

PREA Facility Audit Report: Final

Name of Facility: Western Region Detention Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/21/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 10/21/ 2023

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	09/11/2023
End Date of On-Site Audit:	09/13/2023

FACILITY INFORMATION	
Facility name:	Western Region Detention Facility
Facility physical address:	220 West C Street , San Diego , California - 92101
Facility mailing address:	

Primary Contact	
Name:	Tiffany Hartley
Email Address:	thartley@geogroup.com
Telephone Number:	619-232-9221

Warden/Jail Administrator/Sheriff/Director	
Name:	Norbal Vazquez
Email Address:	norbal.vazquez.com
Telephone Number:	6192329221

Facility PREA Compliance Manager	
Name:	Tiffany Hartley
Email Address:	thartley@geogroup.com
Telephone Number:	O: 619-232-9221
Name:	Sean Desmond
Email Address:	sdesomond@geogroup.com
Telephone Number:	O: 619-232-9221

Facility Health Service Administrator On-site	
Name:	Cortney Loveless
Email Address:	cortney.loveless@geogroup.com
Telephone Number:	6192329221

Facility Characteristics	
Designed facility capacity:	720
Current population of facility:	454

Average daily population for the past 12 months:	479
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-80
Facility security levels/inmate custody levels:	low, medium, high
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	283
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	14
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	6

AGENCY INFORMATION

Name of agency:	The GEO Group, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	4955 Technology Way, Boca Raton, Florida - 33431
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	Jose Gordo
Email Address:	jgordo@geogroup.com

Telephone Number:	5618930101
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Agency-Wide PREA Coordinator Information

Name:	Manuel Alvarez	Email Address:	Manuel.Alvarez@geogroup.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

6	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.17 - Hiring and promotion decisions • 115.34 - Specialized training: Investigations • 115.41 - Screening for risk of victimization and abusiveness • 115.86 - Sexual abuse incident reviews • 115.87 - Data collection
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Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-09-11
2. End date of the onsite portion of the audit:	2023-09-13

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Center for Community Solutions

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	720
15. Average daily population for the past 12 months:	479
16. Number of inmate/resident/detainee housing units:	16
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	454
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	400
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	6

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>12</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>283</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>6</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>14</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>16</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Interviewed detainees from each housing unit.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	12
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the audit, the facility provided a list of targeted detainees based on information provided through the screening instrument. Further, the auditor asked the mental health staff if they were aware of any detainees that were functionally disabled.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed the medical staff and asked if there were any detainees that were hard of hearing. One detainee was interviewed in this category, however, he assured me he was not hard of hearing.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the audit, the facility provided a list of targeted detainees based on information provided through the screening instrument. Further, the auditor asked the compliance manager and investigative staff if they were aware of any detainees that were claim to be sexually abused at the facility at the time of the audit.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the audit, the facility provided a list of targeted detainees based on information provided through the screening instrument. Further, the auditor asked the compliance manager, staff that supervises restrictive housing and facility administrator if they were aware of any detainees that were housed in restrictive housing for risk of sexual victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	16
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Prior to the onsite audit the auditor and PREA compliance manager reviewed the specialized staff to be interviewed. The auditor interviewed specialized staff the week prior to the onsite audit.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The Western Region Detention Facility (WRDF) is located in downtown San Diego at 220 West C Street. The building was constructed in 1957 and was used and operated by the County of San Diego's Sheriff's Department.

Western Region Detention Facility (WRDF) operates within the Federal Performance based Detention Standards (FPBDS) issued by the United States Marshal Service, GEO policies and procedures, Bureau of Prisons (BOP) and American Correctional Association (ACA) accepted detention and correctional practices.

The GEO Group, Inc. finalized arrangements in January 1999 for the renovation and leasing of the building from San Diego County. The renovations included upgrading and reconfiguring the facility, adding central air conditioning and revitalizing the exterior to blend into the downtown décor. In July 2000, GEO Group, Inc. entered into an agreement with the United States Marshal Service (USMS) for detention services and the housing of both male and female federal detainees. The Western Region Detention Facility is an eight-story facility with a capacity to house 760 detainees. The basement of the facility houses the mailroom, laundry, maintenance shop, inmate property, dry food storage and general warehouse. Staff locker and shower rooms are also located in the basement.

There are stairways and elevators to move between the floors. The first floor of the building has administrative offices, a conference room, training room, armory visitation/legal visits and intake/booking area with holding cells. Adjacent to the intake area is a covered, secure vehicle sally port.

Western Region Detention Facility has seven floors that house detainees. The second floor has an annex with a staff barbershop, medical triage room and intake dorms. The third-floor houses females and floors four through seven house male detainees. The sixth floor is divided between male general population detainees, the medical clinic with two negative airflow cells and medical housing

beds. Floors two through six have two restricted housing cells on the north end of each of those floors. Floor five has an additional four restricted housing cells located at both entrances of that floor for a total of 10 restricted housing cells. Cameras have been added to all of the restricted housing cell hallways.

Counselors' offices, Detainee Records and staff dining, and the kitchen are on the seventh floor. The eighth floor has a large outdoor recreation area with isometric equipment, a volleyball net and handball. Also on the eighth floor, there are staff offices, a chapel, and a general/law library. There were PREA information boards in the recreational areas.

The Receiving/Discharge area has a strip search area that provides privacy during strip searches. There is a shower area that has partial privacy area. The facility showers one offender at a time showers are supervised by staff of the same gender as the detainee. There were zero-tolerance posters displayed in the intake area.

Restrooms and shower areas were observed to afford detainees privacy when toileting and showering. Open bay dorms have a shower room with plastic shower curtains that are clear on the top and the bottom and restroom areas have a partial metal partition and metal portable barriers tethered on one side that detainees can move to provide additional privacy when using the toilets and urinals. During the tours, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units Postings, regarding PREA violation reporting and the agency's zero-tolerance policy toward sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas.

Inmates can shower, dress, and use the toilet without exposing themselves to employees of the opposite gender.

Report to any staff Resident can write or call directly to PREA Compliance Manager, PREA Victim Advocacy Emotional Support Hotline, PREA Crisis Reporting Hotline, US Department of Justice Reporting Hotline Detainee PREA hotline (MOU) voice mail that goes to the facility PREA compliance manager, the Office of the Inspector General and GEO's PREA Coordinator.

The auditor was able to talk to detainees during the tour of the Facility. Most were very talkative and provided an overview of how to report and the initial screening when they arrived at the Facility. Most said they would be happy to talk to me privately and two asked to talk to me. They were placed on my list of random detainees. While reporting options include the use of a Pin to contact the emotional support hotline, the detainee handbook and interviews with staff and detainees confirmed that detainees can request a private call for emotional support. The detainee telephone system provides for reporting without the use of a pin. Whenever, the telephone is accessed the caller is asked if they would like to make a report of sexual abuse or sexual harassment and can do so by dialing 0. The auditor called the information noted when you first pick up the telephone and was able to access a staff from outside the facility to accept a report and indicate they could make a confidential report and it would be forwarded to USMS for investigation. All detainees interviewed indicated that they knew how to make a report by using the telephone system. Staff were engaging during the tour and were able to explain their reporting duties and their role if a detainee made an allegation of sexual abuse or sexual harassment. They indicated they receive training yearly and at least once during each rotation the shift supervisor or PREA compliance manager will provide them with a refresher on differing areas of PREA.

The intake area has holding rooms and a private shake down room. The intake staff was conducting intakes during the tour and the auditor reviewed the intake process with the intake supervisor. The detainees are placed in a holding room and then are seen by medical and then are provided with an orientation packet that is attached in this audit. While in the holding room all detainees view the PREA video and sign that they received the video a comprehensive PREA education.

Detainees interviewed during the tour indicated they felt safe at the facility, and all knew how to make a report by telephone or by telling staff or filing a grievance. There were grievance boxes located on each of the housing floors. There were grievance forms also located next to the grievance and mail room boxes.

The general impression of the facility was extremely positive in the facility embracing PREA standard as a tool for providing a safe sexually safe environment for staff and detainees.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Detainee Files Reviewed: There were 10 detainee records reviewed. These records included the following information.

- Identification Number
- Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening
- Date of Initial PREA notification
- Date of PREA orientation/ education
- Date of Mental Health Referrals
- Mental Health screening notes
- Statement of Search/Shower/Pronoun Preference Form

Employee/Contractor File Reviewed:

- Nine Annual Assessments
- Ten (10) background clearance files including newly hired staff, staff that had been promoted, staff that had over five years tenure at the facility.
- Ten (10) US Marshal Services Information Discovery Services NCIC and background check
- Two contractor files were reviewed.
- Eighteen (18) employee training records were reviewed.

Specialized training for Medical/Mental Health and Facility Investigators Investigative Files

Three Investigative Report were Reviewed including:

- Investigative Digest
- Retaliation Monitoring
- Notification of Investigation Outcome
- Incident Review Team Report

Unannounced Rounds:

- The logbooks and computerized unannounced rounds were reviewed in each housing unit and the control room.
- Five (5) Unannounced PREA Rounds

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	1	1	1	1
Total	2	1	2	1

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	1	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	1
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	1	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The San Diego Sheriff's Office responded to all allegation and interviewed the staff and detainees. The Sheriff's Office determined the allegation were not criminal and declined to investigate.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention</p> <p>GEO Policy 5.1.2-E PREA Investigation Procedure</p> <p>GEO Organizational Chart</p> <p>Western Region Detention Facility (WRDF) Policy 1300.04 Sexual Abusive Prevention and intervention</p> <p>WRDF Policy 1400.04- PREA Investigations</p> <p>WRDF Organizational Chart</p> <p>Employee Handbook</p>

Detainee Handbook

Medical SANE

MOU Victim Advocate

MOU Law Enforcement

PREA Reporting MOU

115.11 (a): GEO Corporate Policy 5.1.2. A -and GEO Policy 5.1.2.E- exceed the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment.

GEO Policies includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. Detainees are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the Detainee manual, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for detainees who do not speak or read English. Both institution staff and detainees are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year.

The institution meets the standards with all the programs they have implemented to ensure the detainees and staff understand its position on zero tolerance. Yearly GEO conducts a PREA review of the facility to determine level of compliance and to identify concerns that need to be addressed by the PREA compliance manager and the facility administrator.

WRDF Policy 1400.04- PREA Investigations mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in all its facilities. This procedure manual is applicable to all facilities of The GEO Group Inc. (GEO) that fall within the scope of the Prison Rape Elimination Act of 2003. (PREA) and the Department of Justice National Standards to prevent, detect and respond to prison rape. In accordance with this procedure manual, all employees, contractors and volunteers have an affirmative duty to report all allegations or knowledge of Sexual Abuse, Sexual Harassment, romantic, or sexual contact that takes place within the WRDF. 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. Upon substantiation of any allegation of sexual conduct, appropriate disciplinary actions will be taken against the employee, contractor, volunteer, or detainee, including possible criminal prosecution.

