a-b) GEO policy 5.1.2- A, section III.E.1.a and b states, "Facilities shall ensure that Individuals in a GEO Facility or Program with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. GEO shall ensure that all of its Facilities provide written materials to every Individual in a GEO Facility or Program in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. The policies ensure inmates with disabilities and who are limited English proficient (LEP) have access to PREA information and programs." RADDf policy 11.12 contains similar language. RADDf 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 an agreement with Language Line Services, Inc. which provides translation of any language. The orientation and education process provides detainees with information on the agency's zero-

tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. All PREA brochures, posters, handbooks and the PREA video are available in Spanish. During the interview with the agency head/designee, he indicated in all GEO's facilities they have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. They have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTY phones, access to language lines and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist us. Five LEP detainees and two disabled detainees were interviewed. Detainees reported being given information regarding sexual abuse and sexual harassment in formats that they were able to understand. All staff attends a training titled "Rights of Inmates with Disabilities."

115.15(c) Geo Policy 5.1.2-A, section III.E.1.c states, "Individuals in a GEO Facility or Program shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-response duties in Section M (2), or the investigation of the individual's allegations. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report." Per the PAQ, in the past 12 months zero detainees were used as interpreters regarding a PREA allegation. Staff interviewed knew detainees were not to be used for this purpose. A statement of fact was provided to confirm this practice.

Based on the review of policies, observation, PREA information, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. RADDf Policy 3.2 Background Screening
5. GEO on-line application form
6. Personnel files
7. Applicant clearance letter
8. PREA annual disclosure waiver
9. PREA promotional disclosure waiver
10. Interviews with the following:
 - a. Human Resources Manager
 - b. PCM

115.17 (a) GEO policy 5.1.2-A, section III.C.2.a states, "GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community." GEO policy 5.1.2-A, section III.C.4.a states, "GEO Facilities are prohibited from contracting with anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or in the community." RADDf Policy 11.12 contains similar language. The auditor reviewed a sample of staff application packets and background clearance checks for new hires, employee promotions and contractors. Through review of personnel files and interview with the Human Resource Manager, it was determined the facility does not hire or promote staff and enlist the services of contractors who have engaged in sexual abuse as outlined in policies.

115.17(b) GEO policy 5.1.2-A, section III.C.2.b states, Facilities shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Individuals in a GEO Facility or Program." GEO policy 5.1.2-A, section III.4.b states, "Facilities shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any Contractor who may have contact with Individuals in a GEO Facility or Program." RADDf policy 3.2 and policy 11.12

contains similar language. Through review of personnel files and interview with the Human Resources Manager, it was determined the facility consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Individuals as outlined in policies. Human Resources Manager reported that incidents of sexual harassment are considered during the application, interview, background investigation, and orientation processes. The Human Resources Manager also indicated that this also true for contactors. A total of five additional hiring and promotional records were reviewed while on-site.

115.17(c) & (e) GEO policy 5.1.2-A, section III.C.2.c states, "Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees at least every five years." GEO has a contract with Career Builder to conduct background screenings on employment candidates. The background checks include the person's work history, education verification, driver's license history, professional license verification, criminal background check and any PREA related misconduct. The USMS also conducts a criminal background checks of new hires. For those considered for promotions or who transfer from another GEO facility, an internal background check through GEO, is requested on the Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer form (HR-104). If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers is requested through Career Builders. Per interview with the Human Resources Manager, criminal background checks are performed for all employees at least every five years and provided a copy of a spreadsheet used to track when employees are due for their five-year background checks. Per the information provided on the PAQ, there were 51 persons hired who had criminal background checks completed in the past 12 months.

115.17(d) & (e) GEO policy 5.1.2-A, section III.C.2.c states, "Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to enlisting the services of any Contractor. Background checks shall be repeated for all Contractors at least every five years" The facility performs criminal background checks before enlisting the services of any contractor and repeated every five years.

115.17(f) GEO policy 5.1.2-A, section III.C.2.d states, "GEO shall ask all applicants and Employees who may have contact with Individuals in a GEO Facility or Program directly about previous Sexual Abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current Employees. GEO shall also impose upon Employees a continuing affirmative duty to disclose any such conduct." The agency asks all applicants and employees who have contact with inmates directly about previous sexual misconduct. Applicants are asked these questions on the GEO on-line application, annually at the time of performance evaluations and for consideration for promotions or transfers. Through review of personnel files and interview with the Human Resources Manager, the auditor verified these questions were asked and are documented in the files.

115.17(g) GEO policy 5.1.2-A, section III.C.2.e states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." The Human Resources Manager indicated this is a standard practice.

115.17(h) GEO policy 5.1.2-A, section III.C.2.f states, "Unless prohibited by law, GEO shall 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." It was noted that these inquiries are processed by the agency's human resources department rather than at the facility level.

Based on the review of very comprehensive policies and procedures, documentation, employee personnel files, interviews, dual system of background checks (GEO and USMS) and analysis, demonstrated RADDf substantially exceeded requirements of this Standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Statement of Fact
4. Interviews with the following:
 - a. Facility Administrator
 - b. Agency head

115.18(a) & (b) GEO policy 5.1.2-A, section III.C.3 states, "Facilities shall consider the effect any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the Facility's ability to protect Individuals in a GEO Facility or Program from Sexual Abuse." RADDf policy contains similar language. In interview with the Vice President, Risk Management (agency head designee) he stated that the agency uses technology to assist the facilities

in keeping inmates safe from sexual abuse. If new facilities are designed or there are modifications to existing facilities, the agency's PREA Coordinator works closely with the Corporate Project Development Team.

Per information provided on the PAQ and in interview with the Facility Administrator, since the last PREA audit the facility has not acquired any new facility or had any expansion or substantial modification. The facility added 12 additional cameras since the last PREA audit. A statement of fact was also provided to confirm this information.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. RADDf Policy 10.19 Intelligence Gathering and Investigations
4. RADDf Policy 11.12
5. MOU with Southern Crescent Sexual Assault Center (SASAC)
6. SASAC Forensic Medical Exam Protocol
7. SASAC Pamphlets
8. RADDf COORDINATED Response Plan
9. MOU with Lovejoy Police Department
10. Statement of fact
11. Interviews with the following:
 - a. PCM
 - b. Investigator
 - c. Charge Nurse
 - d. Mental Health Practitioner

115.21(a) GEO policy 5.1.2-E, section III.A.3.a states, "Facilities that are responsible for investigating allegations of Sexual Abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." GEO and RADDf have multiple policies as listed above that outline the agency/facility requirements as it applies to this standard. The auditor interviewed one of RADDf Facility investigator, who had a good understanding of the investigative procedures, responsibilities and evidence protocols. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes.

115.21(b) Per interview with the PCM, the agency and facility follows a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". RADDf does not house youthful detainees.

115.21(c) GEO policy 5.1.2-E, section III.A.3.b states, "Facilities shall offer all Individuals in a GEO Facility or Program who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the individual and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Section III.A.3.c states, "Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available." Facility medical staff do not perform forensic medical exams. Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. Victims of sexual abuse will be transported to the Southern Crescent Sexual Assault Center or the Southern Regional Hospital if the victim requires medical attention. Per the PAQ, there were zero SANE exam performed in the past 12 months.

115.21(d) GEO policy 5.1.2-E, section III.A.3.d states, "A victim advocate shall be made available to accompany the victim through examinations and investigatory interviews. The facility has an MOU with

the Southern Crescent Sexual Assault Center to provide confidential emotional support services to victims of sexual abuse.

115.21(e) GEO policy 5.1.2-E, section III.A.3.d states, " Upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals." The MOU with the Southern Crescent Sexual Assault Center includes victim advocate services and support through medical exam process and investigator interviews and provides confidential emotional support services, crisis intervention, information, and referrals.

115.21(f) Criminal investigations are conducted by the Lovejoy Police Department. The MOU with the Lovejoy Police Department addresses sexual abuse investigations and follows PREA standards.

115.21(h) GEO policy 5.1.2-E, section III.A.3.g states, "GEO facilities may not utilize facility Employees as victim advocates unless the following documentation exists:

- a) Documentation is on file that no other alternatives are available in the community; and,
- b) Documentation exists that validate designated Employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general."

Based on the review of policies, MOU's, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDF Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. RADDF Policy 11.12
4. PREA Tracking log
5. MOU with the Lovejoy Police Department
6. GEO website
7. Referrals to the Office of Professional Responsibility
8. Interviews with the following:
 - a. Agency Head
 - b. PCM
 - c. Investigator

115.22(a) GEO policy 5.1.2-E, section I states, "All cases of alleged sexual conduct in accordance with Policy 5.1.2, Sexually Abusive Behavior Prevention and Intervention, shall be promptly, thoroughly, and objectively investigated." GEO policy 5.1.2-E, Section III.A.1,a states, " Each facility shall have a policy in place to ensure that all allegations of Sexual Abuse or Sexual Harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals." RADDF policy 11.12 outlines the facility procedures to ensure all allegations of Sexual Abuse or Sexual Harassment are investigated.

