

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

Interim       Final

Date of Report    May 16, 2018

### Auditor Information

Name: Barbara Jo Denison	Email: denisobj@sbcglobal.net
Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: April 19-20, 2018

### Agency Information

Name of Agency: The GEO Group, Inc.		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: One Park Place, Suite 700, 621 Northwest 53rd Street		City, State, Zip: Boca Raton, FL 33487	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 561-999-5827		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted in GEO's care.

**Agency Website with PREA Information:**    <https://www.geogroup.com/PREA>

### Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561-999-5827

### Agency-Wide PREA Coordinator

<b>Name:</b> Phebia Moreland	<b>Title:</b> Director, Contract Compliance, PREA Coordinator
<b>Email:</b> pmoreland@geogroup.com	<b>Telephone:</b> 561-999-5827
<b>PREA Coordinator Reports to:</b> Daniel Ragsdale, Executive Vice President, Contract Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 111

### Facility Information

<b>Name of Facility:</b> Williams Street Center			
<b>Physical Address:</b> 1763 Williams St., Denver, CO 80218			
<b>Mailing Address (if different than above):</b> SAA			
<b>Telephone Number:</b> 303-377-1110			
<b>The Facility Is:</b>		<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

**Facility Mission:** To be the leading provider of innovative, outcome-based, rehabilitative and technology enable services designed to support our public sector partners.

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

**Have there been any internal or external audits of and/or accreditations by any other organization?**  Yes  No

### Director

<b>Name:</b> Renee Romero	<b>Title:</b> Facility Director
<b>Email:</b> rromero@geogroup.com	<b>Telephone:</b> 303-377-1110, ext. 132

### Facility PREA Compliance Manager

<b>Name:</b> Carlie Brockmann	<b>Title:</b> Office Support Specialist
<b>Email:</b> cbrockmann@geogroup.com	<b>Telephone:</b> 303-377-1110

### Facility Health Service Administrator

<b>Name:</b> N/A	<b>Title:</b> N/A
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Email: N/A		Telephone: N/A	
<b>Facility Characteristics</b>			
Designated Facility Capacity: 80		Current Population of Facility: 88	
Number of residents admitted to facility during the past 12 months			164
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			148
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			148
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 19-62	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			6 months
Facility Security Level:			Low
Resident Custody Levels:			Low
Number of staff currently employed by the facility who may have contact with residents:			15
Number of staff hired by the facility during the past 12 months who may have contact with residents:			8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
<b>Physical Plant</b>			
Number of Buildings: 3		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		16	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
There are 36 cameras with one DVR that retains data for up to one week.			
<b>Medical</b>			
Type of Medical Facility:		Denver Health and Medical Center	
Forensic sexual assault medical exams are conducted at:		Denver Health and Medical Center	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			3 volunteers

**Number of investigators the agency currently employs to investigate allegations of sexual abuse:**

111 agency-wide  
2 at this facility

# Audit Findings

## Audit Narrative

The PREA on-site audit of the Williams Street Center was conducted April 19-20, 2018, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. The Williams Street Center consists of three buildings, an Administration Building and two residential buildings and is located in a historic Denver neighborhood.

Pre-audit preparation included a thorough review of agency policy, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. During this review period questions were answered Carlie Brockmann, Office Support Specialist who is designated at the facility's PREA Compliance Manager. The facility was provided with facility notices in English and Spanish informing residents of the upcoming audit dates with my name and address and the limits of confidentiality of correspondence. The notices were posted on 3/19/18 and were observed to be posted in Building 1776 near the Security Office. I did not receive any correspondence from residents of the Williams Street Center.

The Williams Street Center has a written agreement with the Denver Police Department – Sex Crimes Unit to provide criminal investigations of allegations of sexual abuse. Prior to the onsite audit, the Section Commander Sex Crime/Missing and Exploited Persons Section responsible for the Sex Crimes Unit of the Denver Police Department was contacted. He stated that if notified of an allegation of sexual abuse, a patrol officer respond to the facility. If there were an active crime scene, a detective from the Sex Crimes Unit would be dispatched to collect evidence and begin the investigation process. Upon completion of the investigation, if there is enough evidence to prosecute, the case would be presented to the District Attorney's Office and a decision would be made by the District Attorney to move forward or refuse to pursue prosecution. If the victim chooses not to pursue criminal charges, a report of the allegation for the record only would be filed. The Director of the Division of Community Corrections City and County of Denver would be informed of the outcome of the investigation.

Prior to the onsite visit, contact was made with the Director of Client Services of the Blue Bench, an agency that GEO and the Williams Street Center have a Memorandum of Understanding (MOU) with. The MOU was entered into on October 1, 2017 and in effect until September 30, 2018. The MOU was confirmed and reviewed with the Director of Client Services. The MOU provides for victim advocacy services and provides a 24-hour emotional support hotline for resident victims of sexual abuse. Calls made to the Blue Bench are confidential and the caller may remain anonymous. The Blue Bench provides victim advocacy services and an advocate would meet the victim at the Denver Health Medical Center to be present through the forensic exam if requested by the victim. The Blue Bench also provides victims with other victim support and referral services and court advocacy. All services provided by The Blue Bench are at no cost to the victim.

Forensic exams are not performed at the facility. Victims of sexual abuse are transported to the Denver Health Medical Center for forensic exams. The SANE Coordinator of the Denver Health Medical Center was contacted prior to the onsite visit. She reported that when a victim is transported to the Medical Center, a hospital Social Work would make contact with the victim upon arrival. The Social Worker would meet with the victim to determine whether the victim wants to consent to a forensic exam and if so, if they would like an advocate be present during the exam process. If the patient agrees, a

SANE would be contacted and the Blue Bench contacted to provide a victim advocate to accompany the victim through the SANE. The SANE Coordinator shared that if females test negative for pregnancy, they would be given a pregnancy prophylactics and all victims would be given prophylactics for sexually transmitted diseases. The victim would be given a follow-up referral to an STD Clinic that is part of the Denver Health Medical Center. This referral is optional for the victim. The exam, medications and all related services are offered at no cost to the victim.

On the first day of the audit, an entrance meeting was held with Renee Romero, Facility Director, Carlie Brockmann, Office Support Specialist/PREA Compliance Manager, Jayci Zakeer, Operations Coordinator and Jamie Jackson, Program Performance Manager Central Region attending. Those in attendance of the entrance meeting accompanied me on a site review of the facility. The Williams Street Center consists of three buildings and all three buildings were visited. During the review, the location of cameras and mirrors, room layout including shower/toilet areas and placement of PREA posters and information was observed.

