

PREA Facility Audit Report: Final

Name of Facility: Taylor Street Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/26/2026

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Robert Manville

Date of Signature: 07/26/2026

AUDITOR INFORMATION

Auditor name: Manville, Robert

Email: robertmanville9@gmail.com

Start Date of On-Site Audit: 06/17/2026

End Date of On-Site Audit: 06/19/2026

FACILITY INFORMATION

Facility name: Taylor Street Center

Facility physical address: 111 Taylor Street, San Francisco, California - 94102

Facility mailing address:

Primary Contact

Name:	Maria Richard
Email Address:	mnrichard@geogroup.com
Telephone Number:	415-346-9769 ex:7742

Facility Director	
Name:	Maria Richard
Email Address:	mnrichard@geogroup.com
Telephone Number:	415-346-9769 ex:7742

Facility PREA Compliance Manager	
Name:	Maria Richard
Email Address:	mnrichard@geogroup.com
Telephone Number:	415-346-9769

Facility Characteristics	
Designed facility capacity:	240
Current population of facility:	193
Average daily population for the past 12 months:	202
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	20-75
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the	47

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

Agency Chief Executive Officer Information:	
Name:	George Zoley
Email Address:	gz121481@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information			
Name:	John Hardwick	Email Address:	johardwick@geogroup.com

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

7

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.217 - Hiring and promotion decisions
- 115.218 - Upgrades to facilities and technology
- 115.231 - Employee training
- 115.241 - Screening for risk of victimization and abusiveness
- 115.242 - Use of screening information
- 115.401 - Frequency and scope of audits

Number of standards met:

34

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-06-17
2. End date of the onsite portion of the audit:	2026-06-19

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	San Francisco Women Against Rape

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	240
15. Average daily population for the past 12 months:	202
16. Number of inmate/resident/detainee housing units:	93
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	191
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	6

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	9
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	47
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The center has 93 motel-type rooms on four floors. I interviewed residents from each floor. The center houses residents for BOP, Federal Probation, and the California Department of Corrections. I interviewed residents from each floor and assigned them to their respective programs.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility maintains an at-risk log that includes any resident who may be hard of hearing. During the tour of the center, the auditor asked staff and residents if they knew of any residents who were hard of hearing. During interviews with residents and staff, I again asked if there were any residents who were hard of hearing. The disabled resident indicated he had some problems with being hard of hearing; however, in interview, he understood and could hear my questions without needing to raise my voice, nor did he ask the auditor to repeat questions
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1

52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I reviewed the at-risk log and the investigative files to determine if there were any residents who made allegations of sexual abuse at the center. No residents who made allegations were still at the center.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2

56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The center does not have a segregation unit and does not have a way of segregating residents. By contract and by operational standards, residents who need to be segregated would have to return to BOP or CDCR.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	14

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	6
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☒ Mental health/counseling ☐ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

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

The Taylor Street Center is located at 111 Taylor Street in a four-story building in San Francisco's Tenderloin neighborhood. The building is a converted hotel built in 1907 and is in downtown San Francisco. The facility consists of 100 multi-occupancy rooms with a rated capacity of 240 residents. The center houses residents from the Bureau of Prisons, US Probation, and the California Department of Corrections and Rehabilitation, including residents who are on parole status with GDCR. The first floor contains the entrance with a private room for Urine testing, staff offices, a photocopy room, and a staff bathroom. There is a secure door into resident program space, which includes a fitness room that was equipped with a camera, a multipurpose area, dining room, and kitchen area. Across from the kitchen area was the resident visitation area and the resident computer lab. There were staff offices for Case Managers and Job Developers located in this quadrant of the building as well. The first floor also contains a laundry room and a telephone room which has five payphones for resident use.

The auditor observed that many residents had a personal cell phone which they could keep with them in their rooms. During resident interviews, residents stated that they would use their own personal cell phone to report incidents of sexual abuse and sexual harassment rather than walk to the facility's phone room.

The basement has a large classroom used for resident programming, several staff offices and furniture, bicycle, resident property, and supply storage areas.

Access to these areas is restricted, and storage rooms are locked. Residents are only allowed in these areas if they are under staff escort. The third floor contained 1-, 2-, and 4-bed housing with a group shower and some individual room showers and toilets. There are telephones and PREA posters located throughout this floor, including in the resident rooms. The second floor houses both males and females. The female rooms are located

together on the right side of the building (view from the street). All corridors on resident floors contain cameras to monitor and record resident movement. The main stairwell has convex mirrors to remove blind spots.

There are telephones located on each hallway and in the leisure or multipurpose room. Inmates can access these numbers by the pay phone that allows these numbers to be called without payment of PIN number or they can utilize their personal cell phones. Options are located next to each telephone.

Utilizing these phones, the Auditor called the following programs and services: RAINN National Advocacy Hotline; Bureau of Prison/ Residential Reentry Management Branch: Contract Oversight Specialist Residential Reentry Manager (BOP); RAINN Hotline was asked to hit two to talk to a victim advocate in the Taylor Street area. The phone was transferred to the SFWAR and answered by a victim advocate. The BOP Reentry Management Branch indicated they would notify the Director and Contract Oversight Specialist of any allegation of sexual abuse or sexual harassment. The other two calls requested I leave a message.

During the site review, the auditor spoke informally to residents, questioning them about their overall knowledge of the agency's zero-tolerance policy and reporting methods. Of the nine residents interviewed, all had a phone. Four said they would call the police. Five indicated they would tell staff or call the BOP.

Staff indicated they receive training continuously about PREA standards. When asked how staff would manage a resident who claims to be in imminent danger of sexual assault since there is no segregation unit, staff indicated they would stay with the resident and take him to a safe area. They would follow the protocol of not brushing his teeth, not taking a shower, not defecating, and would notify the shift supervisor and facility director immediately.

Residents interviewed indicated that they felt safe at the center. Several of the residents formally interviewed indicated they had called and talked to Dolan Mental Health Services and/or are in outpatient counseling at the program.

Most residents were talkative and could articulate the agency policies about zero tolerance, and all had received an orientation when they arrived at the center.

Three female residents were interviewed during the tour. They collectively indicated they felt safe at the center.

All residents interviewed were previously in a BOP or California Department of Corrections facility and indicated they had seen the film, orientation, and PREA screening several times while in these facilities. The assistant facility director and job placement specialist were noted in the living units throughout the audit.

Monitors were actively engaged in conversation with the resident population. In interviews with residents, all residents indicated that the staff at the center were available and worked with residents on any needs they presented. Staff announced their presence prior to entering a dormitory housing residents of the other gender.

There were no intakes during the onsite audit; therefore, the auditor did not observe an intake, initial PREA assessment, or the PREA orientation of a new arrival. Additionally, there were no individuals who required a reassessment while the auditor was onsite.

Case managers explained the classification and room assignment process, which is tentatively assigned by the Facility Director and then confirmed or revised based upon the information received during the intake and screening processes. Interviews with staff confirmed that room assignments were changed when necessary. All residents' PREA orientation acknowledgment forms, risk screening information, and the documentation of the facility's service referrals for emotional support and victim advocacy to residents who disclosed prior sexual victimization are kept in

locked file cabinets inside the locked office of the Facility Director.

There are postings in each living unit, day room, work area, visitation room, and foodservice area that include the Zero Tolerance Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, a victim advocacy group phone number, BOP phone number and address, and corporate office address and phone number, and third-party reporting posters. Bulletin boards are in the front lobby, each floor, each dormitory, the multipurpose room, the dining room, and the staff break room, with PREA information posted in both English and Spanish.

There is one poster for LGBTQ residents to attend an LGBTQ support group, with time and dates noted on the poster.

The postings also included the notice that the auditor would be onsite on June 17 -19, 2026. The overall impression at the center was that the center has established a culture of zero tolerance against sexual abuse or harassment.

Documentation Sampling

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

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

☒ Yes

☐ No

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

Resident Files Reviewed: Twelve (12) resident records were reviewed. These records included the following: • Identification Number • Date of Birth • Date of Arrival • Date of Screening • Date of Follow-up Screening • Date of PREA orientation/ education: •Mental Health Referrals; •Transgender Care Committee summary • Preference Sheets
Three Mental Health referral documentations were reviewed.

Employee Background Checks: Ten background clearance files including four (4) new hired staff, two (2) random, and four (4) promotions. All files contained background checks, including BOP, NCIC, and Accurate employment history. One volunteer file was reviewed.

PREA questionnaire for initial, annual appraisal, promotion, and five-year tenured staff 20

Twelve (18) employee training records were reviewed. All training has been completed in the last 12 months

Six unannounced rounds were randomly selected.

Four investigative files were reviewed.

One Investigation is ongoing.

Three investigative files were completed and reviewed by the auditor.

- Investigative interviews
- Investigative Finding
- Retaliation Monitoring
- After Action Report
- Notification to Resident

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	1	2	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	4	1	3	1

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	2	0
Staff-on-inmate sexual abuse	1	0	0	0
Total	1	1	2	0

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	1	0	0	0	0
Total	1	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

3

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) GEO Policy 5.1.2-E PREA Investigation Procedure Taylor Street Center (TSC) Local Policy 2019-1 PREA Staffing and Facility Requirements TSC Local Policy Manual 2019-6 Sexual Abuse Behavior Prevention and Intervention (PREA) GEO Organizational Chart TSC Organizational Chart PAQ

Interviews Facility Director

GEO PREA coordinator

Facility PREA Coordinator (Compliance manager)

115.211 (a):

The PAQ requires

1. The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.
2. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
3. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.
4. The policy includes sanctions for those found to have participated in prohibited behaviors.
5. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents

The facility provided the GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA), GEO Policy 5.1.2-E PREA Investigation Procedure, GEO Organizational Chart, TSC Organizational Chart, and TSC Local Policy Manual 2019-1 PREA Staffing and Facility Requirements and TSC Local Policy Manual 2019-6 Sexual Abuse Behavior Prevention and Intervention (PREA)

GEO policy 5.1.2- A and TSC Local Policy 2019-1 PREA Staffing and Facility Requirements mandate zero tolerance towards all forms of sexual abuse and sexual harassment in all its facilities. It is the policy of GEO that sexual conduct between employees, volunteers, contractors, and individuals in a GEO facility, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic and/or sexual nature. All employees, contractors, and volunteers are expected to have a clear understanding that GEO strictly prohibits any type of sexual relationship with individuals in TSC. These relationships will not be tolerated and shall be considered a serious breach of policies. Engaging in a romantic and/or sexual relationship with individuals in a GEO facility may result in employment termination, termination of the contract or volunteer status, and/or criminal charges. GEO staff must take prudent measures to ensure the safety of employees, contractors, volunteers, and individuals in a GEO facility. All employees, contractors, and volunteers have an affirmative duty to immediately report all allegations or knowledge, suspicion, or information of sexual abuse, sexual harassment, or romantic or sexual contact that takes place within any GEO facility. All cases of alleged sexual conduct shall be thoroughly investigated.

Retaliation against individuals for filing a complaint and/or cooperating with an investigation will not be tolerated. Upon substantiation of any allegations of sexual conduct, appropriate disciplinary actions will be taken against employees, contractors, or volunteers, including possible criminal prosecution.

The agency's and center's zero tolerance against sexual abuse is established, and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment.

GEO and TSC Policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and Spanish.

Additional program information is contained in the Resident manual, and postings are distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for Residents who do not speak or read English. Both institutional staff and residents are provided with a wealth of opportunities to become familiar with PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year.

The institution meets the standards through all the programs it has implemented to ensure that residents and staff understand its zero-tolerance position. Each year, GEO conducts a PREA review of the facility to determine the level of compliance and identify concerns that need to be addressed by the PREA Coordinator and the facility director.

115.211 (b):

The PAQ requires that the agency employ or designate an upper-level, agencywide PREA coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards across all of its facilities.

The facility provided the GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA), the GEO Organizational Chart, and the Facility Oversight List.

GEO employs an upper-level, agency-wide PREA Coordinator. At the center the facility director serves as the PREA coordinator (compliance manager).