The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). In interview with the Vice President, Risk Management (agency head designee), he reported referral of allegations of sexual abuse and sexual harassment is required by corporate, local policy and client contracts. A review of the PREA tracking log and interview, an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment.

115.22(b)&(c) GEO and RADDF policies ensures that all allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. Allegations that appear to be criminal are referred to the Lovejoy Police Department. MOU between GEO and the Lovejoy Police Department describe the responsibilities of both agencies. The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the PREA Annual Incident Tracking Log and enter into the GEO PREA portal. Interview with facility investigators confirmed this practice. GEO policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. RADDf Policy 4.1 Training Requirements
4. PREA lesson plan
5. User Training Rosters
6. Signed PREA training acknowledgements
7. Interviews with the following:
 - a. PCM
 - b. Training Administrator
 - c. Random staff

115.31(a) GEO policy 5.1.2-A, section III.F.1 states, "a. All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. See Section G for Volunteer requirements and Section H for Contractor requirements.

b. Each Facility shall train all Employees who may have contact with Individuals in a GEO Facility or Program on:

- 1) Its zero-tolerance policy for Sexual Abuse and Sexual Harassment;
 - 2) How to fulfill their responsibilities under agency Sexual Abuse and Sexual Harassment prevention, detection, reporting and response policies and procedures;
 - 3) Individuals in a GEO Facility or Program right to be free from Sexual Abuse and Sexual Harassment;
 - 4) The right of Individuals in a GEO Facility or Program and Employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment;
 - 5) The dynamics of Sexual Abuse and Sexual Harassment in confinement;
 - 6) The common reactions of Sexual Abuse and Sexual Harassment victims;
 - 7) How to detect and respond to signs of threatened and actual Sexual Abuse;
 - 8) How to avoid inappropriate relationships with Individuals in a GEO Facility or Program;
 - 9) How to communicate effectively and professionally with Individuals in a GEO Facility or Program, including LGBTI or Gender Non-conforming individuals; and,
 - 10) How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.”
- RADDF policies 4.1 and 11.12 also outline PREA training requirements for staff.

GEO employees receive training on GEO's zero-tolerance policy for sexual abuse and sexual harassment at pre-service and annually at in-service. The PREA Training curriculum were reviewed and found to address all elements of this provision as required. Staff attend classroom PREA training facilitated by the PCM during pre-service and annual PREA refresher online training through the Learning Management System (LMS). PREA information is also provided at shift briefings.

115.31(b) GEO policy 5.1.2-A, section III.F.1.c states, “Employee training shall be tailored to the gender of the Individuals in the GEO Facility or Program at the Employee's Facility, and Employees shall receive additional training if transferring between Facilities that house individuals of different genders.”

RADDF houses adult male and female detainees. Per interview with the Training Administrator, the training provided to staff is tailored to meet this population. An employee will receive additional training if reassigned from a facility that houses only female or male detainees.

115.31(c) GEO policy 5.1.2-A, section III.F.1.c states, “PREA refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to Sexual Abuse and Sexual Harassment policies.”

Per the PAQ and review of staff training records, employees of RADDF receives PREA education as required annually. There are 247 staff assigned to the facility and records indicated 100% of staff received PREA training. Between trainings, the facility receives updates via staff meetings, shift briefings and from PREA posters displayed throughout the facility. Interviews with random staff also confirmed that they receive PREA training annually.

115.31(d) GEO policy 5.1.2-A, section III.F.1.e states, “Unless client mandates require electronic verification, employees shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. This form shall be used to document Pre-service and Annual In-service PREA Training.

Upon completion of PREA pre-service and annual in-service training, staff signs the GEO PREA Basic Acknowledgement form and a Cross Gender Pat Searches and Searches of Transgender and Intersex form, acknowledging receipt and understanding of the training received. Review of random employee training records confirmed training is being completed and documentation of this training being maintained by the facility and electronically in individual training records in LMS. The training files were well organized and complete. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment.

Based on the review of policies, practice training lesson plans, training records, annual refresher training, interviews and analysis, GEO and RADDF provides a very high quality of training for all employees and

ensures the employees understand the company's Zero Tolerance Policy, and how to report and respond to allegations of sexual abuse or sexual harassment and demonstrated they substantially exceeded requirements of this Standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. RADDf Policy 4.1
5. Signed PREA training acknowledgements
6. Volunteer/Contractor PREA Information Sheet
7. Interviews with the following:
 - a. PCM
 - b. Training Administrator
 - c. Chaplin
 - d. Contactors
 - e. Volunteers

115.32(a) & (b) GEO policy 5.1.2-A, addresses volunteer training in section III.G.1 which states,

- "a. All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.
- b. Each Facility shall ensure that all Volunteers who have contact with Individuals in a GEO Facility or Program are trained on their responsibilities under GEO's Sexual Abuse and Harassment prevention, detection, and response policies and procedures."

GEO policy 5.1.2-A, addresses contractor training in section III.H.1 which states,

"a. All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.

b. Each Facility shall ensure that all Contractors who have contact with Individuals in a GEO Facility or Program are trained on their responsibilities under GEO's Sexual Abuse and Harassment prevention, detection, and response policies and procedures." RADDf policies 4.1 and 11.12 also outline PREA training requirements for both volunteers and contractors.

RADDf ensures that all volunteers and contractors who have contact with inmates are trained on their responsibilities under the agency and facility's sexual abuse and sexual harassment policies and procedures prior to their assignment and annually. Interviews with Training Administrator and Chaplain indicated all volunteers meet with the Chaplain and the Training Administrator once a year to complete annual PREA training in a group. Contract staff receives the same training as staff. Review of training records and interviews with contractors and volunteers confirmed the training.

115.32(c) GEO policy 5.1.2-A, section III.G and H -1 indicates, unless client mandates require electronic verification, volunteers and contractors shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received.

Contractors and volunteers sign a GEO PREA Basic Acknowledgement Form acknowledging receiving and understanding the training. Volunteers also sign Acknowledgement of Completion of Prison Rape Elimination Act acknowledgement form. Review of random contractor and volunteer training records, confirmed the acknowledgement forms for contractors and the volunteers are being maintained by the facility.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Sexual Assault Awareness Program brochure (English and Spanish)
5. Detainee Orientation and Reference Handbook (English and Spanish)
6. Signed Acknowledgement of Receipt of Detainee Handbook
7. Signed Acknowledgements of PREA Training Video and Orientation
8. Signed Notice to Offender form
9. PREA posters (English and Spanish)
10. Observation while on-site
11. Interviews with the following:
 - a. Intake officer
 - b. PCM
 - c. Case Manager
 - d. Random detainees

115.33(a) GEO policy 5.1.2-A, section III.E.2.c states, "Within 24 hours of arrival, U.S. Corrections and Detention Facilities shall provide each Individual in a GEO Facility or Program with written information (i.e., handbooks, pamphlets, etc.) on the Company's zero tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment." RADDf policy 11.12 contains the same requirements.

All detainees receive information at time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Detainees receive the Sexual Assault Awareness Program pamphlet and the Detainee Orientation and Reference Handbook, both containing PREA information. The Intake staff explained what written information detainees receive on their day of arrival. During interview, detainees reported receiving written PREA information on the first day of arrival to the facility.

115.33(b) GEO policy 5.1.2-A, section III.E.2.d states, "Within 30 days of intake, U.S. Corrections, Detention, and Community Confinement Facilities shall provide a comprehensive education to all Individuals in a GEO Facility or Program, either in person or through video." section III.E.2.f states, "The comprehensive education shall include information on individual's right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents." RADDf policy 11.12 contains the same requirements.

Comprehensive PREA education is provided to all detainees within 30 days of arrival to the facility. The orientation and PREA education is presented by a case manager. Detainees are also required to watch the PREA: What You Need to Know video. During interview, detainees reported viewing the PREA video and receiving PREA education.

115.33(c) GEO policy 5.1.2-A, section III.E.2.e states, "Individuals in a GEO Facility or Program shall receive education upon transfer to a different Facility if the policy and procedures are different from the previous Facility." RADDf policy 11.12 contains the same requirements.

On information reported on the PAQ, there were 6,211 detainees admitted to the facility in the past 12 months and 100% of the detainees were given PREA information at intake. There were 1,289 detainees whose length of stay in the facility was for 30 days or more during the past 12 months and 100% of the detainees received the comprehensive education.

115.33(d) GEO policy 5.1.2-A, section III.E.2.g states, "In all Facilities, education shall be provided in formats accessible to all Individuals in a GEO Facility or Program, including those with disabilities and those who are limited English proficient." RADD policy 11.12 contains the same requirements.

Per interviews with the PCM and case manager they stated PREA education provided to inmates is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. The facility has PREA pamphlets, posters handbooks and form available in both English and Spanish. The facility has bilingual staff that is used as interpreters. A contract with the Language Line Services provides translation of any other languages. The facility has a TDY for deaf or hard of hearing inmates. The limited English proficient detainees interviewed acknowledged the information was provided in formats that could be understood.