*Resident Reporting Options* posters in both English and Spanish were posted throughout the facility in common areas and behind the door in all resident rooms. *Third Party Reporting* posters were posted throughout the facility in areas visible to staff and visitors. The *Resident Reporting Options* poster directs residents to inform a staff member or the PREA Compliance Manager immediately. It also gives residents the phone numbers and mailing addresses to the DOC PREA Administrator, the Blue Bench and the RAINN National Advocacy Hotline. A large number of the residents have their own cell phones, but there is a telephone in the Security Office in Building 1776 for residents' use. The telephone is put through a sliding glass window to an outside counter when residents request to make a call. For the past month, the phone has only been able to be used on speaker mode only and the facility was waiting for it to be repaired or replaced. Another phone was found in the facility to replace the Security Office phone. The location of the phone does not provided privacy for residents who want to report allegations of sexual abuse or sexual harassment or speak to an advocate. A recommendation was made for the facility to have a phone jack installed in another location in the building that would provide residents more privacy. The facility determined that an area opposite the door to entry into the kitchen could be used for this purpose. The Facility Director submitted a work request for the installation of a phone jack and purchased a new phone. A photo was forwarded to me showing the new phone set up.

Calls were made to the reporting numbers to ensure the numbers were accessible to residents. Calls to the DOC PREA Administrator (1-855-855-0611 or 1-877-DOC-TIPS) are routed to the Colorado Department of Corrections Office of the Inspector General and are toll-free. Calls to the Blue Bench (303-322-7273) are forwarded to a Blue Bench advocate and the RAINN National Advocacy Hotline (1-800-656-4673) was found to be forwarded to the Blue Bench.

Due to the age and the physical layout of the buildings, many areas were noted to have blind spots. Ideally, the facility is in need of additional cameras, an assessment that they themselves had made. The Administration Building has no cameras and the other two buildings have been assessed for additional cameras. The following are the areas of concern and recommendations made to the facility to enhance visibility:

**Building 1776:**

- Install a camera in the basement opposite the stairway
- Room #3 – remove top bunk and rearrange beds to have better visibility

### **Building 1768:**

- Close off the back staircase that is not used in basement in laundry room
- Add *Resident Reporting Options* posters in laundry room
- Room #10 – reposition top bunk that is closest to the alcove to increase visibility
- Room #10 – Add dome mirror in alcove
- Room #11 – Add dome mirror on south wall to capture closet area
- Room #14 – Add dome mirror on north alcove wall
- Room #15 – Reposition top and bottom bunks near door and move closer to east window
- Add dome mirror near 3<sup>rd</sup> floor staircase landing
- Room #16 – Add large dome mirror to south wall to enhance visibility west and east of dorm entrance

The facility was very receptive to the recommendations. When these areas were revisited on the second day of the audit, all dome mirrors had been installed and bunks rearranged for increased visibility. Post audit visit, the facility provided me with a photo of the staircase in the laundry room showing it was entirely blocked off.

During the tour, I spoke informally to residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. On the first day of the audit, the population totaled 79 in-house residents and 9 on home confinement. The facility provided a resident roster and logs of residents with special designations. From these lists, 18 in-house residents were formally interviewed. Included in that number were two residents who self-disclosed being bisexual, six who self-disclosed being lesbian, four who were screened to be at risk for victimization and one resident who was hard of hearing and had low reading skills. At the time of the audit, there were no residents housed at the facility who were blind, had low vision, were deaf, had cognitive deficits or who screened at risk of abusiveness. There were no residents who self-disclosed being transgender or intersex.

All staff scheduled to work during the audit were interviewed during the course of the audit for a total of 11 staff interviews. That number included four Resident Managers and seven specialist staff. A volunteer was interviewed by telephone. The Office Support Specialist/PREA Compliance Manager and the Operations Coordinator have multiple roles and were asked multiple questions as they relate to the responsibilities of each of those roles. The agency's PREA Coordinator and the Executive Vice President Continuum of Care & Reentry Services (agency head designee) were both interviewed at an earlier date by telephone. All staff interviewed were knowledgeable of their responsibility to prevent, detect, respond and report incidents of sexual abuse, sexual harassment and retaliation.

I reviewed the files of all employees to determine compliance with background check procedures. Files reviewed showed criminal background checks for pre-employment and for two employees promoted in the past 12 months.

Documentation of annual PREA training for all employees were reviewed to determine compliance with the requirements of annual PREA training. Files were found to be complete with documentation of PREA training maintained by the facility.

The facility has five religious volunteers. Volunteer records were reviewed to determine compliance with criminal background checks of volunteers prior to being allowed access to the facility and documentation of required PREA education for volunteers.

*PREA Unannounced Supervisor Rounds* forms for the months of March and April were reviewed. Review showed the Operations Coordinator is conducting these rounds once per month in the morning, afternoon and evenings.

Fifteen resident files were reviewed with the PREA Compliance Manager to determine compliance with screening requirements and the requirements for PREA education for residents. *PREA Risk Screening* forms and *PREA Vulnerability Reassessment Questionnaires*, as well as referral forms for residents who screened at risk for victimization or abusiveness were found to be maintained in binders filed alphabetically and maintained by the PREA Compliance Manager. One resident had scored to be at risk for victimization was not found on the *At Risk Log*, but had been offered a referral for mental health services as required. Also contained in the binders were the *Acknowledgement of Receipt of PREA Education Manual* forms and a form acknowledging review of the zero-tolerance policy and acknowledgment of viewing the *PREA: What You Need to Know* video.

The PREA Compliance Manager and the Operations Coordinator are the facilities trained investigators and are responsible for administrative investigations of sexual abuse and sexual harassment. Allegations that appear to be criminal are referred to the Denver Police Department – Sex Crimes Unit for investigation. In the 12 months prior to the audit, there were three allegations of staff-on-inmate sexual harassment reported. All three allegations were referred to the Denver Police Department – Sex Crimes Unit. Two allegations were determined to be substantiated and one is ongoing awaiting disposition by the Denver Police Department. Investigative files were reviewed and found to be complete.

At the conclusion of the audit, an exit meeting was held with the following people attending: Renee Romero, Facility Director, Carlie Brockmann, Office Support Specialist/PREA Compliance Manager, Jayci Zakeer, Operations Coordinator, Derrick Schofield, Executive Vice President Continuum of Care & Reentry Services and Jamie Jackson, Program Performance Manager Central Region. Audit observations and findings were discussed with the team. The team was complimented on their cooperation prior to the audit visit and during the two days of the audit and especially their proactive approach to the recommendations made during the site review. The facility was informed of the process that would follow the on-site visit and GEO's responsibility to post the final report on their website.

## Facility Characteristics

The Williams Street Center, located at 1763 Williams Street, Denver, Colorado, is owned and operated by the GEO Group, Inc. GEO acquired the Williams Street Center in April 2017 from the Community Education Centers (CEC). The Williams Street Center is a residential and non-residential reentry center for adult female offenders referred by the City and County of Denver Community Corrections Board. Residents of the facility receive reentry programming and services to assist them with a successful transition back to the community. Each resident is assigned a Case Manager with the Case Management Team providing Trauma Informed Care, Women in Recovery and MRT classes.

The Williams Street Center is made up of three buildings and is located in a historic Denver neighborhood. The Administration Building, Building 1763, is a three-story building that was built in 1902. Residents and visitors must ring a bell to be allowed entrance into the building. The first floor of the building houses the Facility Director's Office, two conference rooms, a staff breakroom, a clothes closet and a staff restroom. Case Manager offices, the Operations Coordinator and the Office Support



Specialist/PREA Compliance Manager offices are located on the second floor and on third floor, there is a classroom and five unused offices.