The agency's organizational chart depicts the position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO has a team of staff who support the PREA Coordinator's efforts to meet all PREA standards. The administrative team meets regularly to

	develop strategies to establish a culture that provides a safe environment for staff and residents. The PREA Coordinator's team is deeply knowledgeable about PREA and best practices to carry out the Agency's approach to prevent, detect, and respond to sexual abuse or sexual allegations. The PREA coordinator indicated that I have enough time and dedicated staff to assist. The corporate PREA team consists of an oversight team and a PREA specialist. Each Oversight team has investigative oversight of its assigned facility and serves as the main point of contact for all PREA-related questions. The results of the internal audits are thoroughly reviewed during the post-audit workshop, and a corrective action plan is developed. In addition, our internal auditing tools are reviewed/updated annually to include methodologies for maintaining compliance and improving overall quality. In conjunction with the PREA Coordinators, we use the PREA Resource Center for the most up-to-date guidance and to interpret standards. We also provide the PREA "standards in focus" to the facility PREA Coordinators (PCM) as a resource for implementing best practices. Our specialized investigator training format is an interactive (trackable) web-based curriculum that is updated annually. Additionally, we have a web-based specialized investigator refresher training course and a PCM orientation guide, both of which are updated annually. The center director at TSC serves as the PREA on-site PREA coordinator/Coordinator. Both the GEO Group PREA Coordinator and Facility PREA Coordinator advised that they have sufficient time and authority to coordinate efforts to comply with PREA standards. The facility provides additional support for PREA-related investigations, policy reviews, mock audits, and follow-ups to the corporate PREA coordinator's office with questions or concerns. The PREA Coordinator interviewed indicated she has time to carry out his PREA responsibilities. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: TSC Contract Statement of Work Statement of Fact

	Interview PREA Coordinator GEO is a private provider and does not contract for the confinement of its residents; therefore, this standard does not apply to this facility. The contracting statement of work mandates that TSC remain in full compliance with PREA. Taylor Street Center shall ensure that all contracts (as well as current contract renewals) with other entities include the entity's obligation to adopt and comply with the PREA standards. Contractors providing services who have direct contact with Individuals TSC shall be obligated to comply with applicable PREA standards, and this obligation shall be incorporated into their new contract or contract renewal. Contractors shall be monitored to ensure compliance with these PREA standards. In interviewing the PREA coordinator for GEO, he indicated that the agency does not contract any housing of residents. If the facility is overcapacity, GEO would notify the contracting agency and document their capacity. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence relied upon in making the compliance determinations: PREA Annual Facility Review 9/4/2026 Annual Assessment 2023 Annual Assessment 2024 Annual Assessment 2025 TSC Policy 2019-1 PREA Staffing and Facility Requirements Staffing Requirement Center physical layout with camera locations Staff schedules Unannounced Rounds Interviews

Facility director

PREA Coordinator

115.213 (a)(b)(c):

The agency shall ensure that each facility it operates develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) The physical layout of the facility; (2) the composition of the resident population; (3) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) any other relevant factors.

In cases where the staffing plan is not followed, the facility shall document and justify all deviations from the plan.

Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established under paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels.

The facility director shall regularly evaluate the facility staffing needs to ensure the most efficient utilization of manpower resources. This evaluation shall include consideration of existing needs, staff suggestions and recommendations, as well as current and projected plans and goals of the facility. Relief factors, such as holidays, regular days off, and sick leave, shall be included in the formula used to determine staff.

The facility provided policy 2019-1 and an annual assessment for the preceding three years. TSC Policy 2019-1 requires the facility to review its staffing plans annually.

Interviews with the facility director and executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans.

The facility has a Staffing Report that is developed for each pay period. The facility provides bimonthly reports that include mandatory posts and hold-over staffing to meet them. This report also consists of the number of authorized positions, the number filled, the number of vacancies, recruitment efforts, and any staffing concerns during the pay period. The Facility director meets weekly with his assistant director and clinical supervisor to address staffing issues as they relate to the PREA.

Interviews with the facility director revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The staffing plan is based on a population of 270 residents, with 191 in-house.

	The institution has been provided with all the necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews and a review of their rosters. Supervisory and Administrative staff members routinely make unannounced rounds. There have been no judicial findings of inadequacy from federal investigative agencies or internal or external oversight bodies relevant to this standard. All essential posts are filled each shift, and none are left open for savings. When programs are offered, staffing is increased to provide additional supervision. There has been no deviation from the staffing plan, as confirmed by interviews with the facility director and PAQ. A comprehensive tour of the facilities was conducted during the audit, which included identifying blind spots, reviewing camera coverage, and assessing staff availability in areas where residents are assigned. The auditor conducted a detailed review of the cameras during the on-site tour. It was determined that the additional cameras and mirrors have enhanced the facility and reduced the blind spots where possible. The facility director's interview indicated that the facility undergoes a PREA staffing assessment annually. During the assessment, a team from other facilities reviews all components of the staffing plan and determines whether additional cameras, staff, or mirrors are needed. The latest staffing plan was in September 2025. There has been no deviation from the contracted staffing plan. Staff assigned to a Post must remain until properly relieved. If there were a deviation, staff would stay on post, and volunteer layover staff or call-in staff would be used to cover the post. The GEO PREA coordinator indicated that each facility conducts an annual PREA facility assessment, which requires them to review their staffing plan and all components of the physical plant, including blind spots and areas where staff and inmates can be isolated. Completed assessments are forwarded to me, which include recommendations for equipment, cameras, additional staffing, etc. I review and consult with the appropriate divisional leadership (i.e., secure services and reentry services), and we assess the request. It is either approved or denied, signed, and sent back to the facility. While not mandated by this standard the center conducts unannounced PREA rounds weekly and each shift and day to ensure the staffing level is appropriate and all PREA related requirements for access to telephone, posters are present, staff are announcing when entering the housing units and if residents privacy for showering, using the restroom and changing clothes are being met. Based on this analysis, the facility exceeds this provision and no corrective action is required.
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115.215	Limits to cross-gender viewing and searches
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: TSC Policy Manual 2019-4 Resident Searches, Viewing, and Contraband GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) Video Camera/Housing Unit Fixed Camera Digital Video Maintenance and Retention Training Curriculum Staff Training Shift Logs- Announced gender presence, Housing Unit Logbooks PAQ Interviews Random Staff Random Residents Targeted Residents 115.215 (a)(b)(c): The PAQ requires facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. PAQ indicates the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. PAQ indicates that all staff are required to document all cross-gender strip searches and cross-gender visual body cavity searches. The facility also maintains a log of all strip searches. This log indicates date, time, purpose, and resident's gender and gender of persons conducting the strip searches. PAQ indicates the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female

residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

The facility provided the GEO Policy 5.1.2-A, TSC Policy 2019.04, and a statement of fact.

Policies mandate that strip searches will be performed by staff of the same gender identity as the residents in other than emergent situations. Strip searches will not be conducted in "public" places, showers, gyms, dayrooms, or in sight of staff or residents not involved in the search, or any area subject to video surveillance in other than emergent situations.

Statement of fact indicated during this audit period, TSC has not had any cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches. TSC has not had medical practitioners perform cross-gender strip searches or cross-gender visual body cavity searches.

During this audit period, TSC has not conducted any cross-gender pat-down searches by female staff. There has been no search or physical examination of transgender residents for the sole purpose of determining the residents' genital status.

The center does house female residents. All residents indicated they can change clothes, take a shower, and use the toilet without being viewed by staff. They all indicated there were partitions and curtains around the showers and toilets, and the facility did not have any group showers.

115.215 (d)

PAQ indicates the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera).

The facility provided Policy 2019.4, and signage is located throughout the facility.

TSC Policy 2019.04 requires all residents to change their clothes in the resident bathroom area. Facility staff is required to announce their entry to dorm housing residents of the opposite gender. Likewise, staff members are prohibited from entering the restroom area in opposite-gender dorms without first announcing their presence and obtaining verbal assurance that occupants are fully clothed.

Residents have the right to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, excluding exigent circumstances (such as a medical emergency where same-gender staff is not available to render first aid).

If a staff member has observed an opposite-gender resident for any reason, the staff member is responsible for making an immediate report and submitting a written

statement describing the circumstances that led to the incident. This report must be submitted to the Facility Director before the end of the employee's work shift.

Facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, by consulting the referring agency, and/or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The living area showers have curtains that provide for resident privacy while showering. Toilet areas have partitions with doors, allowing residents to use the restroom without being seen by staff. The medical area has a wraparound curtain for privacy during examinations. All toilets in the living units have partitions and a wall in front of the toilet to provide privacy. All other areas reviewed during the tour had partitioned or single toilets with doors to provide privacy. All residents stated they can shower, use the toilet, and change clothes without being seen by staff members.

The facility has implemented a policy that all opposite-gender staff working the units will announce themselves prior to walking the range to allow residents the opportunity to prepare from a privacy perspective.

Residents interviewed, both formally and during the tour of the center, acknowledged that they were allowed to shower, dress, and use the toilet without being seen by staff of the opposite gender.

Twenty-five residents were interviewed. Twenty residents indicated that staff do announce their presence when entering their living unit.

Six female resident were interviewed. Each said they had not been searched by male staff. Most indicated that male do not come on their floor except supervisor to conduct inspections. No female resident has had to wait to be searched while coming back from outside except to get in line with the other resident that are coming back at the same time.

Postings are located throughout the living units where female staff are assigned to work. During the tour of the facility and while reviewing the facility's camera system, the auditor did not find any instances in which residents would be viewed by staff while showering, using the toilet, or dressing.

Staff interviews: All staff have received training in conducting cross gender and transgender pat searches in the last 12 months. All were aware that their agency prohibits the search of a transgender or intersex resident to determine their sexual gender.

Reviews of random staff training records and interviews with staff revealed that staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip

	searches of the residents of a different sex, except in exigent circumstances. Site Review: During the review, all staff announced their presence when entering the housing units. There were shower curtains and partitions in all bathroom areas. A review of the camera did not reveal any camera that provided a view of residents in showers or toilets General interviews with staff indicated that they are mindful of shower times and avoid the shower area whenever possible. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) TSC Local Policy 2019-2 PREA Intake and Orientation PREA Posters English and Spanish PREA Video Script Resident Handbook Resident PREA Brochure Contract with Big Language Solutions Telecommunication Device for the Deaf (TDD) Spanish Manuals PAQ Interviews Random Staff Intake staff

115.216 (a):

PAQ requires that the agency establish procedures to provide disabled residents 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.

The facility provided policy 2109.6 Prison Rape Elimination Act, PREA Posters, PREA Video Script, Resident Handbook, Resident PREA Brochure, and Contract with Big Language Solutions.

TSC Policy 2019-2 mandates that the facility shall not discriminate against residents with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services by the Americans with Disabilities Act and the provisions established in this policy. The facility has several bilingual staff members, and interviews with residents and staff indicated that they knew bilingual staff members and utilized their services to communicate with the resident population. Through policy and practice, the facility staff ensures that residents with all disabilities listed in 115.16(a) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.216 (b)(c):

The PAQ requires that the agency establish procedures to provide residents with limited English proficiency 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.

The facility provided TSC Manual Policy 2019-2 and GEO Policy 5.1.2-A.

The agency's policy mandates that facilities shall ensure individuals in a GEO facility with disabilities (i.e., those who are hard of hearing, blind, have low vision, intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from GEO's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

GEO shall ensure that all its facilities provide written materials to every individual in a GEO facility, in a format or through methods that ensure effective communication with individuals with disabilities, including those with intellectual disabilities, limited reading skills, or blindness or low vision.

Individuals detained in a GEO facility shall not be relied on as readers, interpreters, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-response duties in Section M (2), or the investigation of the individual's allegations. The use of individuals in a GEO program as interpreters shall be justified and fully documented in the written investigative report under these types of circumstances. that residents should not be relied upon as interpreters, readers, or other types of assistants, except in specific situations

where a significant delay in obtaining an effective interpreter could endanger the resident's safety, the execution of first-response duties under § 115.64, or the investigation of the resident's allegations.

Brochures and handouts are available in both English and Spanish. The facility has access to translation services and can provide written materials in additional languages. Staff members are also available to read information to residents when necessary. Both agency and facility policies prohibit the use of residents as readers or assistants, except in limited circumstances where a considerable delay in securing an effective interpreter could jeopardize resident safety. The facility keeps a list of bilingual staff members.

During on-site interviews, one resident was identified as having vision impairments, two were limited English proficiency (LEP), and one had cognitive dysfunction. All staff members interviewed stated that they would not use residents to make allegations or provide training to other residents. Eight staff members indicated that they would consult other staff for assistance, four of whom were bilingual. While eight staff members were aware of the language line, and two had utilized the system.

Brochures and handouts are available in both English and Spanish. The facility has access to translation services and can provide written materials in other languages. Staff members are also available to read information to residents when necessary. Agency and facility policies prohibit residents from being used as readers or assistants, except in limited circumstances where a significant delay in obtaining an effective interpreter could jeopardize the residents' safety. The facility maintains a list of bilingual staff members. During the onsite interviews, no residents were identified as having vision impairments, deafness, limited English proficiency (LEP), or cognitive dysfunction.

All staff interviewed indicated they would not use residents to make allegations or to provide training for other residents. Eight of the staff interviewed indicated they would utilize other staff. Four were bilingual. Site Review

All posters were found to be in English and Spanish. The TDD device was located in the front entrance area of the center for easy access by staff or residents.

The agency head indicated that in all of GEO's facilities, we have developed PREA education materials in various formats to ensure that individuals with disabilities and those with limited English proficiency can benefit equally from the PREA program. We have designed posters, pamphlets, videos, large-print materials, and other resources, and have access to Language Lines and designated staff interpreters, to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on residents for any translation services.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Evidence relied upon in making the compliance determinations GEO Policy 5.1.2-A Sexual Abusive Behavior Prevention and Interventions Program (PREA) TSC Policy 2019-1 PREA Staffing and Facility Requirements GEO online application form PREA annual review PREA promotional Background Checks for Volunteer Personnel Records Accurate Background Checks initial, five-year and promotions Interviews with Human Resources staff 115.217 (a)(b): The PAQ requires agency policy 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: (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Agency policy 5.1.2-A Sexual Abusive Behavior Prevention and Interventions Program requires the consideration of 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 Policy 5.1.2-A Sexual Abusive Behavior Prevention and Interventions does not allow hiring, promotions, or contracting of anyone who has been convicted of sexual abuse in prison/jail or in the community. Background checks are done on all employees, contractors, and volunteers. Background checks (FCIC/NCIC) are conducted on all new hires. The department is connected as a level II employer, and any arrest is provided to the department upon entry into the system. All volunteer and contract re-checks are completed annually and are up to date. Interviews with the Human Resource Manager and reviews of randomly selected employees, contractor, and volunteer files were used to verify compliance with this

standard. Before transferring to the facility or promotions, the employee's background review is conducted utilizing Accurate Background Checks and the following questions. These same questions are asked by each member of staff during the annual in-service training.