	<p>115.11 (b): GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency’s organizational chart depicts the position within the agency. The PREA Coordinator oversees the agency’s efforts to comply with the PREA standards in all of GEO’s facilities. GEO has a team of staff that support the PREA coordinator’s efforts in meeting all PREA standards. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and detainees. The PREA Coordinator’s team are very knowledgeable about PREA and best practices to carry out the Agency’s approach to prevent, detect, and respond to sexual abuse or sexual allegations.</p> <p>115.11 (c): GEO ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility’s organizational chart illustrates the PREA Compliance Manager’s position within the facility. At the Western Region Detention Facility the PREA compliance manager is supervised by the Facility Administrator. WRDF provides support staff for assisting the PREA compliance manager with her task in carrying out the PREA mandates from GEO. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and detainees. Though out the tour, staff and detainees knew the PREA compliance manager’s name and role at the facility. Both the GEO Group PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The facility provides additional support for PREA related investigations, policy reviews, mock audits and follow up to corporate PREA coordinator’s office with questions or concerns.</p> <p>Exceed compliance was determined by review of agency organization chart, agency, and facility policies, both staff and detainee training orientation power point presentations, posters, offender manual and interviews with staff, contractors, volunteer, and detainees further provided exceed compliance with this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>WRDF Contract for Service</p> <p>Statement of Fact</p> <p>The GEO Group is a private provider and does not contract for the confinement of their detainees; therefore, this standard is not applicable to this facility.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Policy 5.1.2-A</p> <p>WRDF Policy 1300.04</p> <p>Facility Staffing Plan Staffing Plan</p> <p>WRDF Unannounced</p> <p>PREA Documentation of Unannounced Rounds.</p> <p>Annual Facility Assessment 2020;2021;2022</p> <p>Staff Rosters (3) shifts</p> <p>Camera Inventory/Locations</p> <p>115.13 (a)(b): GEO Group requires the facility to review the staffing plans on an annual basis. Interviews with the facility administrator and executive staff revealed compliance with PREA, and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Facility provides monthly reports that includes mandatory post and holds over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts and any staffing concerns during the pay period. The facility administrator meets weekly with his executive staff, including Chief of Security, Lieutenant, and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA. The staffing plan is based on a population of 725 detention detainees while the average population for the last 12 months was 498 detainees. The staffing plan is based on the following criteria: - Generally accepted detention and correctional practices. - Judicial findings of inadequacy. - Findings of inadequacy from Federal investigative agencies. - Findings of inadequacy from internal or external oversight bodies. - All components of the facility's physical plant. - The composition of the detainee population. - The number and placement of supervisory staff. - Institution programs occurring on a particular shift. - Applicable State or local laws, regulations, or standards. - The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and - Other relevant factors. The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews, and rosters. Supervisory and Administrative staff members routinely make unannounced rounds. These rounds are documented in Unit Logs located in each housing unit. There have been no judicial findings of inadequacy from federal</p>

investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. There has been no deviation from the staffing plan based on interviews with facility administrator and PAQ.

115.13 (c): GEO Policy mandates that whenever necessary and no less than annually, the staffing plan is reviewed and documented on the Annual PREA Facility Assessment. The latest assessment at Western Region Detention Facility was approved with no finding on September 14, 2022. This completed form is submitted to the Corporate PREA Coordinator and the Corporate Divisional Vice President for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. In interview with GEO's PREA Coordinator, he reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the Annual PREA Facility Assessments, he reviews and approves for each of the agency facilities annually.

115.13 (d): According to facility policy WRDF Policy 1300.04 Western Region Detention Facility has a policy and practice requiring department heads, facility executive staff and intermediate and higher-level custody supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. Policy also mandates that other staff are prohibited from telling other staff when supervisors are making unannounced rounds. The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night and on the weekends. IDO visits areas of the facility during days, evenings, and weekends. The IDO documents the visits on logbooks located in housing unit control room. Staff members interviewed verified they are prohibited from alerting other employees regarding unannounced rounds. Interviews with detainees and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. The shift supervisor for each shift was interviewed. Each indicated that they visit each living unit a minimum of two times per shift. The control room staff document these visits on the unit log. The auditor reviewed logbooks during the tour and found multiple signs in documentation on each shift. The facility provided randomly selected PREA rounds for review and documentation.

An examination of policy and supporting documentation and all interviews confirm compliance with this standard.

115.14	Youthful inmates
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	Auditor Overall Determination: Meets Standard
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	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>WRDC Policy 1300.04</p> <p>WRDC Policy 1800.01 Classification Procedures</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>CBDC Contract for Service</p> <p>Statement of Fact</p> <p>The Western Regional Detention Facility does not house youthful detainees. WRDC Policy 1800.01 Classification Procedures mandates that the facility will not house detainees under the age of 18. If a detainee claims to be under the age of 18 the chief of security will notify USMS. The detainee will be housed in the SHU until the date of birth is verified. Based on interview with the PREA compliance manger, there have been no detainees that presented themselves as being under the age of 18 during the last two PREA cycles. Compliance was determined by review of Contract for Services, policy and interviews with intake staff, facility administrator and agency head designee.</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following polices, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>GEO PREA LMS Training Presentation</p> <p>WRDF Policy 900.08 Searches of Detainees and Facilities</p> <p>WRDF Policy 1300.04</p> <p>Training records- Cross Gender Pat Searches & Searches of Transgender & Intersex Strip Search Log</p> <p>Picture of staff announcing when they enter the housing units.</p> <p>Shift Logs- Announced gender presence</p> <p>Statement of Fact</p>

PAQ

115.15 (a): WRDF Policy 1300.04 mandates that cross-gender strip or cross-gender body cavity searches are prohibited, except in exigent situations or when performed and documented by a medical practitioner. All staff confirmed they are not allowed to conduct cross-gender searches except in exigent circumstances. Staff were able to articulate what an exigent circumstance would entail.

115.15 (b): The facility house male and female detainees. The facility maintains a log of all strip searches. This log indicates date, time, purpose and offender's gender and gender of persons conducting the strip searches. The logbook was provided, however there were no entries in the logbook.

115.15 (c): The facility does house female detainees. Female detainees interviewed indicated they have never been searched by a male staff and have never been denied program due to not having a female staff to conduct searches. They also indicated they have never been programming or any other activities due to a lack of female staff. All interviewed indicated the men do not work on their unit. Two transgender detainees were interviewed. Both indicated they were offered a preference on pat searches, and both indicated they had no preference.

115.15 (d): Policy WRDF Policy 1300.04 and GEO Corporate Policy 5.1.2-A enables detainees 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. The living areas showers have curtains that provide for detainee privacy while showering. Toilet areas have partitions with doors to allow detainees to use the restroom without being viewed by staff. The medical area has a wraparound curtain for privacy during examinations. All toilets in the living units have partitions and a wall in front of the toilet to provide privacy. All other areas that were reviewed during the tour had partitioned or single toilets with a door to provide privacy. All detainees stated they can shower, use the toilet, and change clothes without being seen by staff members. The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow detainees the opportunity to prepare themselves from a privacy perspective. Detainees interviewed acknowledged they were allowed to shower, dress, and use the toilet without being viewed by staff of the opposite gender. Postings are located throughout the living units that female staff are assigned to work in housing units. Transgender detainees are allowed to shower separately from other detainees. Each interviewed indicated they were in a housing unit that provided them privacy and they declined the offer.

115.15 (e): GEO policy 5.1.2-A and facility policy 1300.05 address searches of transgender and intersex detainees. Facilities shall not search or physically examine a transgender or intersex detainee solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. At the

	<p>time of the onsite audit, there were two (2) detainees who disclosed being transgender or intersex. In interviews each indicated the facility were aware that they were transgender when they arrived at the facility.</p> <p>115.15 (f): All staff at WRDF receive training on how to conduct cross-gender pat searches and searches of transgender and intersex detainees in a professional and respectful manner. Staff receive Limits to Cross Gender Viewing & Searches training. The lesson plan of this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and understand of the training received. A review of random staff training records and an interview with security staff revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the detainees of the opposite sex except in exigent circumstances.</p> <p>During the initial tour and whenever the auditor went into the living units to conduct interviews female staff announce their presence. Male detainees that were in the shower area were not visibly naked to any staff and remained in the showering area while the auditor and staff visited the area. Detainees interviewed indicated they are not seen naked by staff of the other gender and would not be naked in view of staff.</p> <p>There were no cameras that provided a view of the showering and dressing areas in any of the living units and medical examination rooms.</p> <p>Based on the review of policies and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and detainees it has been determined that WRDF is in compliance with this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>WRDF Policy 1300.05</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Written Material for low vision/disabilities</p> <p>TTY Communications</p> <p>Statement of Fact</p> <p>Bilingual Staff</p>

PREA Brochures English/Spanish

Detainee Handbook

Language Line Solutions Reference Guide

115.16 (a): GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention and WRDF Policy 1300.05 mandates that the facility shall not discriminate against detainees with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy. Many of the detainees at WRDF LEP. The facility has several bilingual staff at the facility and interviews with detainees and staff indicated they knew staff members that were bilingual and utilized their services in communicating with the detainee population. The auditor interviewed several LEP detainees during the on-site audit. Due to the large number of Spanish speaking residents, it was not considered in the choosing of residents to interview. A translator was with the auditor throughout the two days that detainees were interviewed. Through policy and practice, the facility staff ensures that detainees with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility has TTY machines for hard or hearing detainees. There were no hearing-impaired detainees during the audit. There were no vision impaired detainees during the audit. There two disabled detainees interviewed. Both interviewed indicated they were aware of PREA and had completed training and had no PREA concerns.

115.16 (b)(c): The LEP detainees interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The facility has access to translation services and written access in other languages. Staff also may read information to detainees when necessary. Agency and facility policies prohibit detainees to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety. The facility maintains a list of staff that are bilingual. The detainees verified that every memo that is posted and all posters are in English and Spanish. An interpreter was assigned to the auditor during the detainee interviews. Due to the large number of LEP detainees, I did not utilize LEP detainees as a specialized interview list in developing the random interview list, however, I did utilize the target population questionnaire for all LEP detainees. Some of the LEP detainees were noted as random interviews. There were 8 detainees that were LEP that were interviewed.

Compliance of this standard was confirmed by review of agency policy, contracting services for language interpretation services and interviews with PCM, Case Manager Supervisor, Medical Administrator and LEP detainees.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A

WRDF Policy 1300.05

GEO Policy 3.1.9 Initial Background Screening

New Hire Application

New Hire Background Check

New Hire Acceptance Letter

Contractor Background Check

5-year Background Check- Employee 5-year

PREA Disclosure Waiver

Annual PREA Disclosure

Promotion Letter

Promotion PREA Disclosure

PREA Background Check

Random Background Checks for new hires, five-year tenured staff, promotions and contractors.