Building 1776 and Building 1768 are buildings located across the street from the Administration Building. Building 1776 is the main residential building, which houses the Security Office, day room, kitchen, dining room, eight resident rooms (rooms 1-8) and two restrooms. All residents from both buildings have to enter through Building 1776 where there is a Security Office staffed 24 hours a day by Resident Managers. Residents sign in and out of the facility from the Security Office and are pat searched in view of a camera. On the first floor, there is a large day room with a television, vending machines and bookcases. There is one resident room (room 1) on the first floor and an ADA restroom. There is a kitchen where one hot meal and two cold meals a day are served from that are prepared at Tooley Hall, another reentry facility in the Denver area, and a dining room.

The second floor of Building 1776 has three resident rooms (rooms 2-4) and a restroom with six sinks and two toilet stalls and a shower area with six showerheads with a shower curtain in the entry. The restroom and shower area afford residents privacy. A stairway leads to the third floor where there are four resident rooms (rooms 5-8). The third floor does not have a restroom. Residents from this floor use the restroom on the second floor.

The capacity of each room in Building 1776 is as follows:

Room 1:	two beds
Room 2:	3 beds
Room 3:	8 beds
Room 4:	8 beds
Room 5:	3 beds
Room 6:	4 beds
Room 7:	7 beds
Room 8:	4 beds

There is a courtyard between Buildings 1776 and 1768 and through the courtyard is the only way residents and staff can access Building 1768. The Courtyard has a smoking area, chairs, a bicycle rack and a picnic table. The courtyard extends behind Building 1768. A stairway leads to the basement of the building where there is laundry room. There are two pay washers and dryers and another washer and dryer behind a locked gate for use of indigent residents.

Building 1768 has seven resident rooms (rooms 10-16). The first floor has four resident rooms (rooms 10-13) and a restroom with two sinks and two toilet stalls. There is no showers on this floor and residents from this floor use the showers on the second floor.

On the second floor, there are two resident rooms (rooms 15 & 16) and a restroom with three toilet stalls, eight sinks and a shower room with four showerheads with a curtain in the entryway for privacy. On the third floor, there is one large resident room (room 17).

The capacity of each room in Building 1768 is as follows:

Room 10:	4 beds
Room 11:	3 beds
Room 12:	2 beds
Room 13:	4 beds
Room 14:	8 beds
Room 15:	4 beds

Room 16: 17 beds

The facility has 36 cameras and one DVR that retains data for up to one week. Cameras are located in hallways, common areas and the outside of buildings 1776 and 1768. The Administration Building does not have cameras. The purchase of 10 cameras for this building have been requested and are in the CapEx budget. Cameras are monitored from the Security Office. Plans are in place to have a Security Office in building 1768, which will increase staff presence in this building.

Resident Managers are required to conduct eight facility walkthroughs and eight formal head counts in a 24-hour period. The Operations Coordinator conducts unannounced PREA rounds once a month in the morning, afternoon and evening. She also conducts supervisory rounds at a minimum of once per week.

## Summary of Audit Findings

Based on the audit of the Williams Street Center, it was determined that the facility was found to exceed in six of the standards and met all of the requirements of the remaining standards. The audit findings are as follows:

**Number of Standards Exceeded: 6**

The facility was found to exceed in the requirements of standards 115.211, 115.213, 115.217, 115.231, 115.233 and 115.288.

**Number of Standards Met: 35**

The facility was found to meet compliance to all of the requirements of the following standards: 115.212; 115.215; 115.216; 115.218; 115.221; 115.222; 115.232; 115.234; 115.235; 115.241; 115.242; 115.251; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.287; 115.289; 115.401 and 115.403.

**Number of Standards Not Met: 0**

There were no standards found that did not meet compliance.

## Summary of Corrective Action (if any)

There was no corrective action necessary.

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A and Williams Street Center's policy 2014-6 are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's/facility's approach to preventing, detecting and responding to such conduct. Both policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. Both policies, upon review, were found to be very comprehensive and to include a thorough description of the agency /facility's approach to reduce and prevent sexual abuse and sexual harassment of residents, exceeding in the requirements of this standard.

GEO policy 5.1.2-A, pages 6 & 7, section III-B, and facility policy 2014-1, pages 2 & 3, section VI-A, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency not only employs an agency-wide PREA Coordinator, but also employs a PREA Division Coordinator who provides oversight to the agency's reentry facilities; therefore, exceeding in the requirements of this

section of the standard. The PREA Coordinator and the PREA Division Coordinator are extremely knowledgeable and continue to provide facilities with support and assistance for the implementation and enhancement of the agency's PREA program.

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

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

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

#### **115.212 (a)**

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

#### **115.212 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".)  Yes  No  NA

#### **115.212 (c)**

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

### **Auditor Overall Compliance Determination**

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

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

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

## Standard 115.213: Supervision and monitoring

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

### 115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.213 (b)

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

### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No

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

### Auditor Overall Compliance Determination

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

Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 2014-1, page 3, section B-1, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The facility's design capacity is 80 residents and the staffing plan was developed based on that number. The average number of residents in the past 12 months was 71. The staffing plan includes 17 full-time positions.

The facility makes its best efforts to comply with the approved PREA Staffing Plan. In circumstances where the staffing plan is not complied with, the Interim Facility Director would document and justify all deviations from the plan. In review of documentation provided by the facility and upon interview with the Facility Director, in the past 12 months there were no times that there were deviations to the staffing plan. Staff vacancies are filled by the use of staff overtime. The Facility Director stated during interview that she does spot checks with the PREA Compliance Manager and the Operations Coordinator on a daily basis to ensure that the staffing plan is adhered to.

The staffing plan is reviewed annually by the PREA Compliance Manager along with administrative team members, and documented on the *PREA Annual Facility Assessment* form. This form is then forwarded to the Senior Area Manager, PREA Division Coordinator, Vice President, Residential Reentry Centers and the Corporate PREA Coordinator 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. The PREA Compliance Manager reported that she has input into the staffing plan when it is reviewed each year.

Based on the *PREA Annual Facility Assessment* completed since completed 11/3/17, no recommendations were made for changes to the established staffing plan. The assessment was found to be very detailed and recommendations were made of additional dome mirrors and cameras to enhance supervision of residents.

Per policy, facility management staff and mid-level supervisors conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. These unannounced rounds are documented on the *PREA Unannounced Supervisory Rounds*. Employees are prohibited from alerting residents or other employees that these supervisory rounds are occurring. The Operations Coordinator makes PREA rounds three times per month and supervisory rounds once a week. In documentation provided for review prior to the audit visit and while on site, these rounds are being conducted and documentation being maintained by the facility.

The adherence to the staffing plan, the comprehensive *PREA Annual Facility Assessment* and the detailed documentation of *PREA Unannounced Supervisory Rounds*, it was determined that the facility exceeds in the requirements of this standard.