1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, Juvenile facility, or other institution? (Please note that sexual abuse in this setting includes sexual acts with the consent of the resident, etc.)
2. Have you ever 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?
3. Have you ever been civilly or administratively adjudicated 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?

TSC policy 2019-1 mandates the following:

- a. TSC is prohibited from hiring or promoting anyone (who may have contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or the community.
- b. TSC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with prisoners.
- c. TSC shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse, harassment, or any resignation pending investigation of an allegation of sexual abuse or harassment, before hiring new employees. Background checks shall be repeated for all employees at least every five years.
- d. TSC shall ask all applicants and employees who may have contact with prisoners directly about previous sexual misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees. TSC shall also impose upon employees a continuing affirmative duty to disclose any such conduct.
- e. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- f. Unless prohibited by law, TSC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

115.217 (c):

PAQ requires agency policy requires that before it hires any new employees who

may have contact with residents, it conducts criminal background record checks, and consistent with federal, state, and local law, makes 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.

The agency requires that all applicants and employees who may have contact with residents have a criminal background check. Criminal background checks for all potential employees are completed through the BOP Reentry regional office background services and a contract with Accurate Background Checks. For those considered for promotions or who transfer from another facility, an internal GEO PREA verification and a background check through Accurate are completed. If an applicant answers on their application that they are a prior institutional employee, information from prior institutional employers shall be requested. According to the PAQ, 6 background checks were completed in the past 12 months.

115.217 (d):

PAQ requires that an agency policy require that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.

The facility conducts criminal background checks through BOP Background Services before engaging any contractor. In the information provided on the Pre-Audit Questionnaire, there was no background check for a contractor in the past 12 months.

115.217 (e):

PAQ requires agency policy that requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees.

Agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents. In an interview with the human resource director, the facility maintains a spreadsheet on all staff hiring dates and completes a background check before the staff's five-year tenure. This was verified by reviewing the staff with five-year tenure personnel files.

115.217 (f):

PAQ requires the agency's policy to state that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

TSC asks all applicants and employees who have contact with offenders directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Employees and contractors complete a PREA Disclosure and

Authorization Form – Annual Performance Evaluation annually. For consideration of promotions or transfers, employees complete a PREA Disclosure and Authorization Form Promotions as well as a GEO internal PREA verification.

115.217 (g):

PAQ requires the agency's policy to state that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

TSC Policy 2019-1 mandates that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Employees and contractors interviewed were aware of their duty to disclose such misconduct referenced in this standard.

Interview with Human Resources: All people applying for employment with TSC must apply through the GEO online application. The application asks the question, as noted in the questionnaire.

We utilize accurate methods to conduct background checks that include past work history, prior incidents of sexual abuse or harassment, domestic violence, and NCIC. We then send a fingerprint card to the BOP background center for additional background checks. BOP will advise the center that prospective staff may be hired, which indicates the NCIC and federal registry have been reviewed and approved.

When a person applies for a promotion, the applicant must submit an affidavit with the PREA questionnaire. The human resources staff also indicated they would administer the annual PREA questionnaire during the annual performance review.

We find that this is an effective way to ensure that the annual training and questionnaire are completed.

If a person applies to work at another facility, we complete a form for the applicant or agency to send to my office or the corporate office. The corporate office maintains our investigative database, and they will respond to the request. I am pretty sure the person making the application must sign a statement to release this information.

115.217 (h):

The PAQ requires that, unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

TSC Policy 2019-1 indicates that unless prohibited by law, GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.

	The human resource staff indicated in the interview that if a person applies to work at another facility, we complete a form for the applicant or agency to send to my office or the corporate office. The corporate office maintains our investigative database, and they will respond to the request. Exceed compliance was determined through pre-audit documentation, the PAQ, interviews with the human resources director, and a review of 10 randomly selected staff files, including new hires, promotions, and 5-year tenured staff. All required information was noted utilizing the PREA Employee/Contractor worksheet and reviewing personnel.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations GEO Policy 5.1.2-A Sexual Abusive Behavior Prevention and Interventions Program (PREA) TSC Policy 2019-1 PREA Staffing and Facility Requirements Facility Camera System Annual PREA Assessment Statement of Fact Interview with Agency Head Facility Director There have been no additional modifications or expansions to TSC during the last audit period. The facility has not made any upgrades to the camera system. The facility had a major upgrade in 2020, utilizing advanced cameras and monitoring programs. Compliance was determined through a review of facility camera coverage and interviews with the agency head designee and the facility director. In an interview with the agency head designee, GEO is the world leader in providing sound and effective security measures in the facilities we manage and operate. In every facility acquired by the company, we thoroughly assess the institutions for needed security enhancements in both fiscal plant construction and for procedure enhancements in the area of safety and security. Enhancements are routinely made by some of the top correctional professionals in the correctional field. When modifications are made by GEO to existing institutions, or when we design and construct new facilities, our design/construction folks work closely with our

	experienced operational personnel to significantly improve the safety of our institutions. We are a team that routinely develops operational expertise when designing/modifying facilities. The security and safety of our inmates and staff are at the forefront of every decision made by our company. We fully understand the intent and language within the PREA guidelines. GEO has a zero tolerance for any sexual abuse within our facilities and does everything possible to design and run facilities which protect inmates from abuse. Since the release of the new federal standards, we have allocated funds for shower modifications, camera upgrades, and related enhancements, and will continue to consider these during new construction projects as well. We acquire facilities which are at times older in construction and not optimal by today's standards. Our company leadership spends the money needed to make proper modifications to enhance safety. Our Corporate PREA team works very closely with our Corporate Project Development team. If design issues are detected during internal or external site visits, we use a team approach to address and correct the issue. The facility director indicated that the facility conducts a yearly assessment of staffing and camera coverage. No additional cameras were requested in the last facility assessment. According to the facility director interview, the facility had no major modifications. Some cameras are replaced as needed. These cameras are the new-age cameras with higher definition and clarity. We keep a stock of cameras on hand, and whenever one needs to be replaced, we use high-definition cameras. I have requested a replacement for all and will be able to do it as I replace any that are disabled. A review of the annual assessment completed in August 2026 found no recommendations or concerns. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: Evidence Protocol and Forensic Medical Examination Corporate Policy: 5.1.2-E Investigating Allegations of Sexual Abuse Behavior and Evidence

Attempt to renew MOU with several victim advocacy centers

TSC Policy 2019.6

Interview with Zuckerberg San Francisco General Hospital in San Francisco

115. 221(a):

The PAQ requires that, to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The facility provided GEO policy 5.1.1-E and facility policy 2019-6

GEO policy 5.1.2-E outlines the agency's requirements as it applies to this standard. Facility policy 2019-6 addresses the requirements of the facility in response to reports of recent sexual abuse allegations. The Taylor Street Center has one trained facility investigator responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. BOP, San Francisco Police Department, and California Department of Corrections conduct all criminal investigations. The facility follows a uniform evidence protocol that maximizes the likelihood of obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

115.221 (b)

The PAQ requires that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.

The facility provided GEO policy 5.1.1-E and facility policy 2019-6

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is appropriate for youth, where applicable, and 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. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

115.221 (c)(d)(e)(h):

The PAQ requires that the agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The PAQ indicated that the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available a qualified staff member from a community-based organization or a qualified agency staff member to provide these services. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The facility provided information attempting to establish an MOU with Hyde Hospital and Zuckerberg San Francisco General Hospital in San Francisco. The auditor contacted both Medical Programs. Each indicated they had a SART program that included Victim Advocates.

In an interview with the facility director, she indicated that the center would prefer to utilize Zuckerberg San Francisco General Hospital.

The Zuckerberg San Francisco General Hospital was contacted and indicated that the hospital has on-duty SANE and victim advocates. The medical center indicated the SANE is part of a comprehensive SART program that includes victim advocates, mental health providers, and medical clinicians. The medical center indicated they would provide the services to anyone who presented as having experienced sexual abuse or as part of human trafficking, regardless of their ability to pay for the services.

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 a medical center for SANE exams at no cost to the residents. In the past 12 months, no residents have required SANE exams. The auditor contacted the Zuckerberg San Francisco General Hospital in San Francisco and confirmed that the hospital has trained staff available 24 hours per day to conduct SANE/SAFE exams on victims of sexual abuse from Taylor Street Center, at no cost to the victim. While SFWAR indicated they would provide the services, they have not renewed the contract. The Taylor Street Center director has sent emails to four victim advocate programs in San Francisco to secure an MOU. At present, the center has not been able to secure an MOU. Emails included SF Public Department of Health – Transitions clinic; Community United Against Violence, SF Trauma/Recovery Center and SF Women Against Rape Zuckerberg San Francisco General Hospital staff who were interviewed indicated the hospital has a SART program that includes mental health staff and a victim advocate that they utilized for all SANE forensic examinations. 115.221.(f): The PAQ requires that, to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The facility has attempted to codify an agreement with the San Francisco Police Department 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 fulfills all requirements of this standard. The SFPD will respond to an allegation of sexual abuse; however, it has not agreed to sign an MOU. The center director provided several emails documenting her attempt to establish an MOU with the San Francisco Police Department. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

GEO Corporate Policy 5.1.2-E Investigative Procedures.

TSC Policy 2019-6 Prison Rape Elimination Act

GEO Website

Monthly PREA tracking report.

Attempt to establish an MOU with Police Department

Interviews with

Agency head,

Facility investigator

115.222 (a):

PAQ requires that the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months, the number of allegations resulting in an administrative investigation 3

In the past 12 months, the number of allegations referred for criminal investigation: 1

TSC Policy 2019-6 establishes responsibility for investigations. Criminal allegations are referred to the San Francisco Police Department, California Department of Corrections, or BOP through the BOP regional office. Administrative allegations are conducted by the center, the GEO Office of Professional Responsibility, or the BOP. Facility staff are required to preserve the crime scene until the investigator arrives to process and collect the evidence. The local police and the facility investigator will process the evidence from the crime scene. Facility investigators are trained in conducting sexual assault investigations in confined settings/ prisons.

A review of the documentation and interviews with investigation staff confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/ prisons. Interviews with staff, as well as an examination of policy/ supporting documentation, confirm compliance with this standard. A review of training documents confirmed that the TSC investigator received training in conducting sexual assault investigations in confined spaces/prisons.

The Regional BOP Residential Reentry Office provided guidance to all contracting centers. BOP requires that centers must immediately report to the Bureau. Allegations involving staff must be referred to the Bureau to coordinate the response. Inmate-on-inmate allegations must be referred to the Bureau for administrative review and, if indicated, criminally investigated locally. Additionally, contractors shall provide an incident report in response to any alleged consensual

sexual activity involving Bureau inmates. Sexual assaults in the community should be immediately referred to local law enforcement for investigation and reported to the Bureau. Reports to the Bureau shall be comprehensive and thorough, containing specific details to permit an informed review of the incident. Reporting should occur immediately when staff becomes aware of an incident. Updated reports shall be submitted to the Bureau if new details develop and following the completion of administrative review and criminal investigations. Addressing the needs of the alleged victim, consistent with PREA standards, as well as follow-up and management of the alleged perpetrator, is paramount.

Interviews with staff as well as an examination of supporting documentation confirm the facility's compliance with this standard.

The agency head interview indicated that the center is required by our Corporate and local facility policies to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. Based on client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator. based on client contract requirements, an investigation would be conducted by the client investigative unit.

We have a cadre of staff in our division that have received PREA Specialized Investigations Training. We also utilize local, state or federal agencies to investigate these type allegations as well, based on client contract requirements. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior.

115.222 (b):

The PAQ requires;

The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its investigations, unless the allegation does not involve potentially criminal behavior.

GEO policy 5.1.2 E and TSC policy 2019-6 ensure that allegations of sexual abuse or sexual harassment that appear to be criminal are referred for investigation to an agency that has the legal authority to conduct criminal investigations. Based on the statement of fact by the TSC facility director, TSC refers all allegations of sexual abuse or harassment to BOP and the SF Police. The facility documents all referrals of allegations of sexual abuse or sexual harassment. All allegations are documented and tracked on the PREA Case Tracking Log.

An interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment, and referrals for criminal investigations, is published on the agency website at <https://www.geogroup.com/PREA>.

	115.222 (c): The PAQ requires: If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A Training and roll call meetings. Annual Refresher Training GEO Pre-Service training PowerPoint Presentation Training Curriculum Staff Interviews Staff Acknowledgements 115.231 (a): The PAQ requires the agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and

actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10)

How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The facility provided the following.

All staff are provided training that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the residents and preserving the possible crime scene. Staff go through pre-service training at the facility before having any contact with residents.

The pre-service and annual training includes:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Residents' right to be free from sexual abuse and sexual harassment.
- Residents and employees' rights to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement
- Common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- How to conduct cross gender pat searches:

Employees carry a PREA first responder reference card. All staff receive annual refresher training in all areas of the PREA standards. Yearly refresher training is through the computer-Based PREA training program Certification. A review of the training curriculum, training sign-in sheets, and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they understood it.

Thirteen random staff members were interviewed. All staff attended pre-service and annual in-service training, as evidenced by interviews and reviews of their training files.

115.231 (b):

The PAQ requires that training is tailored to the gender of the residents at the facility.