115.33(e) GEO policy 5.1.2-A, section III.E.2.h states, "In all Facilities, Individuals in a GEO Facility or Program shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files." RADD policy 11.12 contains the same requirements.

The facility maintains documentation that detainees received written information and participate in PREA education sessions. Detainees sign the Acknowledgement of Receipt of Detainee Handbook, Acknowledgements of PREA Training Video and Orientation and PREA Notice to Offender form. This documentation is filed in the detainees' file. Prior to the audit, the auditor reviewed three examples (one from 2017, 2018, and 2019) of detainees' documentation of receiving information and receiving comprehensive training; and randomly reviewed 12 additional detainee records onsite.

115.33(f) GEO policy 5.1.2-A, section III.E.2.i states, "Key information shall be provided to Individuals in a GEO Facility or Program on a continuous basis through readily available, handbooks, brochures, or other written materials."

PREA information is provided on multiple posters, both in English and Spanish, displayed in housing units and in numerous other locations throughout the facility as observed during the site review of the facility. Detainees also are provided with a copy of the Sexual Assault Awareness Program brochure and the Detainee Orientation and Reference Handbook. Detainees were recently issued tablets that also provide PREA information.

Based on the review of policies, inmate files, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. GEO Corporate Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior
3. RADDf Policy 11.12
4. Investigating Sexual Abuse in Correctional Settings Training Curriculum
5. Training Attendance records
6. Signed PREA Basic Training acknowledgements
7. PREA Specialized Investigator Training Certificates
8. Interviews with the following:

a. Investigator

115.34(a-b) GEO policy 5.1.2-A, section III.E.2 states, “a. Investigators shall be trained in conducting investigations of Sexual Abuse in confinement settings. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

b. Investigators shall receive this specialized training in addition to the training mandated for Employees in Section F (1). Facilities shall maintain documentation of this specialized training.” RADD policy 11.12 contains these same requirements.

Per policies, investigators in addition to general PREA training provided to all employees, GEO requires that facility investigators receive specialized training on conducting sexual abuse investigations. Agency facility trained investigators complete Specialized Training: Investigating Sexual Abuse in Correctional Settings, facilitated by GEO’s PREA Coordinator. The training curriculum was provided for review and found to include topics on interviewing sexual abuse victims, proper use of the 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.

115.34(c) The facility has three trained investigators. The agency maintains documentation that investigators have received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the specialized training, investigators receive a certificate of completion. In review of investigators’ training records, all three investigators have completed this specialized training, as well as general training provided to all employees. During an interview with the lead facility investigator, he stated he had extensive prior experience and training regarding sexual abuse investigations. He indicated that he attended the specialized training, Investigating Sexual Abuse in Correctional Settings which included but was not limited to evidence collection, interviews, documentation, and evidentiary standards. He also attends the annual PREA training at the facility.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Specialized Medical and Mental Health PREA training curriculum
5. Learning Management System (LMS) Training Transcripts

6. Signed PREA training acknowledgements
7. Statement of Fact
8. Interviews with the following:
 - a. Medical staff
 - b. Training Administrator

115.35(a) GEO policy 5.1.2-A, section III.F.2 states, “a. Each Facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities on certain topic areas, including detecting signs of Sexual Abuse and Sexual Harassment, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse and Sexual Harassment, and proper reporting of allegations or suspicions of Sexual Abuse and Sexual Harassment. Note: training is to be completed during newly hired employee pre-service orientation.
b. Medical and Mental Health Care Practitioners shall receive this specialized training addition to the training mandated for Employees in Section F (1) or Contractors in Section H (1) depending upon their status at the Facility.” RADD policy 11.12 contains this same requirement

The Agency and facility Policy requires that all full-time and part-time Medical and Mental Health Care practitioners receive basic PREA training and specialized PREA training including how to detect signs of sexual abuse and sexual harassment, how to preserve physical evidence, 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 Agency’s Specialized Medical and Mental Health PREA training curriculum was provided for review and was found to contain all topics required in this provision.

115.35(b) Neither the agency nor the facility medical staff conducts forensic exams. All forensic examinations are performed off-site at a local medical facility. A statement of fact was provided to confirm this practice.

115.35(c)&(d) The auditor reviewed training records showing all medical and mental health staff attended the Agency PREA training. Signed PREA training acknowledgements were reviewed for 5 random staff. The auditor also reviewed training records indicating all medical and mental health staff attended specialized training. Medical and Mental Health staff stated during interviews that they attend the annual PREA training for all employees and have attended the specialized Medical and Mental Health PREA Training.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Completed GEO PREA Risk Assessment tool
5. Completed PREA Vulnerability Reassessment Questionnaire
6. Mental health referrals
7. Psychology Progress notes
8. Mental Health Evaluations
9. Interviews with the following:
 - a. Intake officers
 - b. PCM
 - c. Case Manager
 - d. Mental Health practitioner
 - d. Detainees

115.41(a-g) GEO policy 5.1.2-A, section III.D.1 states, “a. All Individuals in a GEO Facility or Program shall be assessed during intake and upon transfer for their risk of being sexually abused by another Individual in a GEO Facility or Program or being sexually abusive towards another Individual in a GEO Facility or Program.

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

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

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

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

e. The intake screening shall also consider prior acts of Sexual Abuse, prior convictions for violent offenses, and history of prior institutional violence or Sexual Abuse, as known to the Facility, in assessing the risk of being sexually abusive.

f. Facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the Facility, staff shall reassess the Individual’s in a GEO Facility or Program risk for victimization or abusiveness based upon any additional, relevant information received by the Facility since the intake screening. Unless mandated by client contract, Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (see Attachment C) to conduct the reassessment.” RADDf policy 11.12 contains these same requirements.

All detainees are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility. The PAQ indicated 4,389 detainees were assessed for their risk of victimization or abusiveness in the past 12 months. Intake risk assessments are conducted by the Case Managers using the RADDf PREA Risk Assessment form. The RADDf PREA Risk Assessment *t* was reviewed and found to contain all requirements of provision “d” of this standard and allowed the screener to document his/her perception of gender non-conformity. The screening includes the case manager’s thorough review of any available records available to assist with determining the offender’s risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Within 30 days of the detainee’s arrival to the facility, detainees are reassessed for their risk for victimization and abusiveness using the PREA Vulnerability Reassessment Questionnaire. An offender’s risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. This information was confirmed in interview with a Case Manager. Prior to the audit, auditor reviewed two (2) examples of detainee screening forms (initial assessment and 30-day reassessment follow-up screen), one each from 2017 and 2019. The auditor randomly selected 12 detainees and reviewed their screens during the on-site audit. All screenings were done within timeline requirements. During detainees’ interviews, most detainees who arrived within the last 12 months remembered receiving the initial PREA assessment and the 30 day reassessment.

115.41(h) GEO policy 5.1.2-A, section III.D.1 g states, “Disciplining Individuals in a GEO Facility or Program for refusing to answer or not providing complete information in response to certain screening questions is prohibited.” RADDf policy 11.12 contains this same requirement.

During interviews with the PCM and Case Manager they confirmed detainees are not be disciplined for refusing to answer any questions or for not disclosing complete information. The case manager indicated she did not recall a time when a detainee refused to answer these questions.

115.41(i) GEO policy 5.1.2-A, section III.D.1 states, “h. Facilities shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other Individuals in a GEO Facility or Program.

i. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions.” RADDf policy 11.12 contains this same requirement.”

Only the Facility Administrator, PCM, Case Managers, Classification and mental health staff have access to screening information. The original screening forms are filed in the detainees file, which are locked in the Classification Managers’ office.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. PREA At Risk Log
5. Statement of Search/Shower/Pronoun Preference Form
6. Transgender Care Committee Summary
7. Sexual Orientation Housing Report
5. Observation while on-site
6. Interviews with the following:
 - a. Case Manager
 - b. PCM
 - c. Random detainees

115.42(a-b) GEO policy 5.1.2-A, section III.D.3 states, “a. Screening information from standard Section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. The PREA Compliance

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

b. PREA Compliance Managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location.” RADD policy 11.12 outlines the procedures for the use of screening information at the facility.

RADD uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating inmates at high risk of being sexually victimized from inmates with those at high risk of being sexually abusive. During interviews with the PCM and Case Managers responsible for screening detainees, they explained how the facility utilizes screening information for this purpose. Individualized determinations are made about how to ensure the safety of each detainee. Detainees who score at risk of victimization or abusiveness are referred for further evaluation with mental health. Inmates have an option of refusing these services. Detainees screened at risk victimization or abusiveness are tracked on the PREA At Risk log.

115.42 (c-g) GEO policies 5.1.2-A, section III.D.3 states, “c. In making housing and programming assignments for Transgender or Intersex Individuals in a GEO Facility or Program, the Facility shall consider on a case-by case basis whether the placement would present management or security problems.

d. Unless client written mandates differ, in U.S. Corrections and Detention Facilities the following guidelines will be adhered to:

1. If for security reasons general population housing is not assigned after intake processing, and involuntary segregation is used, the guidelines in section K (Protective Custody) of this policy must be followed. Serious consideration shall be given to the individual’s own views with respect to his/her own safety.