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

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

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)  
 Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents?  
 Yes  No

#### 115.215 (d)

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

#### 115.215 (e)

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

#### 115.215 (f)

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

#### Auditor Overall Compliance Determination

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

Based on review of GEO policy 5.1.2-A, pages 16 & 17, section I-J, and facility policy 2014-4, pages 2 & 3, sections on *Offender/Resident "Pat" Searches*, *Offender/Resident "Strip" Searches* and *"Body Cavity" Searches*, and *Limits to Cross-Gender Viewing and Searches*, the facility prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.



Agency and facility policies require that all cross-gender strip searches and body cavity searches be documented. Resident strip searches and body cavity searches are prohibited at the Williams Street Center. In the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches performed.

Pat searches are conducted in Building 1776 in view of cameras and documented in SecurManager in individual *Log Summaries*.

In addition to general training provided to all employees, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents which is included in the *Guidance in Cross-Gender and Transgender Pat Searches* curriculum that was provided for review. The curriculum was found to instruct staff on how to effectively and professionally conduct cross gender searches of all residents. Staff sign a *PREA Basic Training Acknowledgement* form upon completion of this training. Receipt of this training was verified through interviews with staff and in review of random staff training records.

The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter resident housing and restroom areas. This practice was observed while onsite and residents and staff interviewed confirmed that this practice is being followed. The Williams Street Center has all female staff. A male Maintenance Technician assigned to the Arapahoe County Residential Center, in the absence of a Maintenance Technician at this facility, is sometimes at the Williams Street Center working. When interviewed residents shared that they feel they have privacy to shower, toilet and change clothing when the Maintenance Technician comes to their housing area. They reported that he always knocks and announces himself before entering their rooms.

Based on GEO policy 5.1.2-A and facility policy 2014-4, the facility prohibits examining transgender or intersex residents for the sole purpose of determining genital status. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. In the past 12 months, there have been no transgender or intersex residents housed at the Williams Street Center.

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

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

#### **115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No

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

#### 115.216 (b)

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

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

### 115.216 (c)

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

### Auditor Overall Compliance Determination

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

The agency takes appropriate steps to ensure that residents with disabilities and residents that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO policy 5.1.2-A, pages 11 & 12, section E-1 and facility policy 2014-2, pages 1 & 2, section V, were used to verify compliance to this standard. Residents receive a *PREA Education Manual for Residents* during the intake process, which is available in English, Spanish and in large print for residents with low vision.

PREA posters and a *PREA: What You Need to Know* video is available in both English and Spanish. Staff members proficient in the Spanish language provides interpretation to Spanish speaking residents. A contract with Language Line Services, Inc. provides for the translation of any other languages. A TTY is available for residents who are deaf or hard of hearing.

At the time of the on-site visit, one resident was hard of hearing. When interviewed she reported that she hears well most of the time. Her responses to my questions were appropriate. At the time of the audit, there were no residents who were deaf, blind, had low vision or who had cognitive or reading deficits and no limited English proficient residents.

The agency prohibits the use of resident interpreters, resident readers or other types of resident assistants except in limited circumstances. In the past 12 months, there have been no instances where resident interpreters, readers or assistants were used. Staff interviewed knew that using residents as interpreters, reads or any other type of assistants was prohibited by policy.

### Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

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

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A, pages 7 & 8, section C-2 and page 16, section H-4 and facility policy 2014-1, page 4, section 2, and review of random employee files and upon interview with the Office Support Specialist were used to verify compliance to this standard. Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any

contractor who may have contact with residents who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. GEO considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The agency requires that all applicants and employees who may have contact with residents have a criminal background check and every five years thereafter. Criminal background checks for all potential employees are completed through a contract with Career Builders, as well CCIC/NCIC clearance by the Office of Community Correction DCJ. If an applicant answers that they have previously worked at a confinement facility, a Custom Employment Report is ordered from Career Builders for PREA verification.

For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check by Career Builders is completed as well as a GEO internal PREA verification.

In the past 12 months, eight criminal background checks were completed. The agency also requires that all contractors and volunteers who have contact with residents have criminal background checks. Page 16, section 4 of the agency policy addresses the requirements of criminal background checks for contractors. The facility does not utilize the services of contractors. Volunteers have a criminal background check before being allowed access to the facility and every five years thereafter.

For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check by Career Builders is completed as well as a GEO internal PREA verification.

GEO policy 5.1.2-A, pages 7 & 8, section C-2 and page 16, section H-4 and facility policy 2014-1, page 4, section 2, interview with the Administrative Coordinator and review of random employee files were used to verify compliance to this standard. Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. GEO considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The agency requires that all applicants and employees who may have contact with residents have a criminal background check and every five years thereafter. Criminal background checks for all potential employees are completed through a contract with Career Builders, as well CCIC/NCIC clearance through the Office of Community Corrections DCJ. If an applicant answers that they have previously worked at a confinement facility, a Custom Employment Report is ordered from Career Builders for PREA verification.

For those considered for promotions or who transfer from another facility, a CCIC/NCIC background check through the Office of Community Corrections DCJ and an internal criminal background check through GEO is conducted. Every five years all employees will have background checks through Career Builders and through the Office of Community Corrections DCJ.

In the past 12 months, 19 criminal background checks were completed. The agency also requires that all contractors and volunteers who have contact with residents have criminal background checks. Page 16, section 4 of the agency policy addresses the requirements of criminal background checks for contractors. The Office of Community Corrections DCJ conducts volunteer criminal background checks before volunteers are allowed access to the facility, and every five years thereafter.

For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check by Career Builders is completed as well as a GEO internal PREA verification.

At the time of annual performance evaluations, employees will complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation*. Per the instructions of the agency, this process has not been implemented and is expected to begin soon. GEO policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct and/or misconduct to the Facility Director.

Unless prohibited by law, GEO Corporate Reentry Services Human Resources Department will provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.

Criminal Background checks by Career Builder and CCIC/NCIC for all employees will be completed every five years. Personnel files of random employees and volunteers reviewed were found to be complete with documentation showing adherence to standard and agency policy requirements.

All employees have two criminal background checks as an applicant, when considered for a promotion, when transferring from another facility and every five years thereafter, exceeding in the requirements of this standard.

## **Standard 115.218: Upgrades to facilities and technologies**

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

#### **115.218 (a)**

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

#### **115.218 (b)**

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

### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2014-1, page 4, section 3, and documentation provided for review was used to verify compliance to this standard. Per agency and facility policies, the Williams Street Center shall consider the effect any new design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect residents from sexual abuse. Since August 20, 2012, there were no new facilities and no substantial expansions or modifications were made to the existing facility.

In interview with the Executive Vice President Continuum of Care & Reentry Services, he explained that every reentry facility that is acquired or that is planning modifications, an assessment is made by the operations team along with the construction staff taking into consideration the facility's ability to protect residents' sexual safety. He further stated that when installing or updating monitoring technology, a constant assessment is made by the PREA Coordinator and her team assessing for blind spots and cameras to improve the staff's monitoring efforts for the protection of residents from sexual abuse.

## RESPONSIVE PLANNING

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

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

#### 115.221 (a)

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

#### 115.221 (b)



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

#### 115.221 (c)

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

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

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

### 115.221 (f)

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

### 115.221 (g)

- Auditor is not required to audit this provision.

### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-E, pages 6-10, sections D-J outlines the agency's requirements as it applies to this standard. Facility policy 2014-6, page 7, sections 3 & 5-f & h and page 10, section H-6 addresses the requirements of the facility in response to reports of recent sexual abuse allegations. The Williams Street Center has two trained facility investigators responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. The facility has an agreement with the Denver Police Department - Sex Crimes Unit to conduct all criminal investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

The facility does not house youth; therefore, section (b) of this standard is not applicable to this facility.

Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. Victims of sexual abuse are referred to Denver Health Medical Center for SANE exams at no cost to the resident. In the past 12 months, there have been no residents who have required SANE exams.

The facility has an MOU with the Blue Bench Center to provide victim advocacy and other victim support services. The Blue Bench services are confidential and no information is shared with facility

staff without informed consent of the victim. Residents are informed of the extent to which communication with The Blue Bench will be monitored and to the extent of confidentiality in accordance with mandatory report laws.

Residents are made aware of the confidential emotional support services available to them and how to access them in the *PREA Education Manual for Residents*, page 9, and on the *PREA Resident Reporting Options* posters displayed throughout the facility in both English and Spanish. When interviewed, residents and staff were aware of the confidential emotional support services available to victims of sexual abuse.

## Standard 115.222: Policies to ensure referrals of allegations for investigations

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

#### 115.222 (a)

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

#### 115.222 (b)

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

#### 115.222 (c)

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

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-E, page 4, section III-A-21 and facility policy 2014-6, pages 6 & 7, sections 2 & 3 outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including resident-on-resident sexual abuse or staff sexual misconduct. All allegations of staff sexual abuse are referred to the agency's Office of Professional Responsibility (OPR).

Upon receipt of an allegation of sexual abuse, the supervisor receiving the report immediately notifies the Facility Director. The Interim Facility Director will make immediate notification to the PREA Coordinator, to the PREA Division Coordinator, the GEO's Office of Professional Responsibility (OPR) (if the allegation involved staff) and the GEO Reentry Services Regional Director. For an allegation of sexual abuse and sexual harassment, the facility will make notification to the City and County of Denver (CCD), the Division of Criminal Justice (DCJ) and the Colorado Department of Corrections (CDOC).

The facility initiates an administrative investigation for all allegations reported and if it is determined that the allegation involved potential criminal activity, a referral is made to the Denver Police Department – Sex Crimes Unit who conduct a criminal investigation.

The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are tracked on the *PREA Monthly Incident Outcome Tracking Log*. In the past 12 months, there were three allegations of sexual abuse/sexual harassment reported. All three allegations were referred to the Denver Police Department – Sex Crimes Unit for criminal investigation.

The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website at [www.geogroup.com/PREA \(Social Responsibility Section\)](http://www.geogroup.com/PREA%20(Social%20Responsibility%20Section)).

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

### 115.231 (b)

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

### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

GEO employees receive training on GEO's zero-tolerance policy (5.1.2-A) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on pages 12 & 13, section F-1. Between trainings, the facility has monthly staff meetings where PREA is reviewed and discussed. The *PREA DOJ 2017 Pre Service* and the *PREA 2017 In Service* training curriculums were reviewed and found to address all elements of 115.231 (a) as required by this standard.

Staff completing this training sign a *PREA Basic Acknowledgement* form (attachment E to policy 5.1.2-A), that they have received and understood the training they received. Staff also receive the *Guidance in Cross-Gender and Transgender Pat Searches 2016* training. The PREA Compliance Manager maintains documentation of annual PREA training for employees. During monthly staff meetings, PREA is reviewed and discussed.

In review of the training files of all Williams Street Center staff, in the 12 months preceding the audit, all Williams Street Center staff have received annual PREA training. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment.

Due to staff interviews and the review of all staff training records, it was determined that the facility exceeds in the requirements of this standard.

#### Standard 115.232: Volunteer and contractor training

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

### 115.232 (a)

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

### 115.232 (b)

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

### 115.232 (c)

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

## Auditor Overall Compliance Determination

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

All volunteers and contractors who have contact with detainees are trained and have annual refreshers on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, page 14, section G-1 for volunteers and page 15, section H-1, for contractors.

The Williams Street Center does not utilize the services of contractors. The facility has three volunteers who completed the agency's *Sexually Abusive Behavior Prevention and Intervention Program Orientation and Training 2017* and signed a *PREA Basic Acknowledgement* form acknowledging receipt and understanding of the agency's zero-tolerance policy.

In interview with a volunteer by telephone, she confirmed receiving the training annually and was knowledgeable of the agency/facility's zero-tolerance policy and when to whom to report a PREA allegations reported to her.

## Standard 115.233: Resident education

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

**115.233 (a)**

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

**115.233 (b)**

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

**115.233 (c)**

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

**115.233 (d)**

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

**115.233 (e)**



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

### Auditor Overall Compliance Determination

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

Based on GEO policy 5.1.2-A, page 12, section E-2 and facility policy 2014-2, pages 6 & 7, *Documentation* section, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Resident education is provided by the upon arrival to the facility by Resident Managers or by the Operations Coordinator in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled or with low reading skills.

In the past 12 months, 164 residents admitted to the facility received written PREA educational material upon arrival to the facility. Residents are provided with a *PREA Education Manual for Residents* and sign an *Acknowledgement of Receipt of PREA Educational Manual form*. As part of the comprehensive PREA education, residents view the *PREA: What You Need to Know* video and sign an acknowledgement form acknowledging they have received required training on the Zero-Tolerance Policy, the Right to Report and Free Medical and Mental Health. Ongoing PREA information is provided on posters, both in English and Spanish, prominently displayed in all resident rooms and in numerous other locations throughout the facility.

Resident PREA training documentation is maintained by the PREA Compliance Manager in a binder. In review of random resident files, documentation of PREA training was complete and organized. Residents interviewed acknowledged receiving PREA information upon arrival to the facility and viewing the PREA video. Due to the level of knowledgeable of the residents interviewed of zero-tolerance policy and methods available to them to report sexual abuse and sexual harassment, the facility was found to exceed in the requirements of this standard.

## Standard 115.234: Specialized training: Investigations

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

### 115.234 (a)

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

#### 115.234 (b)

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

#### 115.234 (c)

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

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

Based on GEO policy 5.1.2-A, page 14, section F-3, in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. In review of the training curriculum, the training includes techniques for 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 referral for prosecution. The agency has 111 trained investigators agency-wide.

At the Williams Street Center, the Office Support Specialist/PREA Compliance Manager and the Operations Coordinator are the trained facility investigators. Both completed *Specialized Investigation Training* facilitated by GEO's PREA Coordinator on 11/30/17 and received the PREA education provided to all employees as well. The facility maintains documentation that this specialized training as well as documentation of annual PREA education provided to all employees, which was confirmed by review of staff training records.

Upon interview with the facility investigators, they were knowledgeable of their responsibilities in conducting sexual abuse investigations.