GEO and TSC policies recognize that the facility houses male residents. Policy mandates that the facility will be required to modify training to meet the needs of a different population. All staff at the facility received training that is tailored to male and female residents. Staff assigned to specialized Posts such as transportation officers, supervisors, and investigators receive additional training.

115.231 (c):

The PAQ requires all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The facility provided: The center conducts training on an annual basis. There are quarterly staff meetings with PREA always on the monthly training schedule.

According to the training database, all staff have received training in the last 12 months. Staff interviewed indicated they had received additional refresher training during the last six months. At TSC, staff receive annual in-service training.

According to the PAQ and in interviews with staff between pre-service and in-service training, the facility provides additional training every month through staff meetings, and employees receive emails regarding PREA updates and information.

Training Posters are displayed in various locations throughout the facility.

115.231(d):

The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

The facility provided:

Upon completion of PREA, pre-service staff sign an Acknowledgment of Receipt of Training. Staff also sign a PREA Basic Acknowledgment Training form upon completion of annual PREA training. Documentation of annual PREA training for employees is recorded on individual training records maintained by the training coordinator.

A sample of staff training files was reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. The extensive training

	provided and the staff's knowledge of PREA requirements confirmed that the facility is compliant with this standard. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Policy 5.1.2-A Training Curriculum Acknowledgment of training 115.232 (a): The PAQ requires: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility provided GEO Policy 5.1.2-A mandates 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. The facility has had one volunteer during the last 12 months. 115.232 (b)(c): The PAQ requires: The level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with residents. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The facility provided: All contractors receive the same PREA training as employees before assignment and sign a PREA Basic Acknowledgment Form. The volunteer training curriculum was provided for review. The training included 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 the level of contact they have with residents. Volunteers receive this training annually and sign a documentation of the Volunteer Training Form. One volunteer was interviewed, and he indicated he received training during the last year. The center has a contract with BOP with Dolan Mental Health, which is an off-site mental health program that reentry residents attend on their own for mental health services. The program also provides services to any residents who indicate a history of victimization during the intake screening process. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations GEO Corporate Policy 5.1.2-A TSC Policy 2019-2 PREA Intake and Orientation Resident Handbook: Receipt of training for new arrivals Receipt of training for transfers Resident PREA Brochure Facility PREA Postings Resident Receipt of PREA Brochure Resident Receipt of PREA Orientation and Comprehensive Education Resident Training files reviewed. Interviews with Random Residents. Targeted Residents Intake Staff

PREA Coordinator

115.233 (a):

The PAQ requires:

During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The facility provided

GEO Corporate Policy 5.1.2.A and TSC Policy 2019-6 mandates that all resident receive information at the time of intake and if transferred from another facility, about the zero- tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents, and are informed of the agency/facility policies and procedures for responding to such incidents. In an interview with intake staff, on the day of arrival, residents receive a Resident Handbook, a Sexual Assault Prevention and Reporting Resident information brochure, and sign a Receipt for Adult Resident Handbook. This was observed by the audit during resident intake. Also, during the intake, residents were watching a PREA video that included the same information.

TSC Policy 2019-2: The facility shall provide written materials to every offender in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

GEO Reentry Services - TSC shall ensure that offenders with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment.

115.233 (b):

The PAQ requires the agency to provide refresher information whenever a resident is transferred to a different facility.

The facility provided:

Residents receive comprehensive PREA education as part of the orientation process. Based on interviews with the intake staff and PREA Coordinator, the comprehensive education occurs within the first 24 hours of arrival at the facility.

Residents sign an acknowledgment form acknowledging receipt of PREA education. The curriculum provided to residents was for review. When entering the Intake area, all residents are provided with a poster that includes all required orientation requirements. The resident watches the PREA information video during the intake process. They are provided with a brochure and handbook during the intake

process.

The intake staff and PREA Coordinator stated that all residents have received the training.

The intake staff interviewed and provided the process for new arrivals. They indicated that the video is shown during the intake process. The intake staff indicated that the residents are provided with a brochure in the language they prefer and are given a handbook during this process.

115.233 (c):

The PAQ requires that the agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills.

The facility provided:

All PREA education provided to residents is in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills. The resident handbook, the PREA brochure, and all verbal information given are provided in both English and Spanish. A contract for translation services is provided for ESL residents to provide translation into any other language. Many of the staff at the center are bilingual and provide training as needed. All of the staff assigned to the Intake area are bilingual. TTY machine is available for the hard-of-hearing. A vision-impaired resident who was interviewed indicated he understood the training and could read the large posters throughout the facility.

115.233 (d):

The PAQ requires the agency shall maintain documentation of resident participation in these education sessions. The facility maintains documentation of residents' participation in PREA education.

Policy and practice mandate that all admission documents will be completed, signed, and dated by the training staff member and the residents. During this signature process, the training staff member will explain in detail the contents and reason for each document in clear, understandable terms to the residents. Should the resident not understand English, the interviewing staff member will obtain a staff interpreter or use external interpreter services to explain the documents to the resident before requesting the resident's signature. The resident shall be entitled to receive a copy of all intake documents upon request.

In a review of 15 random resident files, all had documentation of receipt of written PREA education material.

During the tour of the center, the auditor interviewed 10 residents about PREA. All indicated they had received training about PREA when they were in BOP and the day

	they arrived at the center. The auditor interviewed 24 residents. All residents indicated they had received training upon arrival at the center. 115.233 (e): The PAQ requires In addition to providing such an education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The facility provided posters, including Sexual Assault Prevention and Reporting Posters: GEO Zero Tolerance Posters, End the Silence Posters. and Victim Advocacy Services. These posters were informative and included telephone numbers and addresses. Also, a Notice of Audit was posted throughout the facility. TSC policy 2019-2 outlines that key information related to sexual abuse and sexual harassment shall be provided to offenders continuously through readily available handbooks, brochures, or other written materials. The offenders are made aware of local, state, and national hotlines to contact for any allegations. These hotlines are also posted throughout the facility at various locations. The PREA Educational Manual for residents does have reporting information, and each resident will receive a copy before arrival or upon arrival during monitor orientation and sign an acknowledgment form, which verifies the resident received the document. Per interviews with the PREA Coordinator and case manager, they stated PREA education provided to residents is in formats accessible to all residents, including those who are limited English proficient or have limited reading skills. The facility has PREA pamphlets, posters, handbooks, and forms available in both English and Spanish. The facility has bilingual staff who are used as interpreters. A contract with Language Line Services provides translation into any other language. The limited English proficient offenders interviewed acknowledged that the information was provided in formats they could understand. According to information reported on the PAQ, 534 residents were admitted to the facility in the past 12 months, and 100% of residents received PREA information at intake. Fifty-six detainees were transferred to the center from other centers. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A Investigative Training Curriculum Training Certificates General Training acknowledgments for Investigators 115.234 (a): The PAQ requires, in addition to the general training provided to all employees pursuant to § 115.31, that the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The facility provided: 115.234 (b): The PAQ requires specialized training that shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility provided: The facility Investigators have completed investigating sexual abuse in a confinement setting and have received additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse through the GEO training staff. The training curriculum was reviewed and included interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. 115.234 (c): The PAQ requires that the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The facility provided: The facility has one specialized, trained investigator. She indicated that she received the training when GEO began the training for investigators by Phone Moreland and has since received additional training by GEO. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.235	Specialized training: Medical and mental health care
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	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A Statement of Fact 115.235 (a): The PAQ require the agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. GEO policy mandates that all part-time, full-time time or volunteer medical staff will receive specialized training. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment as well of many other medical and mental health topics such as clinical interventions, and local policies. The center provided a statement of fact that TSC does not employ, contract, or utilize volunteer medical or mental health staff at the center. BOP contracts for medical and mental health services outside of the center. 115.235 (b): The PAQ requires that if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The facility provided: The medical and mental health staff do not conduct forensic examinations. 115.235 (c): The PAQ requires that the agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The facility provides the TSC does not employ contract or volunteer medical or mental health staff at the center. BOP contracts for medical and mental health services outside of the center.
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	115.235 (d): The PAQ requires all medical staff assigned to the facility to attend the same training as required mandated for employees by §115.31. The facility provided: TSC does not employ contract or volunteer medical or mental health staff at the center. BOP contracts for medical and mental health services outside of the center. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: PAQ GEO Corporate Policy 5.1.2-A Completed PREA Vulnerability Reassessment Questionnaire Reassessments Mental health referrals. Interview with Residents PREA Coordinator Staff that conducts Screenings TSC Policy 2019-3 PREA Screening/Admission 115.241 (a): The PAQ requires all residents to be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. The facility provided GEO policy 5.1.2-A states, “a. All Individuals in a GEO Facility or Program shall be assessed during intake and upon transfer for their risk of being sexually abused by

another Individual in a GEO Facility or Program or being sexually abusive towards another Individual in a GEO Facility or Program.

TSC Policy 2019-3 mandates that this screening shall take place within 24 hours of arrival at all Facilities utilizing an objective screening instrument. TSC utilizes the PREA/Sexual Abuse and Assault Prevention and Intervention (SAPPI) Risk Assessment.

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

The facility conducts initial and reassessments using the PREA/Sexual Abuse and Assault Prevention and Intervention (SAPPI) Risk Assessment, an objective and standardized screening instrument administered by a trained classification/intake staff member. The instrument and related document reviews provided at intake are designed to identify the potential risk each resident presents for predatory behaviors or their potential risk of being preyed upon by other residents.

According to information provided in the PAQ, in the past 12 months, 485 residents who entered the facility were assessed for their risk of victimization or abusiveness upon arrival. Random sampling of resident files and resident interviews confirms that residents were typically screened within 24 hours of arrival.

There were twenty-four residents interviewed during the onsite audit. All residents interviewed indicated they had received the screening within the first two days of being at the facility.

115.241 (b):

The PAQ requires that Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

The facility provided:

Intake screening takes place within 24 hours of the resident's arrival at the facility. The process used includes part of the initial intake. Once the resident is searched, they receive PREA pamphlets and handbooks. During that time, the case manager or staff assigned to conduct the screening reviews the resident's file and meets with the resident. During this meeting, staff introduced PREA to the residents and explained the purpose of the screening. The resident is then asked to sign to acknowledge they have received the screening. If the resident has a history of victimization or predator behavior, or if the resident admits to being transgender, the screening staff completes a referral that is sent to the mental health staff to set up an interview with the resident.

115.241 (c):

The PAQ requires a risk assessment be conducted using an objective screening instrument.

The facility provided:

The PREA/Sexual Abuse and Assault Prevention and Intervention (SAPPI) Risk Assessment is an objective and standardized screening instrument that is conducted by case managers. A review of the screening instrument confirms that it is objective.

115.241 (d)(e):

The PAQ requires the intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent;

(6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; and (9) The resident's perception of vulnerability.

The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

The screening includes a thorough review of any available records to assist with determining the resident's risk assessment. The Sexual Risk Indicator Tool was reviewed.

It contains:

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

- Perpetrators of sexual abuse during incarceration?
- Prior conviction of violent offenses?
- History of Assaultive Conduct in the past 5 years?

115.241 (f):

The PAQ requires, within a set time period, not to exceed 30 days from the resident's arrival at the facility, 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.

The facility provided policy 2019-3, which requires, within a set time not to exceed 30 days of the resident's arrival to the facility, that residents are reassessed by their assigned Case Manager for their risk for victimization and abusiveness using the Follow-up, PREA Vulnerability Reassessment Questionnaire. In the information provided on the Pre-Audit Questionnaire, 446 residents were reassessed within 30 days of arrival.

Twenty-four residents were interviewed. Twenty of these residents had been at the facility more than thirty days. Each of these residents indicated they had been reassessed within the first thirty days.

115.241 (g):

The PAQ requires that a resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The facility provided policy 2019-3, which requires that 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. Annually, during annual classification review assessments, residents are reassessed for risk of victimization or abuse using the PREA Vulnerability Reassessment Questionnaire. Transgender residents are reassessed within the first 30 days and a minimum of every six months.

115.241(h):

The PAQ requires that the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

- (a) whether or not the resident has a mental, physical, or developmental disability;
- (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the resident's perception of vulnerability.

The facility provided Policy 2019-3, which mandates that residents are not

disciplined for refusing to answer any questions or for not disclosing complete information.

Interviews with screening staff confirmed they would not discipline or coerce a resident to answer screening questions.

115.241 (i):

The PAQ requires the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked under this standard to ensure that sensitive information is not exploited to the residents' detriment by staff or other residents.

TSC implemented appropriate controls on the dissemination of responses to questions asked related to sexual victimization or abuse to ensure sensitive information is not exploited by employees or other individuals. Sensitive information is limited to need-to-know employees only for treatment, programming, housing and security, and management decisions.

The PREA coordinator indicated that only people who need to know in order to make housing, work, or program assignments have access to the screening instruments.

Staff who conduct screening indicate they would provide a copy to Mental Health if the resident is referred, staff intake, and PC.

The staff conducting the screening indicated that intake staff notifies the Case Managers when a new resident arrives. They meet with the resident in a private office, go over PREA again, then talk about the program, rules and regulations, and review the resident's file with the resident. During this time, they then explained the screening instrument and conducted the screening with the residents. Residents are told prior to the screening that they do not have to answer any questions and will not be disciplined for participating in the screening. If the resident has a past history of being a victim or has a history of being a predator, they are offered an appointment with Dolan Mental Health Services. The resident signs for the screening and the mental health referrals.

The facility's PREA compliance coordinator indicated that only case managers, mental health staff, and the PCM have access to the resident's screening information.