PAQ

115.17 (a): GEO Policy 3.1.9 Initial Background Screening stipulates it is the policy of The GEO Group, Inc. (GEO) that all candidates accepting a conditional offer of employment with GEO undergo initial background screening to ensure they meet GEO, federal, state, local and client requirements as necessary. Additionally, all employees are subject to ongoing periodic background screening during the course of their employment with GEO to confirm they continue to meet such requirements.

WRDF does not hire or promote anyone who may have contact with detainees, and does not enlist the services of any contractor or volunteer that may have contact with detainees, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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, or if the person has been civilly or administratively

adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact with detainees. Interview with the Human Resource Manager and review of random employee, contractor and volunteer files were used to verify compliance to this standard.

115.17 (b): Prior to being promoted staff complete a promotion PREA disclosure form. GEO and the facility consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees. Interview with the Human Resource Manager and review of the disclosure form confirmed this practice.

115.17 (c): The agency requires that all applicants and employees who may have contact with detainees have a criminal background check. Criminal background checks for all potential employees are completed through the Federal contracted Information Discovery Services and through a contract with Accurate background checks. For those considered for promotions or who transfer from another facility, an internal GEO PREA verification and a background check through the Accurate are completed. If an applicant answers on their application, they are a prior institutional employee, information from prior institutional employers shall be requested. According to the Pre-Audit Questionnaire, in the past 12 months, there were 29 background checks completed.

115.17 (d): The facility performs criminal background checks through the Nueces County Sheriff's office before enlisting the services of any contractor or volunteer. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were 29 criminal background checks conducted for staff and 29 background checks for a contractor. The auditor reviewed 12 staff personnel files and 2 contractors' background and found they had background checks completed prior to employment. The Accurate background checks include contacting previous employers for all staff that indicated they had worked in any correctional programs.

115.17 (e): A review of random staff and contractors with five years tenure verified that criminal background checks are conducted every five years for all employees and contractors.

115.17 (f): WRDF asks all applicants and employees who have contact with detainees directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Employees and contractors complete a PREA Disclosure and Authorization Form - Annual Performance Evaluation annually. For consideration for promotions or transfers, employees complete a PREA Disclosure and Authorization Form Promotions as well as a GEO internal PREA verification.

115.17 (g): Employees and contractors have a duty to disclose such misconduct referenced in this standard. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant.

115.17 (h): Unless prohibited by law, GEO will provide information on substantiated

	<p>allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.</p> <p>Exceed compliance was determined by pre audit documentation, the PAQ, interviews with the human resources director and review of random staff files including new hires, promotions and five-year tenured staff and contractor files.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 700.01 Programs and Services Administrative and Staff</p> <p>PREA Annual Assessment</p> <p>Statement of Fact</p> <p>WRDF Policy 700.01 Programs and Services Administrative and Staff and GEO Corporate Policy 5.1.2-A mandates the company will consider the effect of new or upgraded design, acquisition, expansion, or modification of physical plant or monitoring technology might have on the facility’s ability to protect detainees from sexual abuse. In interviews with the facility administrator, the facility has replaced older cameras that are no longer functional with new high definition and pivoting cameras. During the last PREA annual review there were no cameras that were not functional and no recommendations for additional cameras or mirrors. During the review of all the cameras from an office, the auditor did not find any cameras that were not functional at the time of the audit.</p> <p>Compliance was determined by review of facility camera coverage and interviews with Agency Head and facility administrator. A tour of the facility and review of the cameras and additional mirrors has minimized the blind spots throughout the facility.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-E - PREA Investigation Procedure

WRDF Policy 1400.04 PREA Investigations

WRDF Evidence Protocol

MOU with San Diego Sheriff's Office Western Regional Detention Center and US Marshals

Coordinated response plan.

SOF PAQ

115.21 (a): GEO policy 5.1.2-E, and facility policy 1300.05 outline the agency/facility's requirements as it applies to this standard. The policy addresses the requirements of the facility in response to reports of sexual abuse allegations. San Diego Sheriff's office conducts all criminal investigations and Western Region Detention Facility is responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. In interviews with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes. Staff have cards they carry on them while on duty that includes uniform evidence protocol. In cases of a sexual assault the facility would activate the Coordinated response plan which provides guidance and a checklist for each staff involved to document their actions in a sexual assault.

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

115.21 (c): Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner at no cost to the victim. MOU with San Diego Sheriff's Office includes the use of Palomar Health SAFE/SANE Services. In interviews with Palomar Health and review of Palomar website the facility has a fulltime SAFE/SANE staff on duty or call. The center also developed and implement a Sexual Abuse Response team in 1991 and has staff assigned to the program at all times.

115.21 (d)(h): The facility has a MOU San Diego Sheriff's Office includes a victim advocate from Center for Community Solutions as being the approved advocate through the US Marshals. The MOU with the Center for Community Solution did not include a signed MOU with the Center and it was recommended that Western Regional Detention Facility codify an agreement with the Center for Community Solutions. The auditor contacted the victim advocate program and was advised they would provide victim advocacy services. The new MOU details the victim advocacy program providing an advocate to accompany detainees that are victims of sex abuse and includes the qualification of the victim advocate and the services they would

	<p>provide.</p> <p>115.21 (e): The Palomar Health indicated they always utilize a Victim Advocate prior to a forensic examination and would utilize the Center for Community Solution if requested by the Sheriff's Office of USMS.</p> <p>15.21 (f): Based on statement of fact by WRDF facility administrator, outside Law Enforcement conducts all criminal investigations. The investigators are trained investigators and follow the requirements of paragraphs (a) through (e) of this section.</p> <p>There have been no SANE/SAFE services required in the last three years. A review of the investigative files confirmed these services have not been required in the last twelve months.</p> <p>Compliance of this standard were confirmed by review of the policies, statement of fact, PAQ, investigative files and interviews with the Palomar Health, victim advocacy services, investigators, PREA compliance manager, and facility administrator.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E - PREA Investigation Procedure</p> <p>WRDF Policy 1400.04 PREA Investigations</p> <p>WRDF PREA Case Tracking Log</p> <p>Referral for OPR Investigative Report</p> <p>Referral to Outside Agency</p> <p>GEO Corporate Website Posting</p> <p>MOU San Diego Sheriff's Office</p> <p>PAQ</p> <p>115.22 (a): GEO policy 5.1.2-E, and facility policy 5.1.2, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse and sexual harassment. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All investigations involving staff are referred to GEO's Office of Professional</p>

	<p>Responsibility (OPR). In the past 12 months there were 3 allegations of sexual abuse/sexual harassment received. The US Marshall Services was provided information on the incidents. The San Diego Sheriff's office conducted one investigation and concluded it was not criminal in nature and closed the investigation. An administrative investigation of sexual harassment was conducted by a trained facility investigator. The other allegations were returned to the facility to be investigated by a trained Sexual Abuse investigator at WRDF.</p> <p>115.22 (b): GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. Based on a statement of fact by WRDF facility administrator, WRDF has an MOU with outside Law Enforcement who are authorized to conduct criminal investigations. 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 Case Tracking Log.</p> <p>Interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at https://www.geogroup.com/PREA.</p> <p>115.22 (c): Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.</p> <p>Compliance was determined by review of investigations, policy, statement of fact, GEO website and interviews with investigator, agency head, PREA coordinator, PREA compliance manager and facility administrator.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 400.01 Training Requirements</p> <p>2023 PREA Basic Training</p> <p>PREA Training on Cross Gender, Transgender and Intersex Searches.</p> <p>PREA Basic Training Acknowledgment</p>

Pre-Service & In-Service Cross Gender Pat Searches & Searches of Transgender & Intersex

(Pre-Service & In-Service) Acknowledgment of Receipt of Training & Brochures

(Pre-Service & In-Service) Annual In-Service Training Record

115.31 (a): All staff are provided training that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the detainees and preserving the possible crime scene. The facility receives training developed for GEO and includes films, power point presentations, and lectures. Training includes: ■ Zero-tolerance policy for sexual abuse and sexual harassment ■ How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. ■ Detainees' right to be free from sexual abuse and sexual harassment. ■ The right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment. ■ Dynamics of sexual abuse and sexual harassment in confinement. ■ Common reactions of sexual abuse and sexual harassment victims. ■ How to detect and respond to signs of threatened and actual sexual abuse. ■ How to avoid inappropriate relationships with detainees. ■ How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees. ■ How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. ■ How to conduct cross gender pat searches: Newly hired employees receive training relative to PREA standards during their initial training in a classroom setting. The facility conducts training annually and during shift briefings. The training is conducted in the classroom and computer-based training.

115.31 (b): WRDF Policy 1300.05 recognizes that the facility houses male and female detainees. Policy mandates that the facility will be required to modify training to meet the needs of a different population. Staff assigned to specialized Post such as transportation officers, supervisors, and investigators receive additional training.

115.31 (c): According to the computer database for training, all staff have received training in the last 12 months. Staff interviewed indicated they had received additional refresher training during the last six months. At WRDF staff receive annual in-service training. Between training, the facility shifts briefings and staff meetings include PREA refresher information training. In interviews with staff, many indicated they receive PREA updates and information during shift briefings. Staff carry "What to do" PREA cards to aide in how to report, respond, and intervene to PREA incidents.

115.31 (d): Upon completion of PREA pre-service and annual in-service training, staff sign a an WRDF Acknowledgement of Receipt of Training and Brochures. They also sign a PREA Basic Acknowledgment Training form upon completion of general PREA training and a Cross Gender Pat Searches & Searches of Transgender and Intersex acknowledgment form.

A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they

	understood it. A review of documentation and staff interviews further confirmed that the facility is in compliance with this standard.
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 400.01 Training Requirements</p> <p>Volunteer Training</p> <p>Contractor Training</p> <p>Approved Volunteer Roster</p> <p>Training Acknowledgment of Receipt of Training</p> <p>115.32 (a): WRDF Policy 400.01 Training Requirements mandates that all volunteers and contractors who have contact with detainees have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. There were 14 contractors or volunteers trained in the last 12 months.</p> <p>115.32 (b)(c): All fulltime contractors receive the same PREA training as employees prior to assignment and sign a PREA Basic Acknowledgement Form and an Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention form. The volunteer/contractor training curriculum was provided for review. The training included 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 detainees Volunteers receive this training annually and sign a Documentation of Volunteer Training Form. Volunteer training is maintained in the volunteer files, while contractor documentation of training is maintained by the training coordinator.</p> <p>A review of random contractor training files and volunteer files confirmed compliance with the standard. Interviews with one volunteer and two contractors further confirmed compliance with this standard.</p>

115.33	Inmate education
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

WRDF Policy 1300.05

Detainee Handbook Excerpts

Receipt of training for new arrivals

Detainee PREA Brochure

Facility PREA Postings

Detainee Receipt of PREA

Brochure Detainee Receipt of PREA Comprehensive Education

12 Detainee files reviewed.

115.33 (a): GEO policy 5.1.2-A, facility policy 1300.05 mandates all detainees receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency/facility policies and procedures for responding to such incidents. In interview with intake staff, on the day of arrival, detainees receive a detainee handbook, and a Sexual Assault Prevention and Reporting Information Brochure watch the PREA video and signs a receipt for detainee orientation and comprehensive education. This was observed by the audit during the intake of a detainee.