## **Standard 115.235: Specialized training: Medical and mental health care**

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

#### **115.235 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- 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?  Yes  No
- 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?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### **115.235 (b)**

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

#### **115.235 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  
 Yes  No

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A, pages 13 & 14, section 2 , states that each facility will train all full-time and part-time medical and mental health staff to detect signs of sexual abuse and sexual harassment, preserving physical evidence and responding effectively and professionally to victims of sexual abuse and sexual harassment.

The Williams Street Center does not employ any medical mental health staff. All medical and mental health services are provided by referral to the Denver Health and Medical Center.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.241: Screening for risk of victimization and abusiveness

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

#### 115.241 (a)

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

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)

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

## Auditor Overall Compliance Determination

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

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 2014-3, pages 2 & 3, section VI-B, all residents placed at the Williams Street Center are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility by Resident Managers or the Operations Coordinator. The *PREA Risk Assessment* form (attachment B to policy 5.1.2-A) is used for this purpose. The form was reviewed and found to contain all requirements of 115.241 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. Residents may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to the screening form, a thorough review of any available records that can assist in determining risk assessment is completed.

Within a set time period, not to exceed 30 days of the resident's arrival to the facility, their assigned Case Manager using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38) reassesses residents for their risk for victimization and abusiveness. A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

When completed, the *PREA Risk Assessment* forms and the *PREA Vulnerability Reassessment Questionnaires* are given to the PREA Compliance Manager to be filed in a binder to maintain confidentiality.

In interview with Resident Managers, Case Managers and the Operations Coordinator who are responsible for conducting risk assessment screenings; they knew the requirements of this standard in the conduct of risk screenings.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

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

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

#### 115.242 (b)

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

#### 115.242 (c)

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

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)



- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

### Auditor Overall Compliance Determination

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

The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident.

GEO policy 5.1.2-A, pages 10 & 11, section D-3 and facility policy 2014-3, page 3, section 2, explains the use of PREA screening information. On interview with the Resident Managers responsible for completing *PREA Risk Assessments* and the Case Managers responsible for completing *PREA Vulnerability Questionnaires* they explained how the facility utilizes screening information for this purpose.

Residents who score at risk of victimization or abusiveness are referred for further evaluation using the *Williams Street Resident Referral Verification* form. Residents have an option of refusing these services. Those identified to be at risk are tracked on *At Risk Logs*. Residents screened to be at risk for victimization are housed in separate residential buildings from those screened at risk for abusiveness.

In making housing and programming assignments for Transgender or intersex inmates, the facility will consider on a case-by-case basis whether the placement would present management or security problems. GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. Transgender and intersex inmates are given the

opportunity to shower alone. Residents who self-disclose being lesbian, bisexual transgender or intersex are tracked on an *LGBTI Log*.

In the past 12 months, there have been no transgender or intersex inmates assigned to the Williams Street Center. On interview with six residents who self-disclosed being lesbian and two who self-disclosed being bisexual, they all reported that they were not placed in any special housing area because of their sexual orientation.

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

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

#### 115.251 (c)

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

#### 115.251 (d)

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

## Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A, page 18, section L-1 and facility policy 2014-2, page 4, last paragraph outline the agency's options for resident reporting methods. The agency provides multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and any staff neglect or violation of responsibilities that may have contributed to such incidents.

Residents are made aware of methods of reporting available to them through the *PREA Education Manual for Residents* (page 9), provided to them upon intake and on the *Resident Reporting Options* posters posted in.... all resident rooms and in common areas throughout the facility.

Residents are made aware that they can verbally inform any staff member, the Facility Director or the PREA Compliance Manager verbally or in writing. They are informed they can call or write to the RAINN National Hotline Network (1-800-656-4673), the Division of Criminal Justice (303-239-4442) the DOC PREA Administrator (855-855-0611 or 877-DOC-TIPS) or the Blue Bench (303-322-7273 - for victim support services only). Residents are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Residents are also informed that a third party can make a report for them.

Residents can also file a grievance and facility policy 2014-5, pages 4 & 5 addresses sexual abuse grievances and emergency grievance procedures.

The agency's policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and promptly document verbal reports. Information concerning the identity of resident victim's report of sexual abuse or sexual harassment is limited to those who need to know only.

Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for resident and staff reporting can be found on the GEO website (<https://www.geogroup.com/PREA> (Social Responsibility Section)). Page 4, section I of the *Employee Handbook* informs employees of their responsibility of reporting sexual abuse and sexual harassment. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting.

Residents and staff interviewed were well versed in the methods of reporting available to them.

## Standard 115.252: Exhaustion of administrative remedies

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

### 115.252 (a)

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

### 115.252 (b)

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

### 115.252 (c)

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

### 115.252 (d)

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

### 115.252 (e)

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

### 115.252 (f)

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

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

In review of GEO policy 5.1.2-A, pages 19 & 20, section K-2, and facility policy 2014-5, pages 4 & 5, there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided on pages 6 & 7 in the *PREA Education Manual for Residents*.

There is no time limit when a resident can submit a grievance regarding sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission. Residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. If a third party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.

Emergency grievances may be filed if a resident feels he is at substantial risk of imminent sexual abuse. A final decision will be issued on the merits or portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith.

The PREA Compliance Manager receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. When interviewed she reported in the past 12 months, there have been no grievances filed related to sexual abuse, sexual harassment or sexual activity.

## Standard 115.253: Resident access to outside confidential support services

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

#### 115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.253 (b)

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

#### 115.253 (c)

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

#### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A, pages 24 & 25, section N-8 and facility policy 2014-6, page 11, section H-6, addresses the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given the telephone number and address to the Blue Bench in the *PREA Education Manual for Residents* (page 9) and on the *Resident Reporting Options* posters displayed throughout the facility in both English and Spanish. Residents are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility has an MOU with The Blue Bench that provides for victim advocacy services and other support services for resident victims of sexual abuse at the Williams Street Center.

When interviewed, residents were aware of the outside confidential support services available to them and how to access them.

#### Standard 115.254: Third-party reporting

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

### 115.254 (a)

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

### Auditor Overall Compliance Determination

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

Based on GEO policy 5.1.2-A, page 20, section N-3, the agency has a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Information on third party reporting is found on facility staff postings and is made available on the GEO website at [http://www.geogroup.com/PREA \(Social Responsibility-PREA Certification Section\)](http://www.geogroup.com/PREA (Social Responsibility-PREA Certification Section)). Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. Residents interviewed were aware of this method of reporting.

From information received from the PREA Compliance Manager, during the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

### 115.261 (a)

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



that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?

Yes  No

#### 115.261 (b)

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

#### 115.261 (c)

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

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

The agency's requirement on staff reporting duties can be found on page 20, section N-4 of GEO policy 5.1.2-A and on pages 5 & 6, section VII-B of facility policy 2014-6. Reporting duties for volunteers is on page 14, section G-2 and on page 15, section H-2 for contractors in GEO policy 5.1.2-A. Staff must take all allegations of sexual abuse and sexual harassment seriously.