During the on-site assessment, the resident files were reviewed. They were locked in a sliding cabinet in the records office and can only be accessed by going into the office and unlocking the sliding cabinet.

All residents are screened when they transfer into the facility, including those who leave for court appearances or other administrative transfers.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

115.242	Use of screening information
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Evidence relied upon in making the compliance determinations: Risk assessment log TSC Policy Manual 2019-3 PREA Screening/Admission GEO Policy 5.1.2-A Resident Interviews PREA Coordinator Staff who conduct screening 115.242 (a): The PAQ requires that the agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments to keep those residents separate at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility provided: GEO policy 5.1.2-A and TSC Policy 2019-3 explain the use of PREA screening information. The agency uses the information from the risk screening form to make housing, bed, work, education, and program assignments to separate residents at high risk of being sexually victimized from residents who are at high risk of being sexually abusive. The facility maintains a Bed Location chart that determines the at-risk residents and possible predator residents. The classification and PREA Coordinators explained that before assigning an offender to a bed, the intake staff reviews the open beds to determine the rooms that house at-risk and possible predator residents. This same information is utilized in programming and work assignments for residents. 115.242 (b): The PAQ requires that the agency shall make individualized determinations about how to ensure the safety of each resident. The facility provided Policy 2019-3, which states that individualized determinations are made to ensure the safety of each offender. Residents who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Residents have the option of refusing these services. The facility does not have any specialized housing based on sexual orientation. It does have a housing plan for housing residents based on risk assessment. An intersex resident was interviewed and indicated he was given the option of

	housing and requested he be housed with the male population. He was offered a one-man room with a private shower, which allowed him to shower without anyone in his area. He indicated that the director and assistant director check on him at least once a week. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: PAQ GEO Corporate Policy 5.1.2-A TSC Policy 2019-2 PREA Intake and Orientation TSC Policy 2019-6 PREA Sexual Assault Awareness Program Brochure (English; Spanish) Break the Silence (English, Spanish) PREA Reporting Posters (English, Spanish) PREA hotline reporting posters (English, Spanish) Resident Handbook (English, Spanish) GEO website 115.251 (a)(b): The PAQ requires the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. 115.251 (a)(b): The facility provides provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. As stated in GEO policy 5.1.2-A, and facility policy 2019-2, the facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed in the PREA Education Manual for Residents, and on the Resident Reporting Options poster indicates residents can

Inform a staff member Immediately Contact the Facility PREA Coordinator.

Facility policy 2019-2 states that key information related to Sexual Abuse and Sexual Harassment shall be provided to offenders on a continuous basis through readily available handbooks, brochures, or other written materials. All residents shall be made aware of local, state, and national hotlines to contact for any allegations. These hotlines are also posted throughout the facility at various locations. The "PREA Educational Manual" for residents contains reporting information, and each resident will receive a copy prior to arrival or upon arrival during monitor orientation and sign an acknowledgment form which verifies the resident received the document.

Taylor Street Center will receive comprehensive education upon arrival or not to exceed 7 days from their intake. The comprehensive education shall include information on the individual's right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents.

The comprehensive education shall be delivered in person and via video format. At the conclusion of viewing the video, the offender shall sign an acknowledgment receipt, and the facility PREA Compliance Manager will retain a copy of the "Resident Video Acknowledgment" form.

If you do not feel comfortable informing a staff member in person or in writing, you or a third party can report anonymously.

The following are external ways of reporting:

External Reporting:

- SF General Hospital Trauma Center

1 (628) 206-8000 ask for ER or Rape Treatment Center (415) 437-3000

- Rape Crisis Center of San Francisco

(415) 647-7273

- RAINN National Hotline Network

1 (800) 656-4673

- Bureau of Prisons RRM Office

501 I Street #9-400, Sacramento, CA 95814 1 (916) 288-4266

- CDCR Parole-Northern Region

1 (279) 223-3800

- US Probation Supervisor

1 (415) 436-7540

Calls to PREA resources are not monitored by the facility. Call recipients may contact the facility to advise them that an incident has occurred in accordance with local reporting policy requirements and reports of abuse may be forwarded to the appropriate authorities in accordance with mandatory reporting laws, as applicable.

The auditor contacted the Police Department, US Probation Supervisor, Rape Crisis Center of San Francisco, and RAINN National Hotline. The BOP reentry number was called, and I was asked to leave a message. The other calls were answered by staff who indicated they would take the report and forward it to the facility director and appropriate supervisor in their office. The US Probation Supervisor indicated he would notify the center and local police. The call to the GEO hotline was answered by staff who offered to connect me with a member of the PREA coordinator staff.

Residents are informed in the Resident PREA Manual and on posters located throughout the facility and by a pay phone in the stairwell leading up to the resident rooms. All of the residents interviewed indicated they had a personal phone and are provided access to a personal phone when they arrive at the center.

The handbook provides the following information to residents. The same information is found on posters throughout the facility:

Report all instances of Sexual Assault/Harassment against you. A PREA allegation can be reported in writing (sick call, counselor Request form, grievances, or on any kind of paper) and in person by reporting it to any staff member. If you do not feel comfortable reporting an allegation to a Security staff, a request can be made to speak with the chaplain, medical, or mental health staff, or by claiming a medical emergency. Reports can be made to third parties and anonymously.

A call to the RAINN National Hotline Network was transferred to the Bay Area Women Against Rape as an emotional support program and was not for reporting an allegation of sexual abuse or sexual harassment.

Twenty-four residents were interviewed. Each resident indicated they knew how to make a report of sexual abuse or sexual harassment. Sixteen indicated they would tell a staff member. Others indicated they would call the police, notify a family member, or file a grievance. All indicated they knew how to report to an outside person or group. This included a PREA Crisis Center hotline or police. All of the residents interviewed indicated they had a cell phone or access to a cell phone and would make the call using their cell phone.

Site Review:

Signage regarding reporting was observed throughout the facility. Signage was printed in an easily readable font. Signage was provided in both English and Spanish. Signage was consistent throughout the facility. Signage outlined multiple ways for residents to make reports.

These include a GEO and facility Brochure that residents receive during intake,

	which provides telephone numbers and multiple ways to report. There is a poster that includes ways to report it located throughout the facility. These include Brochures that residents receive during intake that provide reporting options by telling staff, telling medical or mental health staff, telling PCM, filing a grievance, or calling the Police Department or Regional BOP Reentry office. 115.251(c): The PAQ requires that the agency have a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. GEO policy 5.1.2-A and TSC policy 2019-6 require employees to accept reports made verbally, in writing, anonymously, and from third parties, and verbal reports shall be promptly documented. Staff interviewed were aware of the requirement to accept reports made verbally, anonymously, and from third parties. All staff interviewed indicated they would document verbal reports immediately and notify the shift supervisor by phone or in person. 115.251 (d): The PAQ requires that the agency establish procedures for staff to privately report sexual abuse and sexual harassment of residents. A GEO corporate phone number is provided to staff to report privately any sexual abuse or sexual harassment of residents. The GEO website provides the following PREA information: GEO employees may report sexual abuse or sexual harassment information to the facility management privately if requested. They may also report sexual abuse or sexual harassment directly to the employee hotline or Internet at www.reportlineweb.com/geogroup or the toll-free phone number (561) 999-5827. Staff were aware of how to report and, if necessary, felt comfortable reporting privately to the TSC PREA coordinator. Staff carry a Sexual Abuse First Responder Card that includes an employee hotline number and the website address for anonymous reporting. The auditor contacted the reporting number and reached a staff member who would reply to the message to the GEO PREA coordinator. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

TSC Policy 2019-5 Grievance Process

Statement of Fact

TSC Resident Handbook

TSC Resident Request Form

TSC Grievance Log

Interview with Grievance Officer

PREA Coordinator

115.252 (a)

The PAQ requires that an agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

The facility provided.

GEO policy 5.1.2-A and TSC Policy 2019-5 provide a procedure in place for residents to submit grievances regarding sexual abuse, and the agency has procedures for dealing with these grievances. Posters located throughout the facility advise residents that they may file a grievance. The resident handbook explains the process of filing a grievance. Any grievance that alleges sexual abuse, sexual harassment, retaliation for reporting an allegation, or for cooperating in an investigation will be immediately forwarded to facility investigators, the client, and, if it were criminal in nature, to local law enforcement.

TSC Policy 2019-5 provides that upon admission to the facility, each resident will be provided with a copy of the grievance procedures. In addition, each new admission to the facility will receive an orientation to the grievance procedures. The orientation will explain the process in clear, simple terms that the resident understands; cover methods of filing grievances (steps one and two), appropriate forms to be used, where forms can be obtained, and time limitations.

115.252 (b):

he PAQ requires an agency policy or procedure that allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred

The facility provided.

TSC Policy 2019-5 provides that there is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance

may be submitted directly to the regional reentry BOP office, GEO PREA Coordinator and/or GEO PREA Director.

GEO does not impose a time limit on any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a resident on the grounds that the applicable statute of limitations has expired. The PREA Coordinator receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In the interview with the PREA Coordinator and information provided on the Preaudit Questionnaire, in the past 12 months, there were no PREA-related grievances filed. Policy also provides that a resident does not have to use an informal grievance process, or otherwise attempt to resolve with staff.

115.252 (c):

The PAQ requires the agency's policy and procedure to allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

The facility provided:

GEO and TSC policy provide that residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint, and the grievance will not be referred to the subject of the complaint. If a third-party file a grievance on a resident's behalf, the alleged victim must agree to the filing.

115.252 (d):

The PAQ requires 1) The agency issues 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. (2) Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) 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, the resident may consider the absence of a response to be a denial at that level.

The facility provided:

A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. GEO or the facility may claim an extension of

time to respond (for good cause) for up to 70 days and shall notify the individual of the extension in writing and provide a date by which a decision will be made.

115.252 (e):

The PAQ requires Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.

The facility provided:

Third parties such as fellow residents, family members, attorneys, or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/ she is not required to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision.

Based on an interview with the PREA Coordinator and information provided in the Pre-Audit Questionnaire, there were no grievances filed by a third party in the past 12 months.

The PAQ requires that the agency have a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

115.252 (f): The GEO and TSC policy provides that residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility director or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours, and a final decision will be made within five calendar days.

In an interview with the PREA Coordinator and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no emergency grievances alleging sexual abuse filed.

115.252 (g):

The PAQ requires the agency to have a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

The facility provided

GEO policy 5.1.2-A, TSC Policy 2019-5 provides that 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 Grievance officer was interviewed. They indicated the officer retrieves grievances daily. If any grievance pertains to a PREA allegation, the grievance officer immediately reports it to the facility director and PREA Coordinator. Site Review: There were grievance boxes located in each of the housing units. There were also grievance forms located in the same area. The facility allows residents to have paper and pencils as noted by conversations with residents during the initial tour. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A TSC Policy 2019-6- Prison Rape Elimination Act Acknowledgment of Receipt of the Orientation Resident PREA Handbook, Acknowledgment of Receipt of Handbook RAINN's Victim Advocate Posters TSC attempts to establish an MOU with San Francisco Women Against Rape TSC attempts to establish an MOU with the San Francisco Public Department of Health-Transitions Clinic TSC attempts to establish an MOU with Community United Against Violence 115.253 (a) The center provided several email exchanges with four victim advocacy programs in San Francisco. The facility shall 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, and by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

The facility provided

TSC Policy 2019-6 – Prison Rape Elimination Act addresses the agency/ facility’s policies on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between the residents and these agencies in a confidential manner. The residents are informed by the facility, and according to interviews with the Bay Area Women Against Rape staff, the extent to which communications will be monitored.

According to the PREA Coordinator, the facility would monitor only to the extent to which reports of abuse would be forwarded to authorities in accordance with mandatory reporting laws. All residents at the center have cell phones and can call without staff knowledge of the calls

The center also provides a Poster that includes the RAINN National Hotline Network Program. When the number for RAINN was contacted, the program forwarded the call to San Francisco Women Against Rape.

The facility provides residents with a brochure that includes information on how to access the emotional support staff by dialing the phone number located on the wall. This information was located next to the resident telephones.

The facility also provides residents with a handbook that includes the same information as the brochures.

The auditor called the San Francisco Women Against Rape. They were familiar with the facility and had an MOU with the facility. The staff member I spoke to knew the center director and had conversations with her in the past. She indicated that the program would continue to provide victim advocacy services to walk-in residents and provide emotional support if they call the number.

The PAQ requires that the facility shall 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 law.

Residents' PREA Handbook provides a phone number and address of the San Francisco Women Against Rape, and posters located throughout the facility provide the same information. The handbook and poster indicate that the telephone call to the center is confidential, and no one will listen to their calls.

The auditor called this SFWAR number and received a staff member who connected the auditor with an emotional support staff member.

115.253 (c):

The PAQ requires the agency or facility to maintain a memorandum of understanding (MOU) or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse.