115.33 (b): Detainees receive comprehensive PREA education within 30 days of arriving at the facility. Detainees sign the Prison Rape Elimination Act (PREA) Offender Education Program acknowledgement form acknowledging receipt of PREA education. The curriculum provided to detainees was provided for review. Part of the curriculum included viewing the video and the Facility has implemented a corrective action plan to ensure detainees see the video and comprehensive training. The video is now part of the tablet for detainees to access the video. The case manager goes over the training curriculum and the detainee now signs an acknowledgement that they have received comprehensive training including the PREA video in a language they understand. If the detainee indicates he has not viewed the PREA video, the case manager will provide the detainee with the video on a tablet and will have the detainee view prior to signing the acknowledgment statement.

115.33 (c): According to the PAQ 2200 detainees received the information at intake. All residents that arrive at the facility are provided orientation, copy of the resident handbook and PREA victim advocacy brochure. All detainees interviewed during the

tour of the facility and detainees formally interviewed by the auditor indicated they received an orientation on the first or second day of their arrival. The residents indicated they provided a brochure, and staff discuss the PREA information while they are in the intake area.

115.33 (d): All PREA education provided to detainees 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 Detainee Handbook, the PREA brochure and all verbal information given is provided in both English and Spanish. A contract with Language Line, Inc. provides translation of any other languages. The facility has a TTY for deaf or hard of hearing detainees as well as tablets for visual transmittal of PREA information. The auditor interviewed 16 Spanish speaking detainees. Each of the detainee indicated that the intake staff spoke Spanish and they received all written material in Spanish. The facility has tablets that can be utilized for detainees using different languages and has access to written material in other languages.

115.33 (e): The facility maintains documentation of detainees' participation in PREA education. In review of 25 detainee files there were training records indicating the initial orientation and comprehensive training in all files.

115.33 (f): Throughout the facility were posters including Sexual Assault Prevention and Reporting Posters; GEO Zero Tolerance Posters, End the Silence Posters. These posters were informative and included telephone numbers and addresses. Also Notice of Audit was posted throughout the facility.

Based on review of the training curriculum, interviews with detainees and staff it was determined that the facility meets the standards for training detainees.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following policies, directives and documentation were reviewed in formulating compliance with this standard:
	GEO Corporate Policy 5.1.2-A
	WRDF Policy 1300.05
	WRDF Policy 1400.04 PREA Investigations
	Specialized Investigators
	General PREA Training

	<p>Specialized Investigators Certificate of Completion of Specialized Training</p> <p>PREA Training Acknowledgment</p> <p>Current Investigators Specialized Investigators</p> <p>Training Curriculum</p> <p>115.34 (a): GEO Corporate Policy 5.1.2-A and WRDF Policy 1300.05 mandates that in addition to the general training provided to all employees pursuant to §115.31, the agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings.</p> <p>115.34 (b): The facility Investigators have completed investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse through GEO training staff. The training curriculum was reviewed and included 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.</p> <p>115.34 (d): 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 training, investigators receive a certificate of completion. In review of investigators' training files, investigators have completed this specialized training, as well as general training provided to all employees and documentation is maintained by the facility. In the interview of the facility investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in the specialized training they received. At the time of the audit, Western Region had two trained investigators. Based on the expertise in knowledge of the investigators and MOU for conducting criminal investigator training the facility exceeds expectations of this standard.</p> <p>Compliance was determined by review of the training curriculum, investigator training records, investigators certificate of completion, investigative reports, and interviews with PREA Coordinator, Agency Head, investigators, and facility administrator.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives and documentation were reviewed in formulating

	<p>compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 400.01 Training Requirements</p> <p>Medical Specialized Training Curriculum</p> <p>Medical Staff Roster</p> <p>PREA Training Certification</p> <p>Mandatory Pre-Service</p> <p>Nurse Acknowledgment of Receipt of Training & Brochures- Nurse</p> <p>115.35 (a): The medical and mental health staff at WRDF received generalized training and specialized training through GEO. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment as well of many other medical and mental health topics such as clinical interventions, and local policies.</p> <p>115.35 (b): The medical and mental health staff do not conduct forensic examinations.</p> <p>115.35 (c): Staff received a certification on completion for specialized training. They sign an acknowledgement of generalized PREA training. There were 34 medical/ mental health staff that received training in the last 12 months. Both documents were provided in the pre audit documentation and verified through interviews with 4 nurses and 1 mental health staff.</p> <p>115.35 (d): All medical staff attend the same training as required mandated for employees by §115.31. They sign and acknowledge that they received this training.</p> <p>Compliance was determined by review of the training curriculum, copy of certificate and acknowledgement statement, and interviews with medical director, 3 nurses, mental health staff.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following policies, directives and documentation were reviewed in formulating compliance with this standard:

WRDF Policy 1300.05

SAAPI Risk Assessment completed within 72 hours.

SAAPI Re-Assessment within 30 days

Exit Interviews with detainees

PAQ

Review of twelve resident files

115.41 (a): Facility policy 1300.05 requires all detainees to be assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival or transferred to the facility. According to information provided on the Pre-Audit Questionnaire, in the past 12 months, 1665 detainees assigned to the Western Region Detention Facility were assessed for their risk of victimization or abusiveness upon arrival. This includes detainees that transferred to the facility from other detention facilities or other confinement settings.

115.41 (b): Intake screening takes place within 24 hours of detainees' arrival to the facility. The process that is utilized includes part of the initial intake. Once the detainee is searched, they receive PREA pamphlets and handbook. During that time the case manager or staff assigned to conduct the screening reviews the detainees file and meets with the detainees. During this meeting staff introduce PREA to the detainee and explain the purpose of the screening with the detainees. The detainee is then asked to sign to acknowledge they have received the screening. If the detainee has past history of victimization or predator behavior the screening staff completes a referral that is sent to the medical staff to refer to the mental health staff to set up an interview with the detainee. Medical is available during the screening process conducting a medical review and suicide screening. The interview with the medical staff indicated they usually call the mental health providers during this time and set up an appointment with the detainees.

115.41 (c) Intake risk assessment is conducted by a case manager assigned to the intake office, using GEO SAAPI Risk Assessment, an objective screening tool. The tool is then forwarded to the PREA Compliance Manager for review and documented in a Case Note in GEO database.

115.41 (d)(e): The screening includes the screener's thorough review of any available records available to assist with determining the detainee's risk assessment. The Intake Sexual Violence Assessment Tool was reviewed. It contains:

- Whether the detainee has a mental, physical, or developmental disability?
- The age of the detainee?
- The physical build of the detainee?
- Whether the detainee has previously been incarcerated?
- Whether the detainees' criminal history is exclusively nonviolent?
- Whether the detainee has prior convictions for sex offenses against an adult or child?
- Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming?
- Whether the detainee has previously experienced sexual victimization?
- The detainee's own perception of

vulnerability? • Perpetrators of sexual abuse during incarceration? • Prior conviction of violent offenses? • History of Assaultive Conduct in DOC in the past 5 years? • Whether the detainee is detained solely for civil immigration purposes

115.41 (f): Within a set time period, not to exceed 30 days of detainees' arrival to the facility, detainees are reassessed by intake Case Manager for their risk for victimization and abusiveness using the Follow-up, Annual & Reassessment Sexual Violence Assessment Tool.

115.41 (g): A detainees' risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Quarterly the case managers review assessments, detainees are reassessed for risk of victimization or abusiveness using the Annual & Reassessment Sexual Violence Reassessment Tool.

115.41 (h): Policy mandates that detainees are not disciplined for refusing to answer any questions or for not disclosing complete information. Interviews with screening staff confirmed they would not discipline or coerce an offender to answer Screening questions.

115.41 (i): Only the facility administrator, PREA compliance manager, assistant facility administrator, and case managers have access to screening information. The resident files are maintained in a locked file room with limited access for staff. The documentation that is maintained the Offender Data Base is password protected and limited access to all areas in the Data Base.

Interviews with the staff that conducts screening indicated that prior to the screening staff review the detainees past history, background documentation and other information provided by the US Marshalls. The intake staff meet with the detainee in a private office that was shown to the auditor during the tour and go over the Intake packet. After explaining PREA initial orientation information the staff then explain the Risk Assessment and why they are conducting the screening. Detainees that have a history of victimization are determined by the screening instrument or by the screeners concern of the detainee's safety or referred to the mental health staff during this process. The Mental Health staff usually comes to the intake area when he receives the email that is generated during the intake process. He explains his role at the facility and offers to see the detainee as a follow-up the next day. Interviews with random detainees indicated they are usually seen by the Mental Health staff on the first day they arrive at the facility. The Mental Health professional is bilingual.

Exceed Compliance was determined by interviewing Case Managers, Mental Health staff and the PREA Compliance Manager and in review of random detainee records. In interviews with detainees, they confirmed they were screened upon arrival at the facility and remembered being asked PREA questions again by their case manager or the PREA compliance manager on more than one occasion. The center does a reassessment every 90 days on detainees which exceeds compliance with the standard and serves a best practice with a detained population.

115.42	Use of screening information
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 412 1426 488">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="256 524 671 560">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="256 595 523 631">WRDF Policy 5.1.2</p> <p data-bbox="256 667 416 703">At Risk Log</p> <p data-bbox="256 739 619 775">PREA Bed Locations Form</p> <p data-bbox="256 810 671 846">Transgender Care Committee</p> <p data-bbox="256 882 612 918">Screening Reassessment</p> <p data-bbox="256 954 1474 1491">115.42 (a): GEO policy 5.1.2-A, explains the use of PREA screening information. The agency uses the information from the risk screening form to make housing, bed, work, education, and program assignments with the goal of separating detainees at high risk of being sexually victimized from detainees with those at high risk of being sexually abusive. The facility maintains a bed location chart that determines the at-risk detainees and possible predator detainees. The case manager supervisor and PREA compliance managers explained that prior to assigning an offender to a bed the intake staff reviews the open beds to determine the rooms that house at risk and possible predator detainees. This same information is utilized in programming and work assignments for detainees. Due to the large number of gang affiliated detainees the facility has four housing units that are utilized to house at risk residents and the same time managing the gang affiliated detainees. There are no units that are utilized to house gay, transgender, or intersex detainees.</p> <p data-bbox="256 1527 1474 1774">115.42 (b): Individualized determinations are made about how to ensure the safety of each offender. Detainees who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Detainees have an option of refusing these services. Those identified to be at risk are tracked on a Current Detainees Likely PREA Victims/Predators report maintained current on a GEO database.</p> <p data-bbox="256 1809 1474 2056">115.42 (c): GEO policy and WRDF Policy 1300.05 mandates that making housing and programming assignments for transgender or intersex detainees, the facility 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 a LGBTI List that is maintained by the PREA Compliance Manager. Transgender and intersex detainees are housed after meeting with the</p>

Transgender Care Committee (TCC). The PREA Compliance Manager, Chief of Security, Classification Supervisor and Health Services Director make up the TCC. The TCC meets with the detainee, complete a GEO Statement of Search/Shower/Pronoun Preference Form and documents the meeting on the Transgender Care Committee Summary. At the time of the on-site audit visit, there were two detainees who self-disclosed being transgender or intersex assigned to the facility. In interviews with the detainees each indicated they met with several staff when they arrived at the Facility and was offered a Search/Shower/Pronoun Preference Form. The Facility explained the differing types of housing units and the pros and cons of each unit. Both detainees chose to be housed in one of the eight person living units since it has a private shower and fewer detainees. One indicated he was told by another detainee that had been at the Facility to ask for this living arrangement. Based on interviews with intake staff and transgenders interviews, each of the detainees were asked about their safety during the intake process and again during the meeting with the TCC.