All staff are required to report immediately to the Facility Director any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against

residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to supervisors. The supervisor receiving the report immediately notifies the Facility Director who immediately notifies the facility investigators.

For any allegation of sexual abuse and sexual harassment, the facility will make notification to the PREA Coordinator, the PREA Division Coordinator, the City and County of Denver (CCD), the Division of Criminal Justice (DCJ), the Colorado Department of Corrections (CDOC) and the Denver Police Department – Sex Crimes Unit. If the allegation involves staff, notification is made to GEO’s OPR.

The Williams Street Center does not employ medical or mental health personnel on staff; therefore, 115.261 (c) of this standard is not applicable to this facility.

The Williams Street Center houses adult female residents only, all of whom according to their classified level of care are not considered to be vulnerable adults under the Colorado State Vulnerable Persons Statute; therefore, 115.261 (d) of this standard is not applicable to this facility.

In interview with the Facility Director, the PREA Compliance Manager and staff interviewed, they knew their reporting duties.

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

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

#### Auditor Overall Compliance Determination

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

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident according to GEO policy 5.1.2-A, pages 20 & 21, section M-1. All allegations of sexual abuse are to be handled in a confidential manner.

In interview with the Facility Director and documentation provided, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a resident being in substantial risk of sexual abuse. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A, page 24, section 5 and facility policy 2014-6, page 9, section F were used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the allegation will be documented and the Facility Director or his designee shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Compliance Manager and the PREA Coordinator.

In interview with the Facility Director and in review of documentation provided, in the past 12 months, there were no residents of the Williams Street Center that alleged that sexual abuse occurred while confined at another facility.

If a report is received from another facility or agency regarding alleged sexual abuse occurring at the Williams Street Center, the allegation will be reported and investigated according to PREA standards. In interview with the Facility Director, in the past 12 months, there were no allegations of sexual abuse received from other facilities.

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

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

#### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A, page 21, section L-2, outlines the procedure for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone other than staff involved with investigating the alleged incident.

If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. All staff carry with them a Sexual Abuse First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse or sexual harassment and are trained on first responder duties.

Interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and physical evidence. In the past 12 months, there no allegations reported that required implementing first responder duties.

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A, page 6, section A-4 and review of the Williams Street Center's *PREA Coordinated Response Plan* were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse and sexual harassment. The plan provides written guidance to staff and administration regarding actions to take and notifications to be made.

A PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan and proper notifications are made. This checklist is filed with the completed investigative packet. The Facility Director and the PREA Compliance Manager are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

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

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

### 115.266 (a)

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

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A, page 5, section III-A-3 was used to verify compliance to this standard. In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Any "no contact" orders will be documented. Facility policy 2014-6, page 8, section 5-e, states that if the suspect is a staff member, the staff member shall be reassigned to a post with no resident contact or placed on administrative leave pending the outcome of an investigation. In all cases, the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment.

The Williams Street Center does not have a collective bargaining unit. 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 residents pending the outcome of an investigation. When interviewed, the Executive Vice President Continuum of Care & Reentry Services reported that there are no collective bargaining agreements for any of GEO's reentry facilities.

## Standard 115.267: Agency protection against retaliation

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

#### 115.267 (a)

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

#### 115.267 (b)

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

#### 115.267 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined in policy 5.1.2-A, pages 25 & 26, section N-2 and in facility policy 2014-6, pages 10 & 11, section H-7-11. The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

The PREA Compliance Manager is responsible for weekly monitoring of residents and monthly of staff who reported sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual



harassment investigations for retaliation for at least 90 days and longer if there is a continuing need. Monitoring is documented on the *Protection from Retaliation Log*. Completed logs are filed in the investigative file.

In the past 12 months, there was no incidents of retaliation that occurred. In review of investigative files, retaliation monitoring is being conducted and completed *Protection from Retaliation Logs* are being filed in investigative files. When interviewed, the PREA Compliance Manager knew her responsibilities for monitoring for retaliation per policy.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

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

#### 115.271 (b)

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

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

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

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

### 115.271 (I)

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

### Auditor Overall Compliance Determination

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

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Williams Street Center, including third party and anonymous reports. All allegations reported are tracked on a *Monthly PREA Incident Tracking Log*. The Facility Director and the PREA Compliance Manager are the trained facility investigators responsible for conducting administrative investigations. The agency's policy on administrative and criminal investigations is outlined in GEO policy 5.1.2-E, pages 4-6, section III-B.

The supervisor receiving the report of an allegation of sexual abuse or sexual harassment immediately notifies the Facility Director who notifies the PREA Coordinator and the PREA Division Coordinator. If the allegation involves a staff member, notification is made to GEO's OPR.

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

When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Denver Police Department – Sex Crimes Unit who conduct criminal investigations pursuant to the requirements of this standard. The facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

In the past 12 months there were three PREA allegations reported. All three allegations received in the past 12 months were referred to the Denver Police Department – Sex Crimes Unit for criminal investigation.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. 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.

When interviewed the facility investigators confirmed that the credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. GEO retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years.

## Standard 115.272: Evidentiary standard for administrative investigations

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

### 115.272 (a)

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

### Auditor Overall Compliance Determination

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

Based on GEO policy 5.1.2,-E, page 6, section B-2-d, the agency/facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility investigators were asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency policy.

## Standard 115.273: Reporting to residents

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

### 115.273 (a)

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

### 115.273 (b)

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

#### 115.273 (c)

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

GEO policy 5.1.2-E, pages 10 & 11, section III-K, facility policy 2014-6, pages 11 & 12, section J and review of investigative files were used to verify compliance to this standard. The policies indicate that following an investigation of sexual abuse of a resident, the resident shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible to present to the resident the *Notification of Outcome of Allegation* form which the resident signs. This form is retained in the investigative file of the corresponding PREA incident.

If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

Following a resident's allegation that another resident sexually abused him, the agency shall inform the resident of the outcome of the investigation. The facility's obligation to notify the resident shall terminate if the resident is released from the agency's custody.

In the past 12 months, there were no notifications of the outcome of an investigation issued. One investigation is ongoing and the other two one victim escaped and the other regressed back into custody. *Notification of Outcome of Allegation* were found in the investigative files of the two closed investigations with a notation of why the notices were not issued. Based on interview with the PREA Compliance Manager, the process of providing notification to resident victims at the conclusion of an investigation is in place.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

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

#### 115.276 (d)

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

#### Auditor Overall Compliance Determination

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

Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, page 11, section L-1 and facility policy 2014-6, page 13, section M-1. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

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 *GEO Employee Handbook*, provided to all staff, pages 16 & 17 explain the zero-tolerance policy for employees and the sanctions that would be imposed for violations of that policy.

In the past 12 months, one staff member who violated the agency/facility's sexual abuse and sexual harassment policies was terminated for contact with a resident.

## Standard 115.277: Corrective action for contractors and volunteers

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

### 115.277 (a)

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

### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

Based on review of GEO policy 5.1.2-A, page 15, section G-3, (volunteers) and pages 15 & 16 (contractors) any volunteer or contractor who engages in sexual abuse or sexual harassment is prohibited from contact with residents and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

The Williams Street Center does not utilize the services of contractors. In interview with the Facility Director, she reported in the past 12 months, no volunteers have violated the agency's sexual abuse or sexual harassment policy. If this were to occur, the volunteer would be denied access to the facility and support would be offered to the victim.