	The facility provided the following information: As required by corporate policy 5.1.2-A, the TSC has attempted to maintain an MOU with San Francisco Women Against Rape. The requirements of the MOU include not only access by residents to the center via the resident telephone system, but an agreement to respond to requests from the TSC to provide in-person advocacy and support to survivors of sexual assault. Twenty-four residents were interviewed. Twenty-one of the residents knew about the Victim Emotional Support program. All of these residents who knew about the program knew the phone call was free and the information was available on the walls, in the handbook, and in a brochure. All of the residents who knew about the program indicated that no one would listen to their calls and the calls were private. All of the residents who knew about the program indicated they would call the program using their own phone and not rely on the phone located in the lobby or hallway. Two of the residents at the center indicated they had gone to programs at the Community United Against Violence. Staff members at the San Francisco Women Against Rape interviewed indicated that they have had interactions with residents from the center; however, they are not allowed to provide any information beyond that statement to the auditor. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A GEO Third Party Reporting Options Posters Third Party Reporting GEO website 115.254 (a): The PAQ requires the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The facility provided;

	Reporting Posters are visible in the visitation room and lobby and are found in the resident handbook. GEO provides a Reporting system on the GEO Website at http://www.geogroup.com/PREA (Social Responsibility-PREA Certification Section), which offers information on third-party reporting, including anonymous reporting. Third-party grievance forms are available on the website and are sent to the facility's director. Residents can accomplish third-party reporting by having a friend or family member contact the BOP management office, facility director, or PREA coordinator. Residents can report third parties by having a friend or family member call the PREA hotline or email the GEO coordinator's office at PREAinfo@geogroup.com. Interviews with residents demonstrated that they knew how to do this. Family and friends can contact the facility director or PREA Coordinators or file a grievance on behalf of the resident. This information is posted in areas visible to staff and visitors. Posters include that anyone who needs to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program may contact the Facility Director's Office in the facility where the alleged incident occurred or where the individual is housed. The visitation room had a resident reporting poster displayed for visitors. The auditor tested the outside reporting to the GEO office. A member of the GEO PREA staff answered the call and indicated they would notify the PREA coordinator for the TSC program. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: TSC Policy 2019-6- Prison Rape Elimination Act Fifty State Survey of Vulnerable Persons Statutes GEO Corporate Policy 5.1.2-A PAQ

Staff training

Mandatory reporting Survey of Vulnerable Persons

GEO PREA Lesson Plan

Statement of Fact Interviews

Facility director,

PREA coordinator,

Random Staff

115.261 (a):

PAQ requires the agency to require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.

The facility provided: Staff, volunteers, and contractors must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against resident or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported to the Shift Supervisor, the PREA Coordinator, or the facility executive staff.

In interviews with random staff, they knew their reporting duties. Staff receive training in reporting. GEO has implemented a specialized training program for medical and mental health professionals that includes duties to report, the State's vulnerable persons' reporting duties, and confidential reporting duties. The facility provided a statement of fact that there have been no allegations by vulnerable people in the last 12 months. Further the center does not employ medical or mental health staff.

Random staff interviews indicated that they would accept any allegation of abuse or harassment, would document the allegation as soon as possible, and notify the shift supervisor and PREA Coordinator. Random staff interviewed indicated they are mandatory reporters and must report allegations or suspicion of sexual abuse or sexual harassment, regardless of when or where it may have happened.

The staff interviewed also noted that if the allegation was sexual abuse, they would implement the response plan.

- Would separate the victim and abuser
- Would notify their supervisor
- Would secure the crime scene

- Would ask the victim and abuser not to wash, use the toilet, or change clothes
- Would notify medical as needed.

115.261 (b):

PAQ requires, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The facility provided TSC Policy 2019-6– Prison Rape Elimination Act and training mandates that, apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff and contractors interviewed knew this information was to be kept confidential and knew whom to report allegations.

115.261 (c)(d):

PAQ requires that, unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The facility provided. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

The center does not employ, contract with, or utilize medical or mental health staff. BOP contracts with outside mental health professionals, and the center utilizes the San Francisco for resident medical needs.

The facility does not house residents under the age of 18. The staff interviewed confirmed this practice.

The PREA Coordinator interview indicated that the center does not house detainees under 18. By California law, he is required to report to the local welfare office.

The Center director provided a statement of fact that no vulnerable person had been reported under the California Vulnerable Reporting Laws.

115.261 (e):

PAQ requires the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The facility provided, in an interview with the facility director and his executive

	team, that the TSC reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to GEO staff, BOP, or local law enforcement. Staff reporting posters are located throughout the facility. Staff carry a PREA card with this information for easy reference in making reports. The facility director indicated that he is also the trained facility investigator and, as such, he gets the allegations from the center and also the hotline and reports to the client and Agency PREA Investigative Unit Portal. According to statements, there have been no reports from third parties, contractors, or volunteers in the last 12 months. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contractors report all allegations or suspicions of sexual abuse or sexual harassment to the shift supervisor and PREA Coordinator, who is also the facility investigator. Site Review: During the tour of the facility, staff were asked how they would make a report of abuse or harassment. All indicated they would report to their immediate supervisor. Some indicated they would also report to the PREA Coordinator. They are posted throughout the facility, including the staff roster room and break room. Staff were also aware of the GEO hotline for anonymous reporting. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A TSC Policy 2019-6– Prison Rape Elimination Act Statement of Fact Interviews with Agency Head Facility Director Random Staff

	115.262 (a): The PAQ indicates that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The facility provided: GEO Corporate Policy 5.1.2-A and TSC Policy 2019-6, which mandates that when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled confidentially, and conversations with the victim are sensitive, supportive, and nonjudgmental. The PAQ indicated that in the past 12 months, there were no times it was necessary for the facility to take immediate action regarding a resident being at substantial risk of sexual abuse. The facility director stated that if it was suspected that a resident was at substantial risk of sexual abuse, he would immediately separate the abuser or victim and investigate. Staff interviewed were aware of their responsibilities if they felt a resident was at risk of sexual abuse. Random staff and shift supervisors indicated that a resident in imminent danger would be separated from the accuser. Staff presented several options, including moving the victim to the administrative area, intake, or the supervisor's office. All random staff indicated they would take immediate action to protect the victim. The facility director indicated staff will take immediate action to protect the residents from further harm and make necessary referrals to medical and mental health as appropriate. The agency head indicated that GEO takes immediate action to protect the victim from further harm and refers him or her for necessary offsite services (medical, mental health, etc.). Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A TSC Policy 2019-6- Prison Rape Elimination Act

PAQ

Email from Taylor Street Center director to Warden at FCI Herlong

Interviews

Agency head,

Facility director

115.263 (a)-(c):

PAQ requires that the agency have a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

The agency shall document that it has provided such notification.

The facility provided policy 2019-6- Prison Rape Elimination Act- Reporting to Other Confinement Facilities and an email from the Director to the sending Warden.

If a resident alleges that sexual abuse or sexual harassment occurred while confined at another facility, the facility shall document those allegations, and the facility director or in his/her absence, the assistant facility director where the allegation was made, shall contact the facility director or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.

The facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA Coordinator and the corporate PREA Manager Coordinator.

115.263 (d)

The PAQ requires that the agency or facility's policy require that allegations received from other facilities and agencies be investigated in accordance with the PREA standards.

The facility provided Policy 2019-6, which requires that when the facility receives notification of alleged abuse or harassment, it is required to ensure that the allegation is investigated in accordance with the PREA standards.

In an interview with the agency head, regardless of how one of our facilities receives a referred allegation that abuse occurred there, the allegation will be referred to designated investigators (internal or external) for investigation. Our PREA Coordinator is also notified of all such allegations via email. When we receive these types of notifications, we notify our Agency PREA Coordinator. Facilities are required

	to enter these types of allegations in their monthly report submissions to her and in our PREA Database, where they can be tracked. The facility director interviewed indicated he was aware of that responsibility. They indicated they would notify the sending facility and the facility, or a local law enforcement investigator, to investigate the allegation. During the last 12 months, there has been one allegation that an incident occurred at a sending facility. According to the PAQ and statement of fact, there have been no allegations by a receiving resident that they had been sexually abused or harassed while housed at TSC. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: PAQ TSC Policy 2019-6 PREA lesson plan PREA Responder pocket card Coordinated Response Plan Investigative Reports Log Interview Random Staff 115.264 (a): The PAQ requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical

evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that a resident was sexually abused:3

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser:0

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence:0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:0

The facility provided that all staff are trained in first responder and direct care staff duties.

Policy 2019-6, which states that upon receipt of a report that a prisoner was sexually abused or sexually harassed, or if the employee sees abuse, the first staff member to respond to the report shall:

- a. Separate the alleged victim and abuser.
- b. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
- c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- d. 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.
- e. Do not let the abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- f. If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.
- g. It is essential that all contact with the alleged victim be sensitive, supportive, and non-judgmental.

	h. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident. 115.264 (b): The PAQ requires that if the first staff responder is not a security staff member, the responder shall request that the alleged victim refrain from taking any actions that could destroy physical evidence and then notify security staff. Of those allegations responded to by a non-security staff member. 0 Based on the PAQ, there were 3 allegations of sexual abuse or sexual harassment. Policy 2019-6 requires that non-correctional staff who are first responders must request that the alleged victim refrain from taking any actions that could destroy physical evidence and then notify security staff. All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. Each indicated they would separate the victim and abuser, contact the on-site staff supervisor, and secure the scene. The victim was not to take a shower, change clothes, use the toilet, brush teeth, or do anything that could disturb the evidence. Ten of the staff indicated they would call the police department, and as soon as they arrived, they would take the victim to the local medical center. All non-contact staff interviewed were aware of their duties and reported receiving training during yearly in-service sessions and through reminder training sent by the PREA Coordinators from time to time. During the last 12 months, there were no allegations of sexual abuse that were reported to non-contact staff. All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. 100% of staff reported that they would immediately separate the residents, keep the victims safe, do what they could to preserve the crime scene, and advise the involved residents not to wash, shower, change clothing, brush their teeth, eat, drink, or use the toilet. They all said they would also immediately call a supervisor and remain on the scene until relieved by responding personnel. All staff are trained as first responders and were issued a pocket card that lists the steps to take when responding to an allegation that a resident was sexually abused. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

GEO Corporate Policy 5.1.2-A.

TSC Policy 2019-6- Prison Rape Elimination Act GEO Corporate Policy 5.1.2-A -

TSC PREA Coordinated Response Plan

PREA Incident Checklist for Incidents of Sexual Abuse and Harassment PREA Cards

Contact numbers for San Francisco Police, SF General Hospital Rape Treatment Center and Highland Medical Center

Interview

Facility director

115.265 (a):

The PAQ requires facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility provided: GEO Corporate Policy 5.1.2-A, TSC Policy 2019-6, and the coordinated response plan updated in February 2025.

GEO Corporate Policy 5.1.2-A and TSC Policy 2019-6 mandate that facilities have a coordinated response plan. The TSC Coordinated Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made.

A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are conducted and proper notifications are made.

The TSC has a comprehensive plan that includes

Section I, Actions required after report of sexual abuse, the initial response, shift supervisor responsibilities, facility crime scene, and notifications required.

Section II involves evidence protocol - medical responsibilities, Section III outlines mental health responsibilities.

Section IV covers responsibilities when sexual harassment is alleged, and Section V addresses responsibilities when sexual activity is alleged.

Section VI involves the investigator's responsibilities.

Each of the above responses includes, but not limited to staff, contractors, victim

	advocates, and the GEO PREA coordinator. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The telephone numbers for the Police Department, SF General Hospital Rape Treatment Center, and Highland Medical Center. The Facility director indicated that the facility has a coordinated response plan that is updated yearly and is part of staff annual training. 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. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A GEO Corporate Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior and Evidence Collection. TSC Policy 2019-6 Interview with Agency Head Facility Director 115.266 (a)(b) The PAQ requires that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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. Nothing in this standard shall restrict the entering into or renewal of agreements

	that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no- contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. The facility provided GEO Policy 5.1.2-A and 5.1.2-E states, "GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged Employee sexual abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." The policies also state, "In every case where the alleged abuser is an Employee, Contractor, or Volunteer, there shall be no contact with the resident pending the outcome of an investigation. In an interview with the center director and Statement of Fact, TSC does not have a collective bargaining agreement. The agency head indicated that the Reentry Services division currently has 4 of it's 35 facilities which have a collective bargaining agreement: Albert M. Bo Robinson Assessment and Treatment Center (NJ), Delaney Hall (NJ), Tully House (NJ), and The Harbor (NJ). None of the language in the collective bargaining agreement precludes investigations and disciplinary action against staff, up to and including termination, for substantiated allegations of sexual abuse and sexual harassment. GEO would not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged Employee sexual abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility director indicated she has the ability to remove a staff member pending an investigation or place the employee in no-contact status pending investigation. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A TSC Policy 2019-6 – Prison Rape Elimination Act Protection from Retaliation Logs

PAQ

Retaliation Logs

Interview with Retaliation monitor.

115.267 (a):

PAQ requires that the agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.

The facility provided policies GEO Policy 5.1.2-A and TSC Policy 2019-6 and an interview with the Retaliation Monitor.

The Retaliation Monitor indicated he would meet with the resident as soon as he was provided the information of sexual abuse. He would meet with the resident weekly to review his job placement status, housing plan, pass system, and transition plan for home confinement. He would periodically speak to the resident during his daily rounds, when watching the resident leave or return from work, or when passing. He would monitor for a minimum of ninety days; however, since this is a reentry program, he would probably monitor until the resident leaves the center. He indicated that even if it is unfounded, he would continue for retaliation.

The facility director indicated he would speak with the person making the report on an ongoing basis and would let them know to notify him if they were facing any adverse action for reporting the allegation.

GEO Policy 5.1.2-A requires the facility to implement procedures to protect residents and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by residents or employees. The policies also state the Facility PREA Coordinator shall be responsible for monitoring retaliation of residents in the facility. At Taylor Street Center, the center director is responsible for monitoring retaliation.