115.42 (d) - (g) A transgender or intersex detainee's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the offender. Transgender and intersex detainee placement and programming are reviewed as needed, but at least every six months. A transgender or intersex detainees' own views of their safety is taken into consideration. When the TCC meets with transgender or intersex detainees they are given an opportunity to express their views. In conversation with the TCC committee, each member indicated that the agency and facility would house detainees based on his/ her views unless it would jeopardize the safety and security of the facility. Transgender and intersex detainees are offered the opportunity to shower separately from other detainees as indicated in their Statement of Search/Shower/Pronoun Preference Form. GEO does not place lesbian, gay, bisexual, transgender or intersex detainees in dedicated units or wings solely based on such identification. In interview with one detainee who self-disclosed being gay and one was that lesbian indicated they did not feel they were housed any differently because of his sexual orientation. One transgender that is transitioning from female to male requested he be shook down by female staff. One transgender detainee indicated they had no preference in shake down, female pronoun showering alone.

Compliance was determined by review of policy and forms review of the detainee data base, interviews with transgender, gay, and lesbian detainees and facility administrator, PREA coordinator, PREA compliance manager, agency head,

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

WRDF Policy 1300.05

Statement of Fact

PAQ

115.43 (a): GEO policy 5.1.2-A, and facility policy 1300.05 were used to determine compliance to this standard. The Western Region Detention Facility does not place detainees at high risk for 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. The facility uses the Sexual Assault /Abuse Available Alternatives Assessment to document the assessment.

115.43 (b): Detainees placed in segregated housing for this purpose have access to programs, privileges, education and work opportunities to the extent possible. The facility will document and justify any restrictions imposed.

115.43 (c): The facility will assign such detainees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, not to exceed a period of 30 days.

115.43 (d): If involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the detainee's safety and the reason no alternate means of separation can be arranged.

15.43 (e): In cases where involuntary segregated housing is used for longer than the initial 30 days, the facility will review the status every 30 days to determine if ongoing involuntary housing is needed.

According to information provided on the Pre-Audit Questionnaire and in interview with the facility administrator, in the past 12 months there has not been a time that an offender found at high risk of victimization or a detainee who alleged sexual abuse was placed in involuntary segregated housing.

When interviewed the Facility Administrator reported placement would depend on the detainee's assessment for no alternative placement to keep them safe. If placed in involuntary segregated housing the detainee would be reviewed within 24 hours and if he needed to remain their placement would be reviewed every seven days. The RHU is located at the end of each floor and staff that supervise the floor also conduct the logs for placement in the housing unit, while the shift supervisor oversees the placement in the RHU. All staff that supervise the RHU receive specialized training.

Compliance was determined by review of policies, tour of the Facility and interviews with random staff, PREA compliance manager, staff that oversees the RHU and staff that supervised the RHU.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

WRDF Policy 1300.05

Detainee Handbook

PREA Brochure English/Spanish

GEO Corporate Employee Reporting Instructions

Incident Report-Report to Staff

DHS Office of Inspector General Poster

Employee Handbook

US Marshall Contract

Reporting Posters

115.51 (a): GEO Corporate Policy 5.1.2-A and WRDF Policy 1300.05 mandate that facilities provide multiple internal ways for detainees to privately report sexual abuse and sexual harassment, provide multiple internal ways for detainees to privately report retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, provide multiple internal ways for detainees to privately report staff neglect or violation of responsibilities that may have contributed to such incidents. Policies also mandate that a private entity or office able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials and that the private entity or office allow the detainee to remain anonymous upon request. Detainees are informed in the detainee handbook and in the GEO Sexual Assault Prevention and Reporting brochure they can report to any staff member, volunteer or contractor, file a grievance, complete a health care request, call the GEO PREA Coordinator or a third party can make a report for them. The handbook specifically provides the following ways for detainees to report: Notify any staff member immediately. If you do not wish to notify a staff member you may write to the facility administrator, assistant facility administrator, chaplain or health services administrator confidentially. You may file an emergency grievance if you feel the complaint is too sensitive to file with a staff member. You may write a letter reporting the sexual misconduct to the person in charge or the United States Marshal at 333 West Broadway, Suite 100, Dan Diego, Ca. or call 619-557-6620. To ensure confidentiality, use special (Legal) mail procedure.

You may notify the office of the Inspector General, which investigate allegation of staff misconduct. Call 1-8000-869-4499 at no expense to you or you or write to :

OFFICE OF INSPECTOR GENERAL

U.S. DEPARTMENT OF JUSTICE

950 PENNSYLVANIA A VE. ROOM 4706,

WASHINGTON, DC. 20530.

You may also call the confidential hotline by following the instruction when you pick up the phone. This call is free and not subject to monitoring or recording. The call can be made without using your USMS PIN number.

The audit accessed each of the numbers in several of the housing units. Most detainees stated they would tell a staff member they trusted.

115.51 (b): The facility also provides multiple external ways for detainees to report allegations to a public or private agency that is not part of GEO. Detainees are informed on posted information they can speed dial that are not part of GEO. How to contact the Department of Homeland Security posters are found in the detainee handbook and posted throughout the facility.

115.51 (c): Staff interviewed were aware of the requirement to accept reports made verbally, anonymously and from third parties. All staff interviewed indicated they would document verbal reports immediately and notify the shift supervisor by phone or in person.

115.51 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for detainees and staff reporting was found on the GEO website.(<https://www.geogroup.com/PREA>).

Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of detainees.

There are grievances boxes and mailboxes located in each of the housing units and are checked daily. There are grievance forms and staff communication forms located next to the boxes. Detainees interviewed indicated they have access to pencils and are allowed to keep them in their possession. Compliance was determined by testing the telephone system, reviewing policies and procedure, posters, and the detainee handbook. Compliance was also determined by interviews with detainees, staff, shift supervisors, PCM, and facility administrator.

115.52	Exhaustion of administrative remedies
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

WRDF Policy 1300.05

WRDF Policy 1400.02 Detainee Grievance

Detainee Handbook

Grievance form

Investigative File

115.52 (a) GEO policy 5.1.2-A, WRDF Policy 1400.02 provides a procedure in place for detainees to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Poster located throughout the facility advise resident that they may file a grievance. The detainee handbook explains the process for filing a grievance. Any grievance that alleges sexual abuse, sexual harassment, retaliation for reporting an allegation or for cooperating in an investigation will be immediately forwarded to Investigators and GEO OPR.

115.52 (b): There is no time limit when a detainee can submit a grievance regarding sexual abuse. GEO does not impose a time limit on any portion of a grievance that does not allege an incident of sexual abuse. Detainees are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a detainee on the grounds that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Preaudit Questionnaire, in the past 12 months there one PREA related grievances filed.

115.52 (c): GEO and WRDF policy provides that 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 file a grievance on a detainee's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.52 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. GEO or the facility may claim and extension of time to respond (for good cause) for up to 70 days and shall notify the individual of the extension in writing. I was recommended by the auditor that the agency and facility update the extension to be in line with the latest PREA working group modification of the standard by adding "and provide a date by which a decision will be made". The one grievance was investigated and reported to the detainee as substantiated within 45 days of the allegation. The allegation was for

	<p>detainee-on-detainee sexual harassment.</p> <p>115.52 (e): Third parties such as fellow detainees, family members, attorneys or outside advocates may assist detainees 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 offender declines to have the request processed on his or her behalf, the agency shall document the offender’s decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.</p> <p>115.52 (f): GEO and WRDF policy provides 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.</p> <p>In an interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.</p> <p>115.52 (g): A detainee can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the detainee filed the grievance in bad faith.</p> <p>Compliance was determined by review of the policies, grievance, and by interviews with grievance coordinator, GEO PREA coordinator, PREA compliance managers, and facility administrator. It was recommended that 115.52 (d): add “provide a date by which a decision will be made” to the present Policy. There was one grievances filed by detainees in the last 12 months and no extension was necessary in the last 12 months.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>Acknowledgement of Receipt of Orientation</p>

Detainee PREA Handbook

Acknowledgement of Receipt of Handbook

Request for MOU with Center for Community Solutions

115.53 (a): GEO Corporate Policy 5.1.2-A addresses the agency/facility's policies on providing detainees with access to outside victim advocates for emotional support solutions related to sexual abuse. Western Region Detention Facility enables reasonable communication between the detainees and these agencies in a confidential manner. The facility and USMS has a MOU with San Diego Sheriff's Office that includes a victim advocate telephone number and address. The MOU indicates that the local hospital will provide Victim Advocate services with Center for Community Solutions including emotional support for victims of sexual abuse at Western Regional Detention Center. The MOU is with law enforcement rather than the program to provide emotional support and was not signed by the Center for Community Solutions. It was determined by the auditor that having a MOU with law enforcement including emotional support does not meet the requirements of the standard for emotional support and the center should crisis. The FAQ indicates that the MOU with the victim emotional support should be with the program that is providing the Services. The facility PREA compliance Manager and the Center for Community Solutions have entered into an agreement and are in the process of having the MOU signed by all parties. The center did meet the standard in providing information on addresses and telephone number for the emotional support program. Detainees can contact the emotional support program by utilizing the detainee phone, however, are required to use their detainee pin to use this service. The handbook, resident and staff interviews indicated that detainees may ask to utilize a private line to make a call without using their pin and the phone will not be monitored.

115.53 (b)(c): Detainee's PREA Handbook provides a phone number and address of the victim advocate and emotional support Facility. The handbook informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored and the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Detainees are also provided with the address, email, and telephone number of the Department of Homeland Security Inspector General Office for families to call the IGO office. There are posters with this information located throughout the Facility.

Compliance was determined by review of handbook; attempts to establish a MOU and progress in codifying the MOU with Center for Community Solutions and interviews with the facility PREA compliance manager.