2. Transgender and Intersex individuals may be housed in medical for up to 72 hours (excluding weekends, holidays and emergencies) until the appropriate housing determination is made by the Transgender Care Committee (TCC).TCC members shall consist of the Warden or Assistant Warden, Security Chief, Classification or Case Management Supervisor, Medical and/or Mental Health staff and PREA Compliance Manager. The Corporate PREA Coordinator may also be consulted.

3. Placement into administrative segregation due to an individual’s identification as Transgender or Intersex should be used only as a last resort and when no other viable housing options exist.

4. The TCC shall at a minimum consider:

i. the individual’s documented criminal history and past/present behavior;

ii. the individual’s physical, mental, medical and special needs;

iii. the individual’s self-assessment of his/her safety needs (do they feel threatened or at risk of harm);

iv. privacy issues, including showers, available beds and or housing;

v. all records and prior assessments of the effects of any housing placement on the individuals health and safety that has been conducted by a medical or mental health professional; and,

vi. those individuals with a diagnosis of Gender Dysphoria through mental health shall be afforded feminine hygiene products and a sports bra as determined by the committee.

5. The TCC will attempt to reach consensus on all decisions. Summary notes shall be documented on the Transgender Care Committee Summary (see Attachment D) for each TCC meeting to include persons attending and conclusions reached. A copy of the notes shall be retained in the individual’s institutional file and a copy forwarded to the Corporate PREA Coordinator upon completion.

e. In all facilities, housing and programming assignments for each Transgender and Intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. Serious consideration shall be given to the individual’s own views with respect to his/her own safety. Unless mandated by client contract, Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (see Attachment C) to conduct the six-month reassessment.

f. LGBTI Individuals in a GEO Facility or Program shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such individuals.

g. Transgender and Intersex Individuals in a GEO Facility or Program shall be given an opportunity to shower separately from other individuals.” RADDf policy 11.12 contains similar language and requirements regarding transgender detainees.

In making housing and programming assignments for transgender or intersex inmates, RADDf will consider on a case-by-case basis whether the placement would present management or security problems. Detainees who self-disclose being gay, bisexual, transgender or intersex are tracked on the Sexual Orientation Housing report. Transgender and intersex inmates are housed with housing determinations made by a Transgender Care Committee (TCC). The TCC meets with the detainee and completes a GEO Statement of Search/Shower/Pronoun Preference Form and documents the meeting on the Transgender Care Committee Summary. Transgender and intersex inmates may be housed up to 72 hours in medical or until the TCC meets with them. : A transgender or intersex inmate’s housing and program assignments will be reassessed every six months to review any threats to safety experienced by the inmate. A transgender or intersex inmate’s own view of their safety is taken into consideration. When the TCC meets with transgender or intersex inmates the inmates are given an opportunity to express their own views. The one transgender inmate interviewed confirmed meeting with the TCC. (f): Transgender and intersex inmates are offered the opportunity to shower separately from other inmates at designated times. The transgender inmate when interviewed reported when he met with the TCC she was offered the opportunity to shower separately from other inmates. GEO does not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated units or wings solely based on such identification. In interviews with three LGBTI detainees, all reported they did not feel they were housed any differently because of his sexual orientation. When interviewed, the PREA Coordinator stated the agency is not under a consent decree or other legal judgement at any of their facilities. The practice of placing LBGTI inmates in dedicated units or winds solely based on such identification is prohibited by policy.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Statement of Fact
5. Observation while on-site
6. Interviews with the following:
 - a. Facility Administrator
 - b. PCM

115.42(a-e) GEO policy 5.1.2-A, section III.K.1 states, “a. Involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the Individual in a GEO Facility or Program.

b. If the Facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment.

c. Facilities shall utilize the “Sexual Assault/Abuse Available Alternatives Assessment” (see Attachment G) form to document the assessment. All completed forms shall be reviewed and signed by the Facility Administrator or Assistant Facility Administrator upon completion.

d. If segregated housing is used, the individual shall have all possible access to programs and services for which he/she is otherwise eligible, and the Facility shall document and justify any restrictions imposed.

e. Involuntary segregated housing shall not ordinarily exceed a period of 30 days.

f. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the Facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed.” RADDf policy 11.12 contains similar language regarding the use protective custody for detainees at high risk of sexual victimization. .

Per the Statement of Fact, RADDf has not place detainees at high risk for victimization in involuntary segregated housing. Both GEO and RADDf have policies on protective custody that meets all requirements and provisions of this Standard. Interviews with the Facility Administrator and PCM both indicated they were aware of the policies and requirement for the use of protective custody for this purpose. The Facility Administrator stated the facility would try in find other alternatives options, but if this were to occur, the detainee would be placed in involuntary segregated housing for the least amount of time as possible and with minimal restrictions. As no detainees at high risk for sexual victimization were placed in involuntary segregated, there was no additional documentation to review.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12

4. Sexual Assault Awareness Program brochure
5. PREA Zero Tolerance posters
6. Detainee Orientation and Reference Handbook
7. MOU with Southern Crescent Sexual Assault Center (SCSAC)
8. SCSAC posters
8. Employee Handbook
9. Observation while on-site
10. GEO website
11. Interviews with the following:
 - a. PCM
 - b. Random staff
 - c. Random detainees

115.51(a) GEO policy 5.1.2-A, section III.L.1.a states, "Each Facility shall provide multiple ways for Individuals in a GEO Facility or Program to privately report Sexual Abuse and Sexual Harassment, retaliation by other Individuals in a GEO Facility or Program or Employees for reporting Sexual Abuse and Sexual Harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. RADD policy 11.12 provides specific information on the multiple ways detainees can report contains PREA allegations.

RADD provides multiple internal ways for detainees to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Detainees are provided with the Sexual Assault Awareness Program brochure, the detainee handbook. Various PREA posters and notification posted by all phones provides reporting options. Detainees were recently issued tablets which can be utilized to report allegations. Interviews with detainees verified they detainees knew of multiple internal ways to report.

115.51(b) GEO policy 5.1.2-A, section III.L.1.states, "b. Facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security.

c. Facilities shall provide Individuals in a GEO Facility of Program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO (i.e. contracting agency ICE, USMS, BOP, etc.) and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request." RADD policy 11.12 contains similar language.

RADD also provides multiple external ways for inmates to report allegations to a public or private agency that is not part of GEO. Detainees can 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. Detainees detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

115.51(c) GEO policy 5.1.2-A, section III.L.1.e states, " Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." RADD policy 11.12 contains the same requirement.

Staff accept reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. Staff interviewed were aware of this requirement.

115.51(d) GEO policy 5.1.2-A, section III.L.4.b states, "Employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or a member of the management team privately if requested.

Staff has access to private reporting by calling the Employee Hotline or the Corporate PREA Coordinator. Information for inmate and staff reporting was found on the GEO website (<https://www.geogroup.com/prea>. Third Party Reporting posters and the Employee Handbook inform employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff interviewed knew how to privately report sexual abuse and sexual harassment of detainees.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.11 Detainee Grievance Procedure
4. RADDf Policy 11.12
5. Detainee Orientation and Reference Handbook
6. Grievance documents
7. GEO Website
8. Statement of Fact
9. Interviews with the following:
 - a. PCM
 - b. Random detainees

115.52(a) GEO policy 5.1.2-A, section III.L.2.a states, "a. Facility grievance policies shall include the following procedures regarding Sexual Abuse grievances:

- 1) No time limit on when an Individual in a GEO Facility or Program may submit a grievance regarding an allegation of Sexual Abuse.
- 2) Individuals in a GEO Facility or Program have a right to submit grievances alleging Sexual Abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint.
- 3) Third parties (e.g. fellow Individuals in a GEO Facility or Program, Employees, family members, attorneys and outside advocates) may assist Individuals in a GEO Facility or Program in filing requests for administrative remedies relating to allegations of Sexual Abuse and may file such requests on behalf of Individuals in a GEO Facility or Program.
- 4) The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process.
- 5) Individuals in a GEO Facility or Program are not required to use any informal grievance process or attempt to resolve with Employees an alleged incident of Sexual Abuse.
- 6) A final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not

include time consumed by individuals in a GEO facility or program in preparing any administrative appeal.

7) Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing.

8) At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level.” RADDf policy 11.11 and 11.12 also address the grievance procedures.

There are policies and procedures in place for detainees to submit grievances regarding sexual abuse. Instructions on how to file grievances are provided to inmates in the Detainee Handbook. Detainees interviewed were aware filing a grievance is a reporting option for them.

115.52(b) The GEO and RADDf policies referenced above address this provision. There is no time limit when a detainee can submit a grievance regarding sexual abuse. Detainees are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. The PCM receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. Per the PAQ, there was one PREA related grievances filed in the past 12 months.