## Standard 115.278: Interventions and disciplinary sanctions for residents

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

### 115.278 (a)



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

#### 115.278 (b)

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

#### 115.278 (c)

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

#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)

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

#### Auditor Overall Compliance Determination

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

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

According to facility policy 2014-6, pages 12 & 13, section M-2, the CCDE, DCJ and CDOC are the supervising authorities over all residents at the Williams Street Center. If a resident is found guilty of engaging in sexual abuse involving another resident, it will be reported to the DCJ or CDOC Officer who will determine whether to subject the resident to formal disciplinary sanctions. Residents are made aware of sexual misconduct they will be disciplined for and the sanctions that will be imposed in the *Resident Handbook*.

Based on GEO policy 5.1.2-E, page 12, section 2, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Sanctions will be commensurate with the nature and circumstances of the abuse committed the individual's disciplinary history and the sanctions imposed for comparable offenses by other individuals with similar histories.

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. DCJ or CDOC will determine if the resident will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse.

Disciplining a resident for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced.

In interview with the Facility Director, she reported that in the past 12 months, there were no residents who had disciplinary sanctions imposed related to sexual misconduct.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

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

#### 115.282 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

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

#### 115.282 (d)

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

#### Auditor Overall Compliance Determination

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

Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 24, section 7 and facility policy 2014-6, page 7, section 5-h. Resident victims are referred to the Denver Health Medical Center for SANE exams and emergency medical treatment.

Resident victims are offered information about access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. 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. Counseling services would be provided by referral to the Blue Bench.

In documentation provided for review, in the past 12 months, there have been no sexual abuse cases requiring emergency medical or mental health services.

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

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

#### 115.283 (a)

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

#### 115.283 (b)

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

#### 115.283 (c)

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

#### 115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.283 (f)

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

#### 115.283 (g)

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

#### 115.283 (h)

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

### Auditor Overall Compliance Determination

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

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

The facility will offer ongoing medical and mental health care to all the residents of the Williams Street Center who have been victimized by sexual abuse. According to GEO policy 5.1.2-A, pages 25, section N-1 and facility policy 2014-6, page 8, section 5-h, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release consistent with the community level of care. Victims will also be offered tests for sexually transmitted infections.

Female victims of sexually abusive vaginal penetration shall be offered pregnancy tests. If pregnancy results, they shall receive timely and comprehensive information about access to all lawful pregnancy-related medical services. All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Referrals are made to the Denver Health Medical Center for emergency and ongoing medical services.

The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Counseling support, individual and group therapy for victims and abusers are offered by referral to the Blue Bench. All refusals for medical and mental health services shall be documented.

In the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

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

#### 115.286 (e)

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

#### Auditor Overall Compliance Determination

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

According to GEO policy 5.1.2-A, pages 26 & 27, section N-3 and facility policy 2014-6, page 12, section K, the facility is required to conduct a sexual abuse incident review within 30 days of the conclusion of the investigation of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

The Facility Director, the PREA Compliance Manager and the Operations Coordinator make up the facility's Incident Review Team. The team meets and the PREA Coordinator may attend via telephone

or in person. 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.

Incident reviews are documented on a *PREA After Action Review Report* (attachment J to policy 5.1.2-A) and forwarded to the PREA Coordinator no later than 10 working days after the review. The facility will implement the recommendations for improvement, or document its reasons for not doing so. The Facility Director/PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file.

In review of investigative files of all allegations received in this audit period, an after action review was completed on after two investigations were completed and determined to be substantiated. The third investigation is still ongoing. *PREA After Action Review Reports* were filed in the investigative files. When interviewed, the members of the Incident Review Team knew their responsibilities as they relate to the review of sexual abuse incidents.

## Standard 115.287: Data collection

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

#### 115.287 (a)

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

#### 115.287 (b)

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

#### 115.287 (c)

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

#### 115.287 (d)

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

#### 115.287 (e)

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

### 115.287 (f)

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

#### Auditor Overall Compliance Determination

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

Information on data collection is found on page 27, section O-1 of GEO policy 5.1.2-A. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control. The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log* (attachment K of policy 5.1.2-A). In addition to submitting the *Monthly PREA Incident Tracking Log*, the PREA Compliance Manager is to ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ.

Subsection 115.287 (e) of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.

### Standard 115.288: Data review for corrective action

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

### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response



policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes  No

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

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

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

### Auditor Overall Compliance Determination

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

Based on GEO policy 5.1.2-A, pages 27 & 28, sections O-2 & 3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

In interview with the PREA Coordinator, she reported that she forwards the annual report to the Senior Vice President of GEO Care for her signature and approval. The report is then made public on the

GEO website at <https://www.geogroup.com/PREA>. Before making aggregated sexual abuse data public, all personal identifiers are redacted.

## Standard 115.289: Data storage, publication, and destruction

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

#### 115.289 (a)

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

#### 115.289 (b)

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

#### 115.289 (c)

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

#### 115.289 (d)

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

### Auditor Overall Compliance Determination

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

According to GEO policy 5.1.2-A, page 28, section O-3, the agency ensures that the data collected is securely retained for at least 10 years or longer if required by Colorado state statute.

GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <https://www.geogroup.com/PREA>. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

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

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

Based on GEO policy 5.1.2-A, page 28, section P, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once.

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

This audit is the first audit for the Williams Street Center while under the management of GEO. In compliance with the agency policy and the PREA National Standards, this audit was conducted by me, a DOJ Certified PREA Auditor.

During the audit, I was allowed access and I was able to observe all areas of the Williams Street Center. I was permitted to request and receive copies of any relevant documentation, included information that was stored electronically. I was permitted to conduct private interviews with residents and staff ensuring confidentiality to our conversation.

Residents were notified six weeks before the audit on posted facility notices in both English and Spanish that they could send confidential correspondence that would be handled as legal mail and were given my name and mailing address. I did not receive any correspondence from any residents from the Williams Street Center.

Prior to the onsite visit to the Williams Street Center, I contacted the Blue Bench, a community agency that provides emotional support services to residents of the Williams Street Center who are victims of sexual abuse. I also made contact with the Denver Police Department – Sex Crimes Unit, who by written agreement conduct criminal investigations of sexual abuse and sexual harassment, and the Denver Health Medical Center SANE Program.

## **Standard 115.403: Audit contents and findings**

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

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In thorough review of GEO's policies, 5.1.2-A, 5.1.2-E and agency procedures were found to comply with relevant PREA standards.

For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page ... for a summary of my audit findings for each of the PREA standards.

This report describes the methodology, sampling sizes and basis for my conclusions as required. I have redacted any personal identifiable resident or employee information, but I can provide such information to GEO or the Department of Justice upon request.

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

## AUDITOR CERTIFICATION

I certify that:

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

Barbara Jo Denison

May 16, 2018

**Auditor Signature**

**Date**