115.54 Third-party reporting

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>Third Party Reporting Posters, English/Spanish</p> <p>Website Posting- Third Party Reporting</p> <p>US Marshall Services Reporting Options.</p> <p>115.54 (a): Reporting Posters are visible in the visitation room, lobby and is found in the detainee handbook. GEO provides a Reporting system on GEO Website http://www.geogroup.com/PREA (Social Responsibility-PREA Certification Section) provides information on ways for third party reporting including anonymous reporting. US Marshall Services provides information on how detainees or family members may contact the US Marshall's Services by writing, emailing or calling the US Marshall's Inspector General which is also found on the Detainee's housing bulletin boards. Family and friends can contact the facility administrator or PREA compliance managers or file a grievance on behalf of the detainees. This information is posted in areas visible to staff and visitor Poster include anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the facility administrator's Office in the facility where the alleged incident occurred or where the individual is housed.</p> <p>Compliance was determined by review of the postings, contacting the websites and interviews with PREA coordinator, PREA compliance manager of facility administrator.</p>

<p>115.61</p>	<p>Staff and agency reporting duties</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following polices, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>Staff training</p>

Specialized medical training.

Excerpt of Vulnerable Statutes California

Statemen of Fact

115.61 (a): It is the policy of the Western Region Detention Facility to establish effective procedures that ensure the safety and wellbeing of all staff and detainees. All employees at Western Region Detention Facility will be trained in ways to identify and subsequently prevent sexually assaultive behavior among detainees housed at this facility. All staff and detainees are responsible for being alert to signs of potential situations in which sexual assaults might occur. All staff is responsible for immediately referring cases of sexual abuse/assault when they become aware of it to the appropriate medical, psychological and security staff. All staff is expected to handle allegations of sexual abuse/assault sensitively and non-judgmentally. This policy prohibits sexual conduct between Employees, Volunteers, Contractor, and detainees regardless of consensual status and is 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 the Western Region Detention Facility, United States Marshal Service and Bureau of Prisons strictly prohibits any type of sexual relationship with a detainee. This shall be considered a serious breach of the Standards of Employee Conduct, Volunteer Agreements, Contractor Agreements, and these relationships will not be tolerated.

115.61 (b): Policy and training mandates that apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff, volunteers, and contractors interviewed knew this information is to be kept confidential and knew whom to report allegations.

115.61 (c)(d): Medical specialized medical training includes medical staff are required to report sexual abuse and to inform detainees of their duty to report and the limitations of confidentiality at the initiation of services. The training also provides reporting of a vulnerable adult under a State or local vulnerable persons statute, under applicable mandatory reporting laws. The facility does not house detainees under the age of 18. Medical and mental health staff interviewed confirmed this practice. The Nurses indicated that the detainees sign a statement that includes their limitation of confidentiality.

115.61 (e): In interview with the facility administrator and his executive team, the WRDF reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to facility investigators, US Marshall Services, Dan Diego Sheriff's Office, and GEO PREA coordinator or regional supervisor. There are staff reporting posters located throughout the facility. Staff carry a PREA card with this information for easy reference in making reports.

According to the statement of fact there have been no reports from third parties, contractors, or volunteers in the last 12 months. During the tour of the Facility random residents and staff indicated they knew the reporting responsibilities. All

	<p>knew they could call on the telephone to make a report and they could do so without giving the recipient of the call their name, or position at the Facility. Most detainees indicated that whenever you pick up the telephone you get a regarding asking if they wish to make a report. This was noted by the auditor when he called the reporting and victim advocate lines.</p> <p>Compliance was determined by review of the policies, training curriculum and interviews with random staff, medical staff, and facility administrator. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contracts report all sections of this standard.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>Customer Notification</p> <p>Statement of Fact</p> <p>115.62 (a): GEO Corporate Policy 5.1.2-A and WRDF Policy 1300.05 mandates when the facility learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive, and nonjudgmental. The PAQ indicated in the past 12 months there were no times it was necessary for the facility to take immediate action regarding a detainee being at substantial risk of sexual abuse. The facility administrator stated that if it was suspected a detainee was at substantial risk of sexual abuse, he would immediately move the offender and investigate. Staff interviewed were aware of their responsibilities if they felt a detainee was at risk for sexual abuse. Random staff and shift supervisor indicated the detainee that was in imminent danger would be separated from the accuser and would be moved to the observation room in medical and placed on one on one status until it could be investigated and determine if the detainee can be placed in another dormitory, if the staff needed to be placed on administrative leave, if the predator needed to be moved off the campus or if the victim needed to be moved pending the investigation. The facility administrator indicated this decision would be made in concert with the US Marshal Services' office. There has been no incident when a detainee was moved to another facility.</p>

	Compliance was determined by review of policy and interviews with the GEO agency head, PREA coordinator, facility administrator, random staff and PREA compliance manager.
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>PAQ</p> <p>115.63 (a)-(c): GEO Corporate Policy 5.1.2-A and WRDF Policy 5.1.2 mandates on receiving an allegation that a detainee was sexually abused while confined at another facility, the incident will be reported to the PREA Compliance Manager. The facility administrator will notify the agency or facility head where the abuse is alleged to have occurred. but no later than 72 hours of receiving the allegation. The PREA Compliance Manager will maintain documentation that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the USMS or ICE depending on the contracting authority of the detainee and GEO PREA Coordinator.</p> <p>115.63 (d): Interview with the facility administrator and PREA compliance manager indicated there was no notification to the sending facility administrator during the last 12 months. There have been no notification from the receiving facility in the last 12 months.</p> <p>Compliance was determined by review of the policy and interviews with intake staff, PREA compliance manager, agency head PREA coordinator and facility administrator.</p>

115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p>

	<p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>PREA Allegation Memo with First Responder and Separation</p> <p>PREA First Responder Card</p> <p>PREA First Responder Staff Training</p> <p>Volunteer/Contractor Training</p> <p>PAQ</p> <p>Statement of Fact</p> <p>115.64 (a): GEO Corporate Policy 5.1.2-A, WRDF Policy 1300.05, and staff training requires that correction staff that are the first responders of a sexual assault shall: Separate the alleged victim and abuser, Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, 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, 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. Notify the shift supervisor by telephone or in person and tell only those staff who need to know in assisting you in carrying out these responsibilities. Staff are issued a card that includes steps to take as first responders. All random staff were able to articulate their responsibilities and have received training on preserving and protecting the crime scene.</p> <p>115.64 (b): GEO Corporate Policy 5.1.2-A, WRDF Policy 1300.05, and staff training requires that non correctional staff that are first responders are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. All contracting and non-contact staff that were interviewed knew their duties and reported they received training during the yearly in service and on reminder training that is sent out by the PREA compliance managers from time to time. During the last 12 months there 3 allegations of sexual abuse or sexual harassment. No notification of the abuse was not made to a non-security staff member.</p> <p>Compliance was determined by review of the policies and training and by interviewing non-contact staff</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

WRDF Policy 1300.05

GEO Corporate Policy 5.1.2-A

Western Regional Detention Center PREA Protocol

Western Region Detention Facility's Coordinated Response Plan

115.65 (a): GEO Corporate Policy 5.1.2-A mandates that facilities have a coordinated response plan. WRDF Coordinated Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made. The facility's written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Coordinated Response Plan is specific to Western Region Detention Facility and includes action required after report of sexual abuse:

- Initial response
- Shift supervisors Responsibility
- Notifications
- Facility Crime Scene
- Evidence Protocol
- Medical Requirements
- Mental Health Requirements
- Victim Advocacy Requirements
- SANE staff requirements
- Investigative Requirements

Each of the above responses includes but is not limited to staff, contractors, victim advocates, Investigator and GEO Coordinator. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. All staff carry a response plan card to use as a reference in notification of a sexual assault. The Chief of Security, the PREA Compliance Manager, the Investigator, and members of the PREA team are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to

	<p>an allegation of sexual abuse.</p> <p>Compliance was determined by review of the Coordinated Response Plan and accompanying checklist and interviews with random staff, and specialized staff responsible for carrying out the response plan.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>Statement of Fact</p> <p>Collective Bargaining Agreement between GEO Secured Services and the National Federation of Federal Employees – Enacted October 2021</p> <p>GEO policy states that GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency’s ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. In interview with the agency head designee, he stated GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility’s ability to remove an alleged sexual abuser from contact with detainees pending the outcome of an investigation.</p> <p>The Collective Bargaining Agreement between GEO Secured Services and the National Federation of Federal Employees provides for the agency’s ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation.</p> <p>Compliance was determined by review of GEO policies, and interviews with the GEO corporate agency head.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

WRDF Policy 1300.05

Protection from Retaliation Logs

Statement of Fact

115.67 (a): GEO has as policy to protect detainees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff. The policy provides procedures to protect individuals in GEO facilities. The PREA compliance manager has been appointed with the responsibility of carrying out these procedures.

115.67 (b): The GEO procedure states the agency has multiple protection measures, such as housing changes or transfers for detainees, victims or abusers, removal of alleged staff or detainee abusers from contact with victims and emotional support services for detainees or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

115.67 (c): Detainees who allege sexual abuse will be monitored by the PREA compliance manager (retaliation monitor) and will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor the conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days.

Retaliation monitoring of detainees is documented on the Protection from Retaliation Log. There were three monitoring logs reviewed by the auditor. The Retaliation Monitor indicated that she meets with the detainee that makes an allegation as soon as she is made aware of the allegations and discusses her role to and monitor him/ her on a weekly basis for retaliations. In interviews the retaliation monitor indicated she also encourages the detainee to contact the Center for Community Solutions or mental health for emotional support. She also indicated she contacts the facility mental health staff to follow up with the detainee. During the interview with the facility mental health staff, he confirmed that he does follow up with detainees that make allegations and meets with them on a regular basis.

115.67 (d): GEO procedure also requires monitoring of detainees includes periodic status checks. The PREA compliance manager was interview and indicted she would review the monitoring logs on the data base on an ongoing basis and randomly will see the detainee during tour to check on his/her status.