115.52(c) The GEO and RADDf policies referenced above address this provision. Detainees have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third party files a grievance on an inmate’s behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.52(d) The GEO and RADDf policies referenced above address this provision. A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. Per the PAQ and Statement of Fact, there were zero PREA related grievances involving extensions because the final decision could not be reached within 90 days in the past 12 months.

115.52(e) The GEO and RADDf policies referenced above address this provision. Third parties such as fellow detainees, family members, attorneys or outside advocates may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of detainees. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the detainee declines to have the request processed on his or her behalf, the agency shall document the detainee’s decision

115.52(f) GEO policy 5.1.2-A, section III.L.2.b states, “1) Individuals in a GEO Facility or Program may file an emergency grievance if he/she is subject to a substantial risk of imminent Sexual Abuse.

2) After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim.

3) An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five (5) calendar days.” RADDf policy 11.11 and 11.12 also address emergency grievances.

Detainees may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided

within five calendar days. Per the PAQ and interview with the PCM, there were zero emergency grievances alleging sexual abuse filed in the past 12 months.

115.52(g) GEO policy 5.1.2-A, section III.L.2.c states, "Individuals in a GEO Facility or Program may receive a disciplinary report for filing a grievance relating to alleged Sexual Abuse in bad faith." RADDf policies contains the same language

A detainee can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. Per the PAQ and interview with the PCM, there were zero disciplinary action taken against a detainee for filing a grievance in bad faith.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. RADDf Policy 11.8 Access to Courts and Counsel
5. Sexual Assault Awareness Program brochure
6. PREA Zero Tolerance posters
7. Detainee Orientation and Reference Handbook
8. MOU with Southern Crescent Sexual Assault Center (SCSAC)
9. SCSAC posters
10. Observation while on-site
11. Interviews with the following:
 - a. PCM
 - b. Medical staff
 - c. Random detainees

115.53(a-b) GEO policy 5.1.2-A, section III.M.8 states, “a. Facilities shall provide Individuals in a GEO Facility or Program who allege Sexual Abuse while in GEO custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. (This may be done by providing mailing addresses, telephone numbers, toll-free hotline numbers, etc.).

b. Facilities shall enable reasonable communication between Individuals in a GEO Facility or Program and these organizations as well as inform Individuals in a GEO Facility or Program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.” RADDf policies 11.8 and 11.12 also address the requirements of this standard.

RADDf allows reasonable communication between the detainee and these agencies in a confidential manner. Detainees are informed in the Detainee Handbook, the Sexual Assault Awareness Program brochure and SCSAC posters. Detainees are informed they can remain anonymous if they choose. Interviews with detainees indicated most were aware of outside support services.

115.53(c) GEO policy 5.1.2-A, section III.M.8 states, “c. Facilities are required to maintain or attempt to enter into agreements with community service providers to provide Individuals in a GEO Facility or Program with confidential emotional support services related to the Sexual Abuse while in custody.

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

RADDf has a MOU with the Southern Crescent Sexual Assault Center to provide emotional support services to victims of sexual abuse. The facility maintains a copy of that MOU and provided it for review. The MOU indicates it will provide detainees victim advocates for emotional support services related to sexual abuse. Detainees may also report allegations of sexual abuse or sexual harassment to SCSAC. The auditor tested the numbers in the housing unit during the audit. There was an issue

with the contacting SCSAC. This was resolved during the on-site audit and the auditor verified it was now operational.

Based on the review of policies, observation, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. RADDf Policy 11.11
5. GEO website
6. GEO PREA Reporting poster
7. Observation while on-site
8. Interviews with the following:
 - a. PCM
 - b. Random detainees
 - c. Random staff

115.54 GEO policy 5.1.2-A, section III.L.3 states, "GEO shall post publicly, third-party reporting procedures on its public website to show its method of receiving third-party reports of Sexual Abuse and Sexual Harassment on behalf of Individuals in a GEO Facility or Program. In all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include, lobby, visitation and staff break areas within the facility." RADDf policies 11.11 and 11.12 also contain information on third party reporting.

Detainees are informed of third party reporting during orientation, information in the Detainee Handbook, the grievance process and on PREA posters displayed in numerous locations in both English and Spanish. The GEO website outlines methods to report sexual abuse and sexual harassment on behalf of an inmate. Inmates can accomplish third-party reporting by having a friend or

family member call the PREA hotline. Posters on display at the facility provide the visitors and staff with third party reporting options. Interviews with staff and inmates demonstrated they knew how third-party reporting could be accomplished.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Official Code of Georgia Chapter 5
5. PREA lesson plan
6. Sexual Abuse First Responders Duties card
7. Statement of fact
8. Interviews with the following:
 - a. Facility Administrator
 - b. PCM
 - c. Random staff
 - d. Medical staff

115.61(a) GEO policy 5.1.2-A, section III.L.4 states, "Employees are required to immediately report any of the following:

- 1) Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Sexual Harassment that occurred in a Facility whether or not it is a GEO Facility;
- 2) Retaliation against Individuals in a GEO Facility or Program or Employees who reported such an incident; and,
- 3) Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation." RADDf Policy 11.12 also contains the same language and requirement.

During random staff interviews 100% of staff reported that the agency does require staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Staff also indicated a responsibility to report any retaliation against detainees or staff for reporting sexual abuse or sexual harassment and a duty to report any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment. The PREA lesson plan was reviewed and includes reporting responsibilities for staff.

115.61(b) GEO Policy 5.1.2-A and RADDf Policy 11.12 indicates that apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone. During random staff interviews 100% of staff stated keeping PREA allegations confidential was required. The PREA Lesson plan, the Coordinated Response plan and the PREA pocket cards also address confidentiality of PREA allegations.

115.61(c-d) GEO Policy 5.1.2-A and RADDf Policy 11.12 indicates that unless precluded by federal, state or local law, Medical and Mental Health Practitioners are required to report allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult to designated

state or local services Agencies under applicable mandatory reporting laws. Practitioners shall inform Individuals in a GEO Facility or Program of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Medical staff during interviews stated they are required and would report sexual abuse and inform victims of their duty to report at the initiation of services. RADDf does not house detainees under the age of 18. Per the Statement of Fact, there were no PREA incidents involving vulnerable adults as defined by Georgia Code during this review period. .

115.61(e) GEO Policy 5.1.2-A and RADDf Policy 11.12 requires that Facilities shall report all allegations of Sexual Abuse and Sexual Harassment, including third-party and anonymous reports, to the Facility's designated investigators or outside agency responsible for investigating these type incidents. During interviews with the Facility Administrator and PCM, they said that all allegations of sexual abuse and sexual harassment are forwarded for investigation. Interviews with detainees and staff did not reveal any incident of sexual abuse or harassment not reported.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. PREA lesson plan
5. Statement of Fact
6. Interviews with the following:
 - a. PCM
 - b. Random staff
 - c. Facility Administrator

115.62(a) GEO policy 5.1.2-A, section III.M.1.a states, "When a Facility learns that an Individual in a GEO Facility or Program is subject to substantial risk of imminent Sexual Abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of Sexually Abusive Behavior and Sexual Harassment. Employees should assume that all reports of sexual

victimization, regardless of the source of the report (i.e. “third party”) are credible and respond accordingly.” RADDf Policy 11.12 and PREA training require staff to take immediate action to protect any detainee they learn is subject to substantial risk of imminent sexual abuse. Security personnel immediately employ protection measures as the information is passed to the supervisor and PCM. All staff are issued a PREA response pocket card.

During an interview with the Facility Administrator, he stated that if it was suspected a detainee was at substantial risk of sexual abuse he would immediately move the inmate and investigate. The Facility Administrator also stated immediate action includes separation; monitoring; changing the housing and/or work assignments; and placing the abuser in another facility or requesting a transfer and make referrals to medical and mental health as needed. The facility provided a Statement of fact which indicated the facility did not have an incident in which a detainee was determined at substantial risk of imminent sexual abuse during this reporting period.

Based on the review of policies, documents, lesson plan, interviews and analysis, the facility demonstrated compliance with this Standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A

3. RADD Policy 11.12
4. Notification Letters
5. Statement of Fact
4. Interviews with the following:
 - a. PCM
 - b. Facility Administrator

GEO Policy 5.1.2-A and RADD Policy 11.12 require that when an allegation is received that a detainee was sexually abused while confined at another institution, the Facility Administrator must notify the Facility Administrator, where the alleged abuse occurred within 72 hours after receiving the allegation. The notification shall be documented. An interview with the Facility Administrator confirmed his knowledge of the procedure and responsibility to report any allegations that a detainee was sexually abused while confined at another institution within 72 hours. The auditor was provided with three notification letters to other institutions regarding sexual abuse allegations.