15.267 (b):

The PAQ requires that the agency shall 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.

The facility provided:

The procedure states that 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 who 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 Coordinator serves as part of the retaliation monitoring team. They indicated that as part of the initial meeting, as soon as possible after being informed of an allegation, the resident is offered a chance to contact San Francisco Women Against Rape.

115.267 (c):

The PAQ requires for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The facility provided: Residents who allege sexual abuse will be monitored by the PREA Coordinator, who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need.

Retaliation monitoring of residents is documented on the GEO investigative database program.

There were no residents who were retaliated against during the last 12 months.

115.267 (d):

The PAQ requires that in the case of residents, such monitoring shall also include periodic status checks.

The facility provided: The procedure also requires monitoring of residents, including periodic status checks. The PREA Coordinator was interviewed and indicated they would review the monitoring logs on the database on an ongoing basis and randomly will see the resident during tour to check on his/her status.

The agency head indicated in the interview that the agency is proactive in protecting victims of sexual abuse or sexual harassment. The office of professional responsibility is notified and investigates any allegation of retaliation.

The facility director indicated that the shift supervisor provides information to his office about the status of anyone who makes a report or has an allegation made

	against them. The PREA coordinator indicated that all allegations of retaliation against staff will be referred to the Office of Professional Responsibility for investigation. They also indicated that staff who are accused of retaliation would be placed on administrative leave or with no contact status 115.267 (e): The PAQ requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The facility provided: Policy 2019-6 indicates that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. Based on the interview with the retaliation monitor, the PREA Coordinator, and the Human Resource Manager, and information provided on the Pre-Audit Questionnaire, there was no incident of retaliation in the past 12 months. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination Policy 5.1.2-E- PREA Investigation Procedure Investigations Investigative files PREA Investigation Closure Interviews Facility director PREA Coordinator Facility Investigator 115.271 (a)(b): The PAQ requires the agency/facility to have a policy related to criminal and administrative agency investigations. The PAQ requires that, where sexual abuse is alleged, the agency use investigators who have received specialized training in sexual abuse investigations as required by

115.34

The facility provided GEO Corporate Policy 5.1.2-E and TSC Policy 2019-6

GEO Corporate Policy 5.1.2-E requests that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment at the Taylor Street Center, including third-party and anonymous reports. Investigations of sexual abuse and sexual harassment are required to be investigated promptly, thoroughly, and objectively, as stated in GEO policy 5.1.2-E.

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 Director, Fidelity & Assurance, and the clients before investigating all allegations of sexual abuse and sexual harassment. If the allegation involves a staff member, notification is made to GEO's OPR.

All allegations of sexual abuse and sexual harassment are documented on the Monthly PREA Incident Tracking Log. In an interview with facility investigators, they confirmed that when allegations are reported, they immediately initiate an investigation. They also confirmed that anonymous and third-party allegations are immediately investigated.

In the past 12 months, there have been 3 sexual abuse or sexual harassment reports. Documentation was provided to the auditor, confirming that the investigator had received specialized training.

In an interview with the facility investigator, she notifies the client and GEO staff, and a determination is made as to who will complete the investigation. If SF Police conduct the investigation, they will usually arrive at the center within 30 minutes for all reports dispatched to their dispatchers.

If I am going to do an administrative investigation, I begin the investigative process immediately. We do the same for third-party reports. Our reports are thorough and objective.

I have completed the investigative training provided by GEO.

115.271 (c):

The PAQ requires that Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The facility provided GEO Corporate Policy 5.1.2-E, which requests that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected

perpetrator.

The investigator indicated that staff is trained to secure the scene and not let the victim or abuser destroy evidence. The US Marshal and the SF Police Department would gather the evidence and bag it to maintain the chain for prosecution.

15.271 (d):

The PAQ requires that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The SF Police Department conducts criminal investigations of sexual abuse. Facility investigators stated during interviews that if an allegation appears to be criminal, they will consult with prosecutors before conducting compelled interviews. The BOP may request that the investigation be conducted by the US Marshal Service.

The facility investigator indicated that she stops her investigation the moment it appears to be criminal and the US Marshal or SF Police take over the investigation.

115.271 (e):

The PAQ requires that the credibility of an alleged victim, suspect, or witness be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The facility provided GEO Corporate Policy 5.1.2-E indicates that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. A resident who alleges sexual abuse is never required to submit to a polygraph examination.

The investigator indicated she would never request a polygraph from a victim or abuser of sexual abuse.

115.271 (f):

The PAQ requires administrative investigations: (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The facility provided the Facility Investigator and GEO Corporate Policy 5.1.2-E, which mandates that 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.

The investigative file reviews included all direct evidence, including videos, cell phone calls, and all interviews, the original allegations, housing assignments, referrals to Law Enforcement, the client, or GEO Office of Professional Responsibility, and everything that was gathered in the investigation. I also included a copy of the retaliation monitoring, notification, and after-action report in the investigative files. We also make a final determination of the outcome of the investigation.

The facility investigator indicated that part of the investigation includes an effort to determine if staff actions or failure to act contributed to the abuse.

She indicated the final report must be forwarded to the GEO investigative unit and must include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.271 (g):

The PAQ requires that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence. The facility shall request a copy of completed investigative reports from the investigative unit. Allegations will be tracked on the PREA Tracking Log.

The facility director indicated they have a good working relationship with the SF Police Department and can obtain all criminal investigations unless they have been transferred to the prosecutor. Then, they will provide a case file number that we can utilize to find the status of the investigation. During an investigation, the facility would request periodic updates regarding the status of the investigation. In the past, agencies have been responsive to those requests and provided updates.

The investigator indicated she requests the entire criminal investigation file and complete documentation of a thorough description of physical, testimonial, and documentary evidence, and attaches copies of all documentary evidence where feasible.

We have one ongoing criminal investigation. It is being investigated by the SF Police Department; we usually receive a description of the evidence and notification of the outcome, including whether it is being forwarded to local prosecution or the U.S. Marshal for prosecution.

115.271 (h):

The PAQ requires that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

GEO Corporate Policy 5.1.2-E mandates that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. Since the last PREA audit, there were no substantiated allegations of sexual abuse that were referred for prosecution.

As an administrative investigator, the investigator indicated that anything that appears criminal goes to the Police; however, BOP and the San Francisco Police are asked to refer all such incidents for prosecution.

115.271 (i):

The PAQ requires that the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The facility provided GEO Corporate Policy 5.1.2-E 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, but the files shall be retained for no less than ten years.

115.271 (j):

The PAQ requires that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The facility provided GEO Corporate Policy 5.1.2-E, which requires that the departure of an alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The facility investigator indicated in an interview that she would work with local law enforcement to gather any information that was not previously gathered, such as statements. The facility will continue the investigation if the previous staff member refuses to cooperate with the investigation. If it is a resident, they would contact the receiving facility investigator to aid in the investigation.

115.271 (l)

The PAQ requires that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

GEO Corporate Policy 5.1.2-E requires that when outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation.

In an interview with the PREA Coordinator, she reported that facilities are required to check in with outside investigators at least every 14 days and document that contact was made to ensure that requirements such as retaliation monitoring and

	notices of investigation outcomes are completed as required. The facility director indicated the facility has a close relationship with the Police Department. There were three allegations of sexual abuse or sexual harassment in the last 12 months. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-E. TSC Policy 2019-6 Report on Investigation Investigator training curriculum Interview with Facility Investigator 115.272 (a): The PAQ requires that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility provided: GEO Corporate Policy 5.1.2-E and TSC Policy 2019-6 GEO Corporate Policy 5.1.2-E, TSC Policy 2019-6, and Investigator training, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on a review of the training curriculum provided, a finding of Substantiated, unsubstantiated, unfounded, or pending further investigation of proof of the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all the evidence that is in favor of or contrary to the finding. The investigator interview indicated she must objectively consider and balance the evidence in favor of or contrary to the finding, and to support a finding of sexual abuse or harassment by a preponderance of evidence.

	Investigators must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or are convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case. A review of the investigative finding included a statement that “based on the preponderance of the evidence” in each administrative investigation. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A GEO Corporate Policy 5.1.2-E TSC Policy 2019-6 Notification of Outcome of Investigation Interviews with Facility Director Facility Investigator Facility PREA coordinator 115.273 (a): The PAQ requires that, following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility provided: GEO policy 5.1.2-E, and TSC Policy 2019-6 GEO policy 5.1.2-E and TSC Policy 2019-6 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 Coordinator is responsible for preparing the Notification of

Outcome of Allegation form and presenting it to the alleged victim for his signature. The resident receives a copy of the form; a copy is placed in the investigative file, and a copy is forwarded to the PREA Coordinator's office.

According to the PREA Coordinator and PAQ, there was one allegation of sexual abuse or harassment, in which notification was provided to a resident.

115.273 (b):

The PAQ requires that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident. The facility provided GEO Corporate Policy 5.1.2-E and TSC Policy 2019-6

Policy 5.1.2-E and TSC policy 2019-6 stated if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the residents.

According to policy and the PREA Coordinator, if the facility did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident.

115.273 (c):

The PAQ requires following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

GEO Policy 5.1.2-E and TSC policy 2019-6 require 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. The resident is to be informed if the staff member is no longer posted within the resident's unit, if

the staff member has been indicted related to sexual abuse within the facility, or if the staff member has been convicted of a charge related to sexual abuse within the facility. There were no substantiated allegations of sexual abuse that resulted in the termination of a staff member.

117.273 (d):

The PAQ requires Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted related to sexual abuse within the facility; or (2) The agency learns that the alleged

	abuser has been convicted on a charge related to sexual abuse within the facility. GEO policy and procedure require that, following a resident's allegation that he has been sexually abused by another resident, the agency will inform the alleged victim if the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 115.273 (e): The PAQ requires that all Notifications of Outcome of Allegations or attempted notifications are documented and filed in the corresponding investigative file. During interviews with the PREA Coordinator, the director or assistant director would meet with the resident and explain the outcome of the investigation. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A TSC Policy 2019-6 Investigative Files Interview with Facility Director PREA compliance manager 115.276 (a): PAQ requires that Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The facility provided GEO Corporate Policy 5.1.2-A and TSC Policy 2019-6 GEO Corporate Policy 5.1.2-E and TSC Policy 2019-6 outline disciplinary action and employee disciplinary sanctions. Discipline up to and including termination can be imposed for substantiated violations. Based on the interview and statement of fact provided by the Center Director, TSC has not imposed any employee discipline

	during this audit period. 115.276 (b): PAQ requires that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The facility provided GEO Corporate Policy 5.1.2-A and TSC Policy 2019-6 Based on GEO policy 5.1.2-A and TSC Policy 2019-6, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 115.276 (c): The PAQ requires disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The facility provided GEO Corporate Policy 5.1.2-A and TSC Policy 2019-6 GEO Corporate Policy 5.1.2-A and TSC Policy 2019-6 mandate that all terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. In the interview with the facility director and the information provided by the facility investigator, no staff resigned during the investigation, which is considered a presumptive termination when the allegation was substantiated 115.276 (d): PAQ requires that 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies The facility provided GEO Corporate Policy 5.1.2-A and TSC Policy 2019-6 Both policies require that all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. The staff at the TSC were aware of disciplinary sanctions pursuant to substantiated allegations of sexual abuse and sexual harassment Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.277	Corrective action for contractors and volunteers
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	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A GEO Corporate Policy 5.1.2-E PREA training curriculum Statement of fact PAQ 115.277 (a): FAQ requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. 0 The facility provided GEO Corporate Policy 5.1.2-A and GEO Corporate Policy 5.1.2-E. GEO Corporate Policy 5.1.2-A and GEO Corporate Policy 5.1.2-E mandate that any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/ certifying bodies unless the activity was clearly not criminal in nature. Any contractor or volunteer who engages in sexual abuse, even though it was not criminal, will be reported to professional licensing/certifying bodies. 115.277 (b): The PAQ requires the facility to take appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The facility provided GEO Corporate Policy 5.1.2-A GEO Corporate Policy 5.1.2-A mandates that in cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with residents. During the previous year, there were no incidents where a contractor or volunteer was accused of, suspected of, or found guilty of sexual abuse or sexual harassment at TSC.
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	The facility director's interview indicated she would take immediate action to remove the contractor or volunteer from contact with residents. If it were a contractor, the administrator indicated she would notify the contractor's supervisor immediately so the contractor's supervisor can provide replacement staff for the task they were assigned. Based on the statement of fact, the center does not employ any contractors or provide any volunteer services. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-E PREA Posters of Zero Tolerance Statement of Fact Resident Handbook PREA Posters of Zero Tolerance 115.278 (a): The PAQ requires that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility:0 In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility:0 The facility provided GEO Corporate Policy 5.1.2-E and the resident handbook. Corporate Policy 5.1.2-E and the resident handbook outline discipline and prosecution related to disciplinary sanctions for residents. The TSC resident handbook outlines that a first-level resident discipline (greatest category offense) involves assaulting any person (including sexual assault). There was no substantiated administrative report on resident sexual abuse cases in the previous 12 months at the OC.

The facility director interviewed indicated that sanctions are provided with approval of the BOP regional Reentry office up to and including prosecution, removal from the program, or extension of time to complete the programs.

115.278 (b):

PAQ requires that Sanctions shall be 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.

The facility provided GEO Corporate Policy 5.1.2-E.