	<p>115.67 (e): Retaliation monitoring may be terminated if it is determined that the allegation was unfounded. The Retaliation monitor indicated that while the official monitoring will end, she would continue to check on the detainee for retaliation for making a report.</p> <p>In interview with the PREA Compliance Manager and the Human Resource Manager and information provided on the Preaudit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred.</p> <p>Compliance was determined by review of the monitoring logs, agency policy and procedures, investigative files and interviews with the retaliation monitors, mental health staff and facility administrator.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>WRDF Policy 1300.05</p> <p>WRDF Policy 1800.01 Classification Procedures</p> <p>Statement of Fact</p> <p>PAQ</p> <p>115.68 (a): WRDF Policy 1300.05 involuntary segregated housing may be used only after an assessment of available housing alternatives has shown there is no other means of protecting the detainee. All use of segregated housing to protect a detainee who is alleged to have suffered sexual abuse subject to the requirements of § 115.43.</p> <p>WRDF Policy 1800.01 Classification Procedures authorizes detainees at high risk for sexual victimization shall not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made, and a determination has been made that there is not available alternative means of separation from likely abusers. If the facility cannot conduct such an assessment immediately, the facility may hold the detainee in involuntary restricted housing for less than 24 hours while completing the assessment.</p> <p>The Western Region Detention Facility has not utilized voluntary or involuntary restrictive housing for a PREA related incident or for protection of detainees from sexual abuse in the last 12 months.</p> <p>If an involuntary Restrictive housing assignment is made, the facility affords each</p>

	<p>such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The facility administrator indicated the facility is also required to notify USMS when involuntary restrictive housing assignments are made.</p> <p>Compliance was determined by review of the PAQ and interviews with the facility administrator.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E- PREA Investigation Procedure</p> <p>WRDF Policy 1300.05</p> <p>WRDF Policy 1400.04 PREA Investigation Procedure</p> <p>WRDF PREA Tracking Log Report of Investigation</p> <p>Investigators Certifications</p> <p>PAQ</p> <p>115.71 (a): GEO Corporate Policy 5.1.2-E and WRDF Policy 1300.05 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Western Region Detention Facility, promptly, thoroughly, and objectively, including third party and anonymous reports. In the past 12 months there were 3 allegations of sexual abuse or sexual harassment that were reported by detainees or third parties. All allegations were reported to the US Marshal and San Diego Sheriff's Office. The San Diego Sheriff's Office investigated one case and determined the allegation was not criminal, closed the case and returned to the facility to be administratively investigated by facility trained investigators.</p> <p>The remaining investigations were referred to the facility for investigations. WRDF policy mandates the Facility Administrator, PREA Compliance Manager, Facility investigator, Corporate PREA Coordinator, and other designated individuals are notified. The US Marshal designee may choose to conduct the investigation or refer to San Diego Sheriff's Office any criminal investigations or notify the facility to have a training facility investigator complete the investigation.</p> <p>For allegations of Sexually Abusive Behavior in which an Employee is the alleged</p>

abuser, only the Facility Administrator and Facility investigator shall be notified of the specifics of the allegation. They shall make notifications and referrals to outside law enforcement, GEO Office of Professional Responsibility (OPR) and contracting officials as appropriate.

115.71 (b): The facility has two trained investigators. The facility investigators have completed specialized training in the investigation of sexual abuse allegations in a confinement setting. The facility provided documentation of completion of specialized investigative training completed by facility investigators. The investigators were interviewed and were extremely knowledgeable regarding conducting investigations in a confinement setting.

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

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

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

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

115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence. The facility shall request a copy of completed investigative reports from the WRDF. The PREA Compliance manager will track all allegations of sexual abuse or sexual harassment on the GEO PREA Tracking Log.

115.71 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for criminal prosecution. According to information reported on the Pre-Audit Questionnaire and in interview with facility investigators, since the last PREA audit there no allegations of sexual abuse referred for prosecution. Criminal investigations are conducted by the San Diego Sheriff's Office or US Marshals. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for investigation. There is presently one allegation of sexual abuse that is being investigated by the US Marshal.

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

	<p>115.71 (j): The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation</p> <p>115.71 (l): When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, he reported that facilities are required to check in with outside investigators at a minimum of every 14 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required. In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation. The facility has an MOU with San Diego Sheriff's Office to conduct all criminal investigations.</p> <p>Compliance was determined by review of policy, training curriculum, investigative reports, and interview with trained investigators.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E.</p> <p>WRDF Policy 1300.05</p> <p>WRDF Policy 1400.04 PREA Investigation Procedure</p> <p>Report of Investigation</p> <p>Investigator training curriculum</p> <p>115.72 (a): Based on GEO policy and Investigator training the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on interviews with investigators; investigators make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all of the evidence which is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and in order to support a finding of sexual abuse or harassment by a preponderance of evidence. Investigator must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows</p>

	<p>that it is more probable than not that the alleged incident took place in this case.</p> <p>Compliance was determined by review of policy, training curriculum, investigative reports, and interview with trained investigators.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard: GEO Corporate Policy 5.1.2-A</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>WRDF Policy 1300.05</p> <p>WRDF Policy 1400.04 PREA Investigation Procedure</p> <p>Investigative Reports</p> <p>Notice of Outcome of Investigations</p> <p>115.73 (a): GEO policy 5.1.2-E, and WRDF Policy 1300.05 indicate that following an investigation of sexual abuse of a detainee, the detainee shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The detainee receives a copy of the form, a copy is placed in the investigative file and a copy is forwarded to the PREA Coordinator office.</p> <p>115.73 (b): According to policy and PREA compliance manager if the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the offender.</p> <p>115.73 (c): GEO policy and procedure requires following an offender's allegation that an employee has committed sexual abuse against the offender; the facility is required to inform the offender of the outcome of the investigation. The detainee is to be informed 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.</p> <p>115.73 (d): GEO policy and procedure requires following an offender's allegation that he has been sexually abused by another offender, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to</p>

	<p>sexual abuse within the facility.</p> <p>115.73 (e): All Notification of Outcome of Allegations or attempted notifications are documented and filed in the corresponding investigative file. There have been three (3) notifications provided to the detainees.</p> <p>In interviews with the PREA compliance manager she meets with the detainee and explains the outcome of the investigation. This helps detainees know what an unsubstantiated allegation means in layman terms.</p> <p>Compliance was determined by review of the investigative files, agency and facility policy and interviews with PREA compliance managers, investigators, and facility administrator.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>WRDF Policy 300.18 Employee Progressive Discipline</p> <p>Investigation Procedure</p> <p>Staff Handbook Staff</p> <p>Discipline Reports to Law Enforcement</p> <p>Statement of Fact</p> <p>115.76 (a): GEO Corporate Policy 5.1.2-A and WRDF Policy 300.18 establishes the standard that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy.</p> <p>115.76 (b): Based on GEO policy termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.76 (c): Based on GEO policy and facility administrator and human resources staff disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by</p>

	<p>other staff with similar histories.</p> <p>115.76 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. In the interview with the facility administrator the information and information provided by the facility investigator there has been no discipline for PREA related incidents in the last and present PREA cycle.</p> <p>Based on review of policy, interviews with PREA compliance manager and facility administrator confirm compliance with this standard.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>Statement of Fact</p> <p>115.77 (a): Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with detainees and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. Any contractor or volunteer who engages in sexual abuse even though it was not criminal will be reported to professional licensing/certifying bodies.</p> <p>115.77 (b): In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with detainees. During the previous year, there was no incident where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at WRDF.</p> <p>Compliance was determined by review of the volunteer and contractor training and statement acknowledging violation of PREA standards. Also interviews with contractor and PREA compliance manager and facility administrator confirm compliance with this standard.</p>

115.78	Disciplinary sanctions for inmates
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1425 418">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="256 454 679 488">GEO Corporate Policy 5.1.2-E</p> <p data-bbox="256 524 842 557">WRDF Policy 1000.01 Detainee Discipline</p> <p data-bbox="256 593 624 627">Detainee Handbook PREA</p> <p data-bbox="256 663 616 696">Posters of Zero Tolerance</p> <p data-bbox="256 732 512 766">Statement of Fact</p> <p data-bbox="256 808 1477 1178">115.78 (a): According to GEO policy 5.1.2-E, and facility policy 1000.01, if a detainee is found guilty of engaging in sexual abuse involving another detainee, either through administrative or criminal investigations, the offender will be subject to formal disciplinary sanctions. According to the PAQ, there have been no finding of sexual activity by detainees that resulted in disciplinary action during the last 12 months. All detainees interviewed indicated they were told it was against the rules to participate in any sexual abuse, sexual harassment, or sexual activity while at the facility. The detainees are provided a handbook that clearly identifies the facility's rules against sexual activity including consensual activity.</p> <p data-bbox="256 1218 1477 1335">115.78 (b): Sanctions will be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history and the sanctions imposed for comparable offenses by other detainees with similar histories.</p> <p data-bbox="256 1375 1442 1532">115.78 (c): Based on GEO policy 5.1.2-E, and WRDF policy 1000.01, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="256 1572 1477 1942">115.78 (d): GEO policy if the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The referring agency will determine if the detainee will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse. In an interview of the HSA and the Mental Health Provider, they confirmed the facility does provide counseling service or other interventions designed to address the reason or motivations for the abuse. They also provide mental health services and would review the mental health status of a detainee prior to a disciplinary hearing.</p> <p data-bbox="256 1982 1477 2056">115.78 (e): GEO policy provides that disciplining a detainee for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the</p>

	<p>contact with the detainee.</p> <p>115.78 (f): GEO policy includes the provision that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.78 (g): The agency prohibits all sexual activity between detainees. Facilities may not deem that sexual activity between detainees is sexual abuse unless it is determined that the activity was coerced by the detainee. All detainees interviewed were made aware of the rules during the initial intake at the facility.</p> <p>Compliance was determined by review of the facility and GEO policy, review of investigator files, and interviews with the investigator, PREA compliance manager, mental health staff and facility administrator.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Compliance was determined by review of the facility and GEO policy, review of investigator files, and interviews with the investigator, PREA compliance manager, mental health staff and facility administrator.</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>Facility Intake</p> <p>SAAPI Risk Assessment</p> <p>Referral to MH</p> <p>115.81 (a): If during initial PREA screening, the detainee reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the detainee will be referred to mental health for further evaluation within 14 days. In review of the 30-day follow-up assessments the offender discloses prior victimization not reported during initial screening, the PREA Compliance Manager will refer the detainee to mental health for further evaluation. Medical and the Mental Health Provider, according to their professional judgement, determine the nature and scope of these services. In information reported on the Pre-Audit Questionnaire, 100% of the detainees assigned to the facility in the past 12 months who disclosed prior</p>

victimization were offered a follow-up meeting with the Mental Health Provider. At the time of the audit, there were no detainees that claimed prior victimization. The auditor reviewed 24 resident screening files and referrals were documented on all detainees that claim prior victimization or were considered to be at risk of victimization.

As part of the interviews of detainee included detainees that were considered at risk of victimization by the intake staff including case manager and medical practitioners. Each interviewed indicated that they were seen by the mental health professional during their first 2 days of arriving at the Facility. None of these at-risk detainees claimed sexual victimization.

115.81 (b): Any detainee who reports during initial PREA screening or in follow-up screenings he has previously perpetrated sexual abuse in an institutional setting or in the community will be offered a follow meeting with medical or mental health within 14 days of the screening. There was no detainee that claimed he/she perpetrated a sexual abuse.

115.81 (d): 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 federal, state or local law.

115.81 (e): Medical and mental health providers obtain consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting unless the victimization occurred when the detainee was a minor. Based on interview with medical provider that coordinates for mental health services detainees who report prior sexual victimization and those who disclose previously perpetrating sexual abuse are being referred for evaluation and consent forms or refusals are being obtained. The Mental Health provider indicated that he makes himself available when new intakes arrive at the facility and tries to see each of the new intakes. He indicated that if any resident claims prior victimization or is considered at risk by the screeners, he sees them when they arrive and speaks with them in private and offers a follow up meeting the same or following day.

The auditor interviewed four (4) detainees that indicated during the screening they had been victims of sexual assault prior to being placed at the facility. All indicated they were seen by the psychologist within 3 days of arriving at the facility. An interview with the psychologist and review of the detainee's referral confirmed compliance with this standard.