The policies also require that all sexual abuse allegations reported by another institution regarding any detainee that was confined at RADD to be fully investigated. An interview with the Facility Administrator and PCM confirmed their knowledge of the procedure and their responsibility to investigate any allegations that may have occurred at RADD. A Statement of Fact was provided indicating RADD did not receive any notifications from another facility that an inmate alleged sexual abuse while housed at RADD during this reporting period.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. PREA lesson plan
5. PREA Responder pocket card
6. Interviews with the following:
 - a. PCM
 - b. Random staff

115.64(a) GEO Policy 5.1.2-A, RADDf Policy 11.12 and PREA training outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment for security staff which meet the requirements of this provision. Per the PAQ In the past 12 months, there were 2 allegations that a detainee was sexually abused. For these two allegations, the first security staff member to respond to the allegation separated the alleged victim and abuser. It was reported that there were no allegation when the response was within a time period that still allowed for the collection of physical evidence.

115.64(b) The policies also mandate if the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff.

All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. 100% of staff reported that they would immediately separate the detainees, keep the victim safe, do what they could to preserve a crime scene and advise involved detainees not to wash, shower, change clothing, brush teeth, eat, drink, or use the toilet. They all said they would also immediately call a supervisor and remain on the scene until relieved by responding personnel. All staff are trained as first responders and were issued a pocket card that list the steps to take when responding to an allegation that an inmate was sexually abused.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. RADDf PREA Coordinated Response Plan dated 3/4/2019
5. PREA Emergency Response Checklist
6. Emergency Contact list
7. Interviews with the following:
 - a. Facility Administrator
 - b. PCM
 - c. Random and Specialized staff
 - d. Shift Supervisor

GEO Policy 5.1.2-A, RADDf Policy 11.12 requires that the Facility develops a written Facility plan to coordinate the actions taken in response to incidents of Sexual Abuse. The plan shall coordinate actions of staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership. The local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response .RADDf has developed a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The policies and Coordinated Response Plan are comprehensive in describing required actions by security and specialized staff. RADDf also developed a PREA Emergency Response Checklist to ensure that all steps of the plan are carried out. Interviews with the Facility Administrator, PCM, Shift Supervisors, first responders, medical/mental health, and investigators confirmed staff members were knowledgeable about the Response Plan and their specific responsibilities as it relate to responding to sexual abuse allegations and their coordinated duties and collaborative responsibilities.

Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this Standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. GEO Corporate Policy 5.1.2-E
4. Statement of Fact
5. Interviews with the following:
 - a. Agency Head
 - b. Facility Administrator

GEO Policy 5.1.2-A and 5.1.2-E states, GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged Employee sexual abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The policies also state In every case where the alleged abuser is an Employee, Contractor or Volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Review of investigations demonstrates that RADDf 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. Per interviews and the Statement of Fact, RADDf does not participate in collective bargaining agreements.

Based on a review of policies, documents, statement of fact and interviews, the facility has demonstrated compliance with this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Completed Protection Against Retaliation Form
5. Interviews with the following:
 - a. PCM
 - b. Facility Administrator

115.67(a) GEO Policy 5.1.2-A and RADDf Policy 11.12 require the facility to implement procedures to protect detainees and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by detainees or employees. The policies also state the Facility PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of detainees in the facility. RADDf designated the PCM as the person responsible for monitoring retaliation.

115.67(b) The policies require the Facilities have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, and emotional support services or staff who fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations. Per interviews with the Facility Administrator, he stated there are multiple options available to protect inmate and staff from retaliation.

115.67(c & d) The policies requires the PCM to meet weekly with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Any issues discussed shall be noted on the "Protection from Retaliation Log, to include corrective actions taken to address the issue. For at least 90 days following a report of Sexual Abuse the Facility shall monitor the conduct and treatment of Individuals in a GEO Facility or Program or Employees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Individuals in a GEO Facility or Program or staff, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded. Items to be monitored for Individuals in a GEO Facility or

Program include disciplinary reports and housing or program changes. Items to be monitored for Employees include negative performance reviews and Employee reassignments which shall be monitored by the Human Resources Department. Per interview with the PCM, she stated she meets weekly with the victims and completes the Protection against Retaliation Form. In addition she usually makes daily rounds of the housing units to check on detainees. The form is very comprehensive and identifies the victim name, number, date of allegation, current housing unit, date of check, issues or concerns, corrective action taken and is sign after each visit by the victim and monitor. Per the Statement of Fact, RADDf has not received or incurred any reports of retaliation during this review period.

115.67(e) GEO Policy 5.1.2-A and RADDf Policy 11.12 addresses the requirement of this provision. The policies cover anyone who cooperates with an investigation from retaliation by detainees or employees.

Based on the review of policies, retaliation forms, interviews, weekly monitoring meetings with victims of both sexual abuse and harassment allegations, staff and victim signatures on the form and analysis, demonstrated RADDf substantially exceeded the requirements of this Standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Statement of Fact
5. Interviews with the following:
 - a. PCM
 - b. Facility Administrator

GEO Policy 5.1.2-A states, Section III.M.6 states, “Any use of segregated housing to protect an Individual in a GEO Facility or Program who is alleged to have suffered Sexual Abuse shall be subject to the requirements of Section K (1) Protective Custody.” Section K states, “Involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the Individual in a GEO Facility or Program. If the Facility

cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment.”

There were no detainees who have alleged to have suffered sexual abuse in protective custody during the audit. Per the Statement of Fact and interviews of the Facility Administrator and PCM, 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.

Based on the review of policies, interviews, statement of fact and analysis, the facility demonstrated compliance with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. RADDf Policy 11.12
4. PREA Allegation Tracking log
5. Administrative Investigative Reports
6. Interviews with the following:
 - a. PCM
 - b. Investigator

115.71(a) GEO policy 5.1.2-E, section III.B.1 states, “a. An administrative or criminal investigation shall be completed for all allegations of Sexual Abuse and Sexual Harassment at GEO Facilities.
 b. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of Sexual Abuse and Sexual Harassment.
 c. Specific procedures not listed in this policy which are required by contractual obligations shall be followed.
 d. When the facility conducts its own investigations into allegations of Sexual Abuse and Sexual Harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.” RADDf policy 11.12 contains similar language and requirements.

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During interviews with the Facility Administrator, PCM and Investigator it was determined an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. RADDf conducts administrative investigations following agency and facility policies using uniform evidence protocols. RADDf does not conduct criminal investigations. Criminal investigations are referred to outside agencies. Per the Statement of fact there were zero referrals for a criminal investigation in the past 12 months

There were two allegation of sexual assault and three allegations of sexual harassment reported by detainees in the past 12 months. A breakdown of those allegations is as follows:

Number of Allegations	Type	Finding
0	Inmate-on-Inmate Sexual Abuse	N/A
3	Inmate-on-Inmate Sexual Harassment	1- Unsubstantiated 2- Unfounded
2	Staff-on-inmate Sexual Abuse	2- Unfounded
0	Staff-on-Inmate Sexual Harassment	N/A

The auditor reviewed a total of seven (7) investigations of sexual abuse and sexual harassment conducted at RADDf during the audit cycle (five in the past 12 months and two from 2018 and 2017).

RADDF promptly, thoroughly and objectively conducts administrative investigations of all allegations, including third party and anonymous reports. Investigations are conducted.

115.71(b) GEO policy 5.1.2-E, section III.B.1 states, “d. GEO shall use investigators who have received specialized training in Sexual Abuse investigations. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.” RADDF policy 11.12 contains the same requirements.

RADDF has three trained investigators and facility investigators have completed the GEO specialized training in investigating sexual abuse allegations. The auditor reviewed the Investigator Training curriculum and found it to be very comprehensive. Documentation was provided to the auditor that confirmed the investigators had received the specialized training.

115.71(c) GEO policy 5.1.2-E, section III.B.2.b states, “Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator.”

Per interview with the investigator, it is his responsibility to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. He will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

115.71(d) GEO policy 5.1.2-E, section III.E.f states, “When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”

There were no investigation in the past 12 months that required compelled interviews.

115.71(e) GEO policy 5.1.2-E, section III.B.1 states, “g. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Individual in a GEO Facility or Program or staff.

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

Interviews with the PCM and investigator confirmed polygraph examinations are not allowed. The investigator stated credibility is assessed on an individual basis.

115.71(f) GEO policy 5.1.2-E, section III.B.2.c states, “Administrative investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

During an interview with the investigator, he indicated this is part of the investigation process. Review of Investigative reports verified this requirement is documented in the report.

115.71(g) GEO policy 5.1.2-E, section III.B.2.e states, “Criminal investigations shall be documented in a written report format that contains at a minimum, a thorough description of the physical, testimonial, and documentary evidence.”

During interview with the PCM, she indicated the facility has MOU with local law enforcement and they receive copies of criminal investigations.

115.71(h) GEO policy 5.1.2-E, section III.B.1.k states, “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.”

115.71(i) GEO policy 5.1.2-E, section III.B.2.j states, “GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.

During interviews with the PCM, she confirmed the facility follows the required record retention for investigative files

115.71(j) GEO policy 5.1.2-E, section III.B.1.i states, “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

During interviews with the Investigators and the Facility Administrator, they responded the investigations would continue.