Compliance with this standard was based on policies, mental health referrals, interview with the medical administrator, intake staff and PREA compliance manager.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

WRDF Policy 1300.05

Coordinated Response Plan

Statement of Fact

115.82 (a): GEO Corporate Policy 5.1.2-A, WRDF Policy 1300.05 and the coordinated response plan provides a procedure for Victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services. At WRDF there are full time medical and on call mental health at the facility.

115.82 (b): All staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health practitioners. Both security and non-security staff interviewed knew their first responder duties. Forensic exams are not performed by facility medical staff. Detainee victims of sexual abuse are referred to Palomar Health for SANE exams.

115.82 (c): Detainee victims of sexual abuse while incarcerated are 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. Medical staff indicated that is part of the SANE process and she would follow up when the offender returns to the facility.

115.82 (d): Based on review of GEO policy and in interviews with PREA compliance manager all services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. During the last 12 months there was no detainee that was transported to an outside facility for a SANE or forensic examination.

Based on interviews with the, Palomar Health for SANE services and would be accompanied by staff from Center for Community Services for advocacy services. The Center for Community Services has a working relationship with Palomar Health and has on call victim advocate to accompany victims of sexual abuse to Palomar Health

Compliance was determined by review of the coordinated response plan, interview with Palomar Health, and the Center for Community Services, random staff, PREA compliance manager and facility administrator.

115.83 Ongoing medical and mental health care for sexual abuse victims

and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

WRDF Policy 1300.05

Mental Health evaluations

Detainee Handbook

115.83 (a): According to WRDF policy 1300.05 and interviews with medical and mental health staff. the Western Region Detention Facility will 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.

115.83 (b): The facility provides victims with medical and mental health care consistent with the community level of care, which was confirmed by interview of the nurse. The facility has full-time medical staff and 12 hours of mental health services with on call mental health staff as needed.

115.83 (c)(d): The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or released 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.

115.83 (f)(g): Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim. Treatment service a shall be provided to the victims without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.83 (h): GEO policy and practice is for the facility to attempt to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate.

The Facility would provide follow up treatment for detainees that had a history of victimization or were victims of sexual abuse.

Compliance was determined by review of the GEO policy, interviews with medical, mental health staff, PREA compliance manager and facility administrator.

115.86	Sexual abuse incident reviews
	<p data-bbox="256 188 991 221">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1425 416">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="256 454 671 488">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="256 526 560 560">WRDF Policy 1300.05</p> <p data-bbox="256 598 580 631">Report of Investigation</p> <p data-bbox="256 669 549 703">After Action Reviews</p> <p data-bbox="256 741 320 775">PAQ</p> <p data-bbox="256 813 1481 1014">1 115.86 (a): GEO policy 5.1.2-A, requires facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. At the time of the PAQ there were three closed investigations that included an incident review team meeting. The After-action reports contain all the elements of an incident review team meeting.</p> <p data-bbox="256 1052 1326 1128">115.86 (b): The review is conducted within 30 days of the conclusion of the investigation. This includes sexual abuse and sexual harassment.</p> <p data-bbox="256 1167 1481 1323">115.86 (c): The Incident Review Committee consists of the facility administrator, chief of security, PREA compliance manager, lead investigator, unit manager, classification supervisor and the nurse. The PREA Coordinator or his staff may attend via telephone or in person.</p> <p data-bbox="256 1361 1481 1688">115.86 (d): The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate. There were three after-action reports completed during the last 12 months. GEO has developed an after-action report that includes all areas of the standard.</p> <p data-bbox="256 1727 1353 1803">115.86 (e): The facility will implement recommendations for improvement or document the reasons for not doing so.</p> <p data-bbox="256 1841 1481 2085">Exceed Compliance was based on review of after-action reports (IRT) and by interview with the PREA Compliance Manager, and other Incident Review team members. When interviewed, the members of the incident review team knew their responsibilities as they relate to the review of sexual abuse incidents. The facility does after action reports on sexual harassment and sexual abuse when substantiated or unsubstantiated.</p>

115.87	Data collection
	<p data-bbox="256 188 991 221">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1425 418">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="256 454 815 488">GEO Corporate PREA Procedure 5.1.2-A</p> <p data-bbox="256 524 560 557">WRDF Policy 1300.05</p> <p data-bbox="256 593 691 627">GEO Annual PREA Data Report</p> <p data-bbox="256 663 639 696">Annual PREA assessments.</p> <p data-bbox="256 732 1473 943">115.88 (a): GEO reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. This information is provided in the annual report.</p> <p data-bbox="256 978 1453 1182">115.88 (b): The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. This information is also captured in the annual PREA assessment completed by PREA coordinator's staff.</p> <p data-bbox="256 1218 1473 1868">115.88 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Secure Services and International Operations for their signatures and approval. The report is made public on the GEO website at https://www.geogroup.com/prea. 115.88 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report. Exceed compliance of this standard was determined by reviewing annual reports for GEO, reviewing the facility policy and interviews with the PREA coordinator and PREA compliance manager. The facility and agency reviews report for the previous three years during the annual assessment. In an interview with the facility administrator, the facility reviews report on a continuing basis. During the last 3 years the facility reported in 2020 three allegations. Two were for sexual harassment and one was for sexual abuse. All three were unsubstantiated. In 2021 there were two allegations of sexual abuse that were unfounded. In 2022 there were two allegation of sexual harassment and one allegation of sexual abuse. All three were determined to be unsubstantiated.</p> <p data-bbox="256 1904 1453 2067">The annual assessment for this fiscal year was on September 17, 2022. The comparison with previous years determined there had been not increase in the number of sexual abuse or sexual harassment allegation from the previous assessment. A review of the GEO website for the last 3 years confirmed the findings</p>

	<p>of the assessment team.</p> <p>The GEO annual report provides more information than is required and at the same time provides the person reviewing the report with a detailed look at PREA in action in GEO facilities.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Procedure 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>GEO Annual PREA Data Report</p> <p>115.89 (a): WRDF Policy 1300.05 mandates all case records associated with claims of sexual abuse are maintained and filed in a secure file cabinet in the PREA compliance manager’s office. During the tour of the facility, the auditor noted that the PREA compliance office was locked in each visit by her office. The auditor was required to return all investigative files to the PREA compliance manager when leaving the conference room during the review of investigative files. The auditor noted that all computers in the case manager, medical and mental health areas were closed if no one was in the offices. Interview with case managers indicated they do not have access to investigative files on their GEO database.</p> <p>115.89 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at https://www.geogroup.com/prea. A review of the website confirmed that the agency has PREA reports from 2017 until 2022 uploaded to the above website. The facility has password protected computer access and only GEO staff are allowed to utilize their computers. All staff at the facility interviewed indicated they must go to training in handling sensitive information.</p> <p>115.89 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers. This was confirmed by reviewing past audits and GEO annual reports.</p> <p>115.89 (d): Corporate Policy: 5.1.2-A and WRDF Policy 1300.05 mandate data collected pursuant to this procedure shall be securely retained by the Facility or Corporate office 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. All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical</p>

	<p>and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with Federal and State statues and guidelines specified by contract authority.</p> <p>Confinement Facilities ensures that data collected are securely retained for at least 10 years. Compliance was determined by review of three (3) annual reports, corporate policy, facility policy and interview with the Agency PREA Coordinator.</p>
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115.89	Data storage, publication, and destruction
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Procedure 5.1.2-A</p> <p>WRDF Policy 1300.05</p> <p>GEO Annual PREA Data Report</p> <p>115.89 (a): WRDF Policy 1300.05 mandates all case records associated with claims of sexual abuse are maintained and filed in a secure file cabinet in the PREA compliance manager’s office. During the tour of the facility, the auditor noted that the PREA compliance office was locked in each visit by her office. The auditor was required to return all investigative files to the PREA compliance manager when leaving the conference room during the review of investigative files. The auditor noted that all computers in the case manager, medical and mental health areas were closed if no one was in the offices. Interview with case managers indicated they do not have access to investigative files on their GEO database.</p> <p>115.89 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at https://www.geogroup.com/prea. A review of the website confirmed that the agency has PREA reports from 2017 until 2022 uploaded to the above website. The facility has password protected computer access and only GEO staff are allowed to utilize their computers. All staff at the facility interviewed indicated they must go to training in handling sensitive information.</p> <p>115.89 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers. This was confirmed by reviewing past audits and GEO annual reports.</p> <p>115.89 (d): Corporate Policy: 5.1.2-A and WRDF Policy 1300.05 mandate data collected pursuant to this procedure shall be securely retained by the Facility or Corporate office for at least 10 years or longer if required by state statute. Before making aggregated Sexual Abuse data publicly available, all personal identifiers shall</p>
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	<p>be removed. All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with Federal and State statutes and guidelines specified by contract authority.</p> <p>Confinement Facilities ensures that data collected are securely retained for at least 10 years. Compliance was determined by review of three (3) annual reports, corporate policy, facility policy and interview with the Agency PREA Coordinator.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO policy 5.1.2-A</p> <p>WRDF policy 1300.05</p> <p>115.401 (a): GEO policy 5.1.2-C -require during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO’s Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. This is the fourth audit of Western Region Detention Facility. The latest audit was conducted in September 2020 by a certified PREA auditor.</p> <p>115.401 (b): According to GEO’s PREA Coordinator and the annual PREA report, 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. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3-year cycle. This is the second year of this cycle. According to GEO coordinator all facilities are scheduled to be audited during this cycle.</p> <p>115.401 (h): During the audit, the auditor was allowed access to all areas of the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.</p> <p>115.401 (i): I requested personnel files, detainee files, training records, investigation files, logbooks, and pertinent forms utilized to conduct the requirement of the audit</p>

	<p>process. Each document was provided in a timely basis.</p> <p>115.401 (m): I interviewed specialized staff, random staff, random detainees, and targeted detainees during the onsite audit. One detainee who made an allegation of sexual abuse declined to be interviewed and the facility did not prohibit me from interviewing detainees selected for interview. Interviews were conducted in a secluded area of the facility.</p> <p>115.401 (n): Posting were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondence from residents. The information was posted on August 1, 2023.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f): Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (https://www.geogroup.com/prea) to be available to the public. The report from 2017 and 2020 were located on the GEO website and reviewed and uploaded by the auditor.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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.)	
115.13 (a)	Supervision and monitoring	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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.)	na
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a) Youthful inmates		
	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).)	na
115.14 (b) Youthful inmates		
	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).)	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).)	na
115.14 (c) Youthful inmates		
	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).)	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).)	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).)	na
115.15 (a) Limits to cross-gender viewing and searches		
	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
115.15 (b) Limits to cross-gender viewing and searches		
	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
	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	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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 evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
	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
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	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
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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
	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
	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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
115.43 (c)	Protective Custody	

	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	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.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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.	no
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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.)	no
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of	yes

	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?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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.)	na
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

(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, there has never been a Final Audit Report issued.)	yes