115.71(l) GEO policy 5.1.2-E, section III.B.1.f states, “When outside agency investigates sexual abuse the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

During interviews with the Investigators, PCM and the Facility Administrator, they reported facility investigators will contact outside investigators at least monthly or more often. In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations and knew when to refer allegations that appear to be criminal for a criminal investigation.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. RADDf Policy 11.12
4. Investigative Reports
5. Interviews with the following:
 - a. PCM
 - b. Investigator

GEO Policy 5.1.2-E and RADDf Policy 11.12 states, “the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” Interviews with the Investigator and PCM found that RADDf does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Review of Investigative reports indicated preponderance of evidence was used in determining findings. Per the Statement of Fact, there were no substantiated allegations of sexual abuse or sexual harassment in the past 12 months.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with this standard

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. RADDf Policy 11.12
4. Administrative Investigative files
5. Notice of Outcome of Investigation
6. Interviews with the following:
 - a. Facility Administrator
 - b. Investigator

115.73(a) GEO Policy 5.1.2-E and RADDf Policy 11.12 states, "At the conclusion of an investigation, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of Sexual Abuse in writing, whether the allegation has been: Substantiated, Unsubstantiated or

Unfounded.” There were two administrative investigations of alleged inmate sexual abuse completed by the facility in the past 12 months, and for each investigation the victim was notified. There were three administrative investigations of alleged inmate sexual harassment completed by the facility in the past 12 months, and for each investigation the victim was notified. The investigation file contains a Notice of Outcome of Investigation form which is signed by the victim.

115.73(b) GEO Policy 5.1.2-E and RADD Policy 11.12 states, “If the Facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the individual.” Per interview with the Facility Administrator he was aware of this requirement and the investigative agency would be contacted regarding the result of the investigation. There were no investigations conducted by an outside entity during the past 12 months.

115.73(c) GEO Policy 5.1.2-E and RADD Policy 11.12 requires the victim to be informed if the alleged abuser was an employee, unless the allegation was determined to be unfounded, if the staff member is no longer posted within the detainee’s unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility. The Notice of Outcome of Investigation has an abuser status section that is used for this type of notification. There were two staff on detainee sexual abuse allegation in the past 12 months. The allegations were determined to be unfounded and notification of the staff status to the victim was not required.

115.73(d) GEO Policy 5.1.2-E and RADD Policy 11.12 requires the victim to be informed if the alleged abuser was a detainee, unless the allegation was determined to be unfounded, if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The Notice of Outcome of Investigation has an abuser status section that is used for this type of notification. There were no detainee on detainee sexual abuse allegations in the past 12 months.

115.73(e) GEO Policy 5.1.2-E and RADD Policy 11.12 require the victim receive the original copy of the Notice of Outcome of Allegation. A copy of the form is retained in the investigative file. Per policies, the victim will be provided an updated notification at the conclusion of a criminal proceeding, if the inmate is still in custody at the facility. The facility’s obligation to report under this standard shall terminate if the detainee is released from GEO custody

Based on the review of policies, documents, interviews, written and signed notification forms for both sexual abuse and harassment and analysis, demonstrated RADD substantially exceeded the requirements of this Standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. RADDf Policy 11.12
4. GEO Employee Handbook
5. Statement of fact
6. Interviews with the following:
 - a. Facility Administrator
 - b. PCM

115.76(a-c) GEO Policy 5.1.2-E, section III.G.1 states,

"a. Employees may be subject to significant disciplinary sanctions for sustained violations of Sexual Abuse and Harassment policies, up to and including termination for any Employee found guilty of Sexual Abuse.

b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in Sexual Abuse.

c. Disciplinary sanctions for violations of agency policies relating to Sexual Abuse or Sexual Harassment (other than actually engaging in Sexual Abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

d. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal." RADDf Policy 11.12 contains similar language.

In the past 12 months there have been no substantiated allegations of staff sexual misconduct. Per interview with the Facility Administrator and PCM, employees are disciplined based on the outcome of sexual misconduct investigation. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The facility would use progressive discipline for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Staff are made aware of the zero-tolerance policy and the penalties for violating the policy in the Employee Handbook.

115.76(d) Per policies, all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal. Per interview with the Facility Administrator and PCM, they were aware of this reporting requirement. As stated above, there have been no substantiated allegations of staff sexual misconduct.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):
1. RADDF Completed PAQ

2. GEO Corporate Policy 5.1.2
3. GEO Corporate Policy 5.1.2-A
4. GEO Corporate Policy 5.1.2-E
5. RADD Policy 11.12
6. PREA training curriculum
7. Statement of fact
8. Interviews with the following:
 - a. Facility Administrator
 - b. Volunteer
 - c. Contractors

115.77(a-b) GEO Policy 5.1.2, section 1 states, "Upon substantiation of any allegations of sexual conduct, appropriate disciplinary actions will be taken against Employees, Contractors or Volunteers, including possible criminal prosecution. GEO Policies 5.1.2-A, 5.1.2-E and RADD policy 11.12 prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Facility Administrator stated during interview that if an allegation of sexual misconduct by a volunteer or contractor is reported, the person would not be allowed back on the facility until the completion of the investigation and only if the allegation is found to be unsubstantiated or unfounded. A contractor or volunteer who engages in sexual abuse would be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. In the past 12 months there have been no PREA allegations reported regarding contractors or volunteers. Interviews with contractors and volunteers confirmed they were aware the consequences for engaging in sexual abuse or sexual harassment of inmates.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. RADDf Policy 11.12
4. Detainee Orientation and Reference handbook
5. Interviews with the following:
 - a. Facility Administrator
 - b. Chief of Security

115.78(a-f) GEO Policy 5.1.2-E and RADDf Policy 11.12 indicate that detainees are subject to disciplinary sanctions following an administrative or criminal finding that the detainee engaged in sexual abuse involving another detainee. Sanctions are commensurate with the nature and circumstances of the abuse committed the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process takes into consideration whether an inmate's mental disabilities or mental illness contributed to his or her behavior. The facility will only discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Policies state a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In the

past 12 months; there has been no administrative finding of detainee on detainee sexual abuse, there have been no criminal findings of detainee on detainee sexual abuse.

115.78(g) RADDf prohibits all sexual activity between inmates and disciplines inmates for such activity. Engaging in sexual acts and making sexual proposal or threats to another are listed as prohibited acts in the Detainee Handbook. Per interview with the Facility Administrator and Chief of security, the facility does not consider non-coercive sexual activity between inmates to be sexual abuse.

Based on a review of policies, interviews and analysis, the facility demonstrated compliance with all provisions of this Standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

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

115.81 (d)

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

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Completed GEO PREA Risk Assessment tool
5. Completed PREA Vulnerability Reassessment Questionnaire
6. PREA Risk Assessment log
7. Mental Health Evaluations and Progress Notes
8. Interviews with the following:
 - a. Case Managers
 - b. Charge Nurse
 - c. Mental Health Practitioner
 - d. PCM

115.81(a-c) GEO policy 5.1.2-A, section III.M.7 states, “a. If during the intake assessment, persons tasked with screening determine that an Individual in a GEO Facility or Program is at risk for either sexual victimization or abusiveness, the individual shall be referred to Mental Health for further evaluation.

b. Any Individual in a GEO Facility or Program who is identified (pursuant to the screening conducted in Section D 1) who has previously experienced prior sexual victimization or has previously perpetrated Sexual Abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with a Medical or Mental Health Practitioner within 14 days of the initial intake screening. RADDf policy 11.12 contains similar language.

Per policy, mental health staff will see any inmate who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse within 14 days of the intake screening. Interviews with the Charge Nurse and Case Manager indicated that all detainees who experienced prior sexual victimization or previously perpetrated sexual abuse are offered a referral to see a Mental Health Practitioner. If the detainee accepts, they are seen within 14 days of the referral. Interviews with detainees who alleged prior sexual victimization, reported being offered a referral for an evaluation. The auditor also randomly reviewed detainee files and found that referrals were consistently offered to a mental health practitioner. RADDf is not a jail.

115.81(d) GEO policy 5.1.2-A, section III.M.7 states, “c. Information related to sexual victimization or abusiveness in an institutional setting is limited only to Medical and Mental Health Practitioners and other Employees as necessary to inform treatment plans, security and management decisions or otherwise required by Federal, State or local law.”

Per interview with the PCM, she indicated the specific detail related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited, Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments

115.81(e) GEO policy 5.1.2-A, section III.M.7 states, “d. Medical and Mental Health Practitioners are required to obtain informed consent from Individuals in a GEO Facility or Program before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the individual is under the age of 18).”

Per interviews with Medical/Mental health staff, they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institution setting. RADDf does not house youthful offenders.

Based on a review of policies, interviews and analysis, the facility demonstrated compliance with all provisions of this Standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Statement of Fact
5. Interviews with the following:
 - a. Medical staff
 - b. PCM
 - c. Random staff

115.82(a-d) GEO policy 5.1.2-A, section III.M.7 states, "Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. Community Confinement Facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available.

b. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

c. No attempt will be made by Facility medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing, and placed in the victim's medical record." RADDf policy 11.12 contains similar language.

RADDf medical department is staffed 24/7 and mental health is offered on-site. A MOU with Southern Crescent Sexual Assault Center was established to provide crisis intervention services. All services are provided at no cost to inmates regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical Staff interviewed reported that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They also stated that once the report is received, the detainee would be seen immediately. The Charge Nurse verified that the nature and scope of the treatment and crisis intervention services are determined by the professional judgment of the medical and mental health treatment staff. She also verified that they offer information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. An interview with a mental health practitioner verified that mental health also meets with a detainee within 24 hours of an alleged incident of sexual abuse to offer supportive counseling. Interviews with random staff indicated that taking victims to medical is a required step when responding to an allegation of sexual abuse. There have been two allegations of sexual abuse reported in the past 12 months; but no access to emergency medical and mental health services was required.

Based on the review of policies, documentation, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Statement of Fact
5. Interviews with the following:
 - a. Medical staff
 - b. mental Health Practitioner
 - c. PCM

115.83(a) GEO policy 5.1.2-A, section III.N.1.a states, “Each Facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile Facility.”

In an interview with the Charge Nurse she said we first ensure the victim is stable and then follow treatment plans per the physician or local hospital. A mental health staff indicated she would meet with all victims within 24 hours and offer supportive counseling. When a detainee is brought to medical for an examination, they would then be referred to us and we would tell them what services are offered and let them decide which ones they want to take of advantage of.

115.83(b-e) GEO policy 5.1.2-A, section III.N.1 states, “b. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.

c. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.

d. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim.”

Per interview with the Charge Nurse she said the level of care provided is that least equal and in some cases better than community level of care. PREA cases are a priority and detainees will be seen immediately without having to wait for an appointment. . She also verified that victims of sexual abuse are offered information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate Services are provided at no charge to the detainee. Per the Statement of Fact, RADDf has not had any detainees placed on a evaluation or treatment plan related to sexual abuse during the review period.

15.83(f-h) GEO policy 5.1.2-A, section III.N.1 states, “e. The Facility shall attempt to conduct a mental health evaluation on all known inmate on inmate or resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: “known abusers” are those inmate or resident abusers in which a PREA investigation determined either administratively substantiated or substantiated by outside law enforcement.
f. All refusals for medical and mental health services shall be documented.”

Per interviews and mental health documentation, mental health evaluations are conducted on all known detainee on detainee abusers within 60 days of learning such abuse.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Administrative Investigative Report
5. After Action Reports
6. Interviews with the following:
 - a. PCM
 - b. Investigator

115.86(a-c) GEO policy 5.1.2-A, section III.N.3 states, “a. Facilities are required to conduct a Sexual Abuse incident review at the conclusion of every Sexual Abuse investigation in which the allegation has been determine substantiated or unsubstantiated.

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

c. Unless mandated by client contract, a “PREA After Action Review Report (see Attachment J)” of the team’s findings shall be completed and submitted to the Corporate PREA Coordinator no later than 10 working days after the review. The Facility shall implement the recommendations for improvement or document its reasons for not doing so.

d. The PREA Compliance Manager shall maintain copies of all completed “PREA After Action Review Reports” and a copy shall also be maintained in the corresponding investigative file.” RADDf policy 11.12 contains the same requirement.

During interviews, the Facility Administrator and the PCM said an After Action Review Meeting (Sexual Incident Review Team Meeting) is held following the conclusion of a substantiated or unsubstantiated allegation of sexual abuse. They also stated an After Action Review is held following the conclusion of any substantiated or unsubstantiated allegation of sexual harassment. In the past 12 months, there were no investigations of alleged sexual abuse completed with a finding of unsubstantiated and/or substantiated. The auditor reviewed two PREA After-Action Review Reports completed for unsubstantiated allegations of sexual harassment in the past 12 months and for one After-Action Review Reports completed for an unsubstantiated allegation of sexual harassment completed in 2018.

The reviews were thorough, followed the requirements of policies and the standard and were completed within 30 days of the completion of the audit.

115.86(d) GEO has an excellent PREA after action review form that addresses all elements of the standard. The form 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.

115.86(e) The PREA after action review form has a section for recommendations. Policies require that the Facility shall implement the recommendations for improvement or document its reasons for not doing so. RADDf conducts a sexual abuse incident review within 30 days of the conclusion of every investigation that was substantiated or unsubstantiated. There were no recommendations made or required for the After Actions Reviews completed. Incident review team members were interviewed and were knowledgeable of the process.

Based on the review of policies, After Action reports, interview and analysis, the facility demonstrated compliance with all provisions of this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. RADDf Policy 11.12
4. Monthly and Annual PREA incident tracking form
5. The GEO Group Annual PREA Report (2018 and 2017)
6. Survey of Sexual Victimization (2018)
7. Interviews with the following:
 - a. PCM
 - b. PREA Coordinator

118.87(a-f) GEO Policy 5.1.2-A Section III.O.1 states, “a. Each Facility shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator.
 b. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).
 c. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.
 d. Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment and Sexual Abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis. (“Monthly PREA Incident Tracking Log”, see Attachment K).
 e. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of Sexual Abuse, Sexual Harassment and Sexual Activity as required.”

The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. All facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the Agency PREA Coordinator to review.

Every sexual abuse incident is entered into the PREA portal by the PCM at each facility. The PCM at RADD is responsible for collecting specific PREA data and maintaining a monthly and annual PREA tracking log. The PCM ensures that such data includes the information necessary to complete the Federal Bureau of Justice Statistics SSV form. The auditor reviewed the SSV form for 2018.

Interview with the GEO PREA Coordinator indicated the data is aggregated and an annual report prepared and compared to prior year reports, thus assisting in identifying problem areas, and taking corrective actions. The auditor reviewed the GEO Group Annual PREA Report for 2017 and 2018. GEO does not contract with other facilities for the confinement of detainees.

Based on the review of policies, annual report, documentation, interview and analysis, the facility demonstrated compliance with all provisions of this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. The GEO Group Annual PREA Report (2018 and 2017)
4. GEO website
5. Interviews with the following:
 - a. PREA Coordinator

115.88(a-d) GEO Policy 5.1.2-A Section III.O.2 states, "GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

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

-Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse.

-The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract.

-GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted."

The PREA Coordinator prepares an annual report which includes corrective actions taken for each GEO facility. The annual report includes a comparison of the current year's data and corrective action with those from prior years to provide an assessment of GEO's progress in addressing sexual abuse. The GEO PREA Coordinator forwards the annual report to the Senior Vice President of Operations for his signature and approval. The report is made public annually on GEO's website at www.geogroup.com/PREA.

The review of the policies, the GEO Annual PREA Reports which provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and interview with the PREA Coordinator demonstrated GEO and RADDf exceeded the requirements of this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Evidence Reviewed (documents, interviews, site review):

1. RADDf Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. The GEO Group Annual PREA Report (2018 and 2017)
4. GEO website
5. Interviews with the following:
 - a. PREA Coordinator
 - b. PCM

115.89(a-d) GEO Policy 5.1.2-A states, "Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated Sexual Abuse data publicly available, all personal identifiers shall be removed." GEO make all aggregated sexual abuse data from all facilities under their control readily available to the public in an annual report. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed. The 2018 annual report is available on GEO's website at www.geogroup.com/PREA.

Per an interview with the Agency PREA Coordinator, he stated he writes the report that is published on the Department website and that GEO only reports numbers and incident types; personally, identifiable information is omitted for confidentiality purposes. He also indicated that in 2015, GEO designed a secure PREA Portal with restricted access to retain all our PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. The data is securely maintained for at least 10 years. The auditor reviewed the agency website and

verified the 2018 annual report was published. A review of the report indicated there were no personal identifiers.

Based on the review of policy, website, annual report, interview and analysis, the facility demonstrated compliance with all provisions of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

115.401 (a): GEO policy 5.1.2-A, section III.P states, "During the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department shall ensure that each Facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice." GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. This is the third PREA audit of RADDF.

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

115.401 (h): The auditor was allowed access and able to observe all areas of RADDF.

115.401 (i): The auditor had been provided with extensive files prior to the audit, for review to demonstrate compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of detainee and staff records and investigative files. The auditor was permitted to request and received copies of relevant documentation.

115.401 (m): The auditor was permitted to conduct private interviews with detainees and staff. The auditor interviewed the required number of staff and detainees based on the population.

115.401 (n): Detainees were notified a minimum of six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to the Auditor. Interviews with detainees stated they have seen posting. No detainees contacted the Auditor prior to or during the audit.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

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

Auditor Overall Compliance Determination

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

115.403 (f) Per agency policy and standard requirements, GEO ensures the auditor that this final report will be published on their website at (<https://www.geogroup.com/prea>) to be available to the public. As of the date of this final report, the GEO website has PREA audit reports posted for 103 facilities which are either their first or recertification audit. The audit reports are posted on the website within the 90-day requirement.

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.

Dave Andraska

July 9, 2020

Auditor Signature

Date