GEO Corporate Policy 5.1.2-E, states that at TSC, allegations of sexual abuse and sexual harassment are taken very seriously, as are the sanctions imposed for violating the zero-tolerance policy, and that before disciplinary hearings at the facility, considerations of the nature of the crime, disciplinary history and similar sanctions imposed for comparable violations are discussed with the goal of the disciplinary team coming to consensus on the imposed sanction.

Before the hearing, the resident would be seen by the Dolan Mental Health Center to evaluate the resident's mental disabilities or mental illness when determining sanctions. BOP manages the contract with the Mental Health services and would evaluate the level of the allegation to determine if the resident is remanded to a BOP facility for sexual abuse services.

115.278 (c):

The PAQ requires that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The facility provided GEO Corporate Policy 5.1.2-E, which states that prior to the hearing, mental health staff evaluate the resident to consider any mental disabilities or mental illness when determining sanctions.

The facility director interviewed indicated that prior to the hearing, mental health staff evaluate the resident to consider any mental disabilities or mental illness when determining sanctions.

115.278 (d):

The PAQ requires that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

The facility provided by GEO Corporate Policy 5.1.2-

The center director indicated that the center has housed residents who received these types of services through the Dolan Mental Health program; however, the

	decision to receive these services is determined by BOP. 115.278 (e): The PAQ requires that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. GEO Corporate Policy 5.1.2-E prohibits disciplining a resident for sexual contact with an employee unless it is found that the employee did not consent to the contact. There were no reports of sexual abuse by a resident while housed at TSC in the past 12 months. 115.278 (f): The PAQ requires, for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. The facility provided GEO Corporate Policy 5.1.2-E, which states that a report made in good faith, even if the incident is not substantiated, will not be construed as a false report or lying, as outlined in both corporate and local policy. 115.278 (g): The PAQ requires that an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The facility provided GEO Corporate Policy 5.1.2-E. The agency and TSC have a zero-tolerance policy for sexual abuse and sexual harassment, and both policies, 5.1.2-E, and facility PREA posters, videos, education, and training, outline the potential sanctions for sexual abuse and sexual harassment. The facility director provided a statement that no resident has been disciplined for a PREA allegation during the last 12 months. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations.

GEO Corporate Policy 5.1.2-A

TSC Policy 2019-6

Coordinated Response Plan

Interview with San Francisco Women Against Rape

Interview with staff at San Francisco Zuckerberg Medical Center

Statement of Fact

115.282 (a): PAQ requires that Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The facility provided Policy TSC Policy 2019-6 and GEO Corporate Policy 5.1.2-A, and Memos from San Francisco Zuckerberg Medical Center with SANE services.

GEO policy 5.1.2-A states that victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. Reentry Community Confinement Facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available.

TSC Policy 2019-6 requires that the supervisor shall arrange for transportation of the victim to the local hospital for the collection of forensic evidence, emergency medical treatment, and crisis intervention. The victim will not be liable for charges associated with a forensic medical exam. Further policy mandates that victims will receive immediate, unimpeded access to emergency medical services and crisis intervention, which includes access to timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. Ali's services shall be provided without financial cost to the victim.

The center has several SANE programs located in San Francisco that provide services to the residents. The facility director interviewed indicated she would prefer the San Francisco Zuckerberg Medical Center if allowed by the local law enforcement conducting the investigation.

In an interview with the staff at the hospital, she indicated the hospital nurses are part of the International Association of Forensic Examiners and have a certification of the organization to provide SANE and SAFE services.

115.282 (b):

The PAQ requires that if no qualified medical or mental health practitioners are on

	duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The facility provided TSC Policy1019-6 and first responder interviews. All staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health practitioners. Both security and non- security staff interviewed knew their first responder duties. 115.282 (c)(d): The PAQ requires that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be 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. The facility provided GEO Corporate Policy 5.1.2-A Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, 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. The staff at the San Francisco Zuckerberg Medical Center indicated that part of the SANE process, victims are provided with a victim advocate, and the nurse and victim advocate would discuss with the victim access to emergency contraception and sexually transmitted infections prophylaxis. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: Interview with the Zuckerberg San Francisco General Hospital

GEO Policy 5.1.2-E PREA Investigations

TSC Local Policy 2019-6 Sexual Abusive Behavior Prevention and Interventions Program (PREA)

Statement of Fact Interviews:

PREA Coordinator

Facility investigator

PAQ

115.283(a):

The PAQ requires that the facility shall 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.

The facility provided TSC Policy 2019-6, which outlines ongoing action after reports of sexual abuse. Medical and mental health evaluations, and treatment where appropriate, will be provided to all victims of sexual abuse that occur in any prison, jail, lockup, or juvenile facility.

According to interviews with the center director, TSC will offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occur in any prison, jail, lockup, or juvenile Facility.

The center has a contract through the BOP to provide mental health services with Dolan Mental Health Services.

115.283 (b) (c)(d)(f)(g)(h):

The PAQ requires the evaluation and treatment of such victims to 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.

The PAQ requires the facility to provide such victims with medical and mental health services consistent with the community level of care.

The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or released. These services shall be provided in a manner that is consistent with the level of care the individual receives in the community.

The PAQ requires that the facility shall provide such victims with medical and mental health services consistent with the community level of care.

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

These services shall be provided in a manner that is consistent with the level of care the individual receives in the community.

The PAQ requires that Treatment services shall be 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.

The PAQ requires the facility to 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.

The facility provided policy GEO Corporate Policy 5.1.2-A mandates that Each Facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile Facility.

b. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.

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

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

e. The Facility shall attempt to conduct a mental health evaluation on all known inmate-on-inmate or resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those inmates or resident abusers in which a PREA investigation determined either administratively substantiated or substantiated by outside law enforcement.

f. All refusals for medical and mental health services shall be documented.

Per the Statement of Fact, TSC has not had any instances of sexual abuse where ongoing medical and mental health services have been needed in the past 12 months.

The facility provides victims with medical and mental health care consistent with the community level of care, which was confirmed by interviewing the victim advocate and the Zuckerberg San Francisco General Hospital

The Zuckerberg San Francisco General Hospital is a Level 1 regional trauma center and is a teaching medical center.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making compliance determinations, GEO Corporate Policy 5.1.2-A TSC Policy 2019-6 Incident Review Committee (After Action Report) PAQ 115.286 (a): The PAQ requires that the facility shall conduct a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The facility provided GEO Corporate Policy 5.1.2-A, TSC Policy 2019-6, and an Incident Review Committee review. GEO policy 5.1.2-A and TSC Policy 2019-4 require the facility to conduct a sexual abuse incident review after every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. At the time of the PAQ, there were three investigations that required an incident review team meeting. GEO has developed an Incident Review Committee report that contains all the elements of an incident review team meeting. 115.286 (b) The PAQ requires that the review be conducted within 30 days of the conclusion of the investigation. GEO Corporate Policy 5.1.2-A and TSC Policy 2019-6 mandate that the review be conducted within 30 days of the conclusion of the investigation. 115.286 (c): The PAQ requires that the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The facility provided GEO Corporate Policy 5.1.2-A, TSC Policy 2019-6, and an after-action report, which included a sign-in sheet for participants. The Incident Review Committee consists of the Director-Fidelity & Quality Assurance, GEO Corporate Reentry Services, Manager-Program Performance, GEO Corporate Reentry Services, and Facility Director. 115.286 (d):

The PAQ requires the review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

The facility provided GEO Corporate Policy 5.1.2-A, TSC Policy 2019-6,

A review of the Incident Review Committee form documented that 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.

The PREA Coordinator serves on the committee and works with the team to prepare a report of its findings, including but not necessarily limited to determinations made under paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator. There were three after-action reports completed during the last 12 months.

115.286 (e):

The PAQ requires that the facility implement the recommendations for improvement or document its reasons for not doing so.

The facility provided GEO Corporate Policy 5.1.2-A, TSC Policy 2019-6,

In interviews with the facility director and PREA Coordinator. As part of the after-action report, the facility submits the report to the corporate office for approval.

The facility then develops an after-action report and a Corrective Action Plan that is also submitted to the corporate office within 10 working days. The facility completes the corrective action plan and submits the completed documentation to the corporate office. There have been no allegations of sexual abuse in the last two PREA cycles and thus no After-Action report to review.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making compliance determinations, GEO Corporate Policy 5.1.2-A TSC Annual Assessment GEO Group Annual Reports (2012-2024) Yearly Allegation of Sexual Abuse or Sexual Harassment Flow Chart 115.287 (a): The PAQ requires the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The facility provided GEO Corporate Policy 5.1.2-A and the GEO Corporate Annual Report and reporting flow charts. GEO policy 5.1.2-A mandates that all facilities under the GEO umbrella collect uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to use a standardized instrument with clearly defined definitions. The incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. 115.287 (b): The PAQ requires that the agency aggregate the incident-based sexual abuse data at least annually. The facility provided the GEO Group Annual Reports. Facility PREA Coordinators shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment, and Sexual Abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator. The Facility PREA Coordinator ensures that the data is compiled and forwarded to the Agency PREA Coordinator. In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Coordinator ensures 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, sexual activity, and voyeurism. At least annually, the PREA Coordinator aggregates this data.

115.287 (c)(d):

The PAQ requires that the incident-based data collected shall 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.

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

The facility provided GEO Corporate Policy 5.1.2-A and the GEO Corporate Annual Report.

Policy 5.1.2-A mandates that 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). A review of the annual report codified this requirement. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

In an interview with the PREA coordinator, all allegations of sexual abuse and sexual harassment or reviewed by the regional PREA coordinator team members, the corporate investigative unit, the facility director, and the regional supervisor. The yearly report is reviewed during the facility's PREA assessment.

115.287 (e):

The PAQ requires the agency to also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of residents.

115.287 (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

According to an interview with the PREA coordinator, upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. The facility provided a copy of the monthly log and annual log for review. The log contained all elements required by policy.

In reviewing the annual report and yearly and monthly reporting flow chart, the center has not had any allegations of sexual abuse or sexual harassment in the last 3 years.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations. GEO Corporate Policy 5.1.2-A GEO Annual PREA Data Report 2022 GEO Annual PREA Data Report 2023 GEO Annual PREA Data Report 2024: Interview with the Agency PREA Coordinator Agency Head Designee 115.288 (a)(b)(d): The PAQ requires that the agency shall review data collected and aggregated under§ 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The PAQ requires that such a report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. The PAQ requires that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The facility provided GEO Corporate PREA Procedure 5.1.2, GEO Annual PREA Data Report 2021, through GEO Annual PREA Data Report 2024 GEO Policy 5.1.2-A states, “GEO shall review all data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis, and 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such reports shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of GEO’s progress in addressing sexual abuse. The annual report shall be approved by the

appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The agency head's interview facilities conducts sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to our Corporate PREA Coordinator to review. In 2015, we designed a secure PREA Portal with restricted access to retain all our PREA data. Every incident is entered into the portal by the PREA Managers at each facility, and annually, our Corporate PREA team reviews this data to determine what improvements are needed to enhance our Program. These recommended improvements are submitted to the appropriate divisional authority for US Corrections, Reentry and Youth Services for review and approval. The agency coordinator interview indicated that the agency reviewed data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training.

Our annual PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and Youth Services and our CEO.

GEO has a secure PREA Portal with restricted access to retain all the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program.

These recommended improvements are submitted to the appropriate divisional authority for Secure Services and Reentry Services annually for review and approval.

The agency reviews data collected and aggregated under §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training.

The Agency PREA Coordinator indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Additionally, all our clients, except USMS, include GEO PREA data in their annual PREA reports.

GEO publishes a PREA report annually. Currently, annual PREA data reports from 2017-2024 are available on GEO's website.

GEO only reports statistical data and incident types, excluding identifiable information personally for confidentiality purposes.

The PREA Coordinator reviews the data collected and the annual report includes a

	comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. This information is also captured in the annual PREA assessment completed by the PREA coordinator's staff. 115.288 (c): The PAQ requires that the agency's report shall be 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. The facility provided GEO Corporate PREA Procedure 5.1.2, GEO Annual PREA Data Report 2024, and GEO Annual PREA Data Report 2024 The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Secure Services and International Operations for their signatures and approval. The report is made public on the GEO website at https://www.geogroup.com/prea. Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report. A review of the GEO website for the last 3 years confirmed the findings of the assessment team. The GEO annual report provides more information than is required, and at the same time, provides the person reviewing the report with a detailed look at PREA in action in GEO facilities. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A GEO Annual PREA Data Report Interviews with Agency PREA Coordinator 115.289 a): The PAQ requires that the agency shall ensure that data collected pursuant to §115.87 is securely retained.

The facility provided GEO Corporate Policy 5.1.2-A and an interview with the PREA Coordinator and the PREA coordinator.

GEO Corporate Policy 5.1.2-A mandates that all case records associated with claims of sexual abuse are maintained and filed in a secure file cabinet in the PREA Coordinator's office.

During the tour of the facility, the auditor noted that the PREA compliance office was locked in each visit by his office.

Interviews with case managers indicated that they do not have access to investigative files on their GEO database.

The agency head interviewed indicated that GEO has a secure PREA portal with restricted access to retain all the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually.

115.289 (b):

The PAQ requires that the agency shall 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.

The facility provided GEO Corporate PREA Procedure 5.1.2-A and <https://www.geogroup.com/prea>.

GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <https://www.geogroup.com/prea>. A review of the website confirmed that the agency has PREA reports from 2017 until 2023 uploaded to the above website.

115.289 (c):

The PAQ requires that, before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

The facility provided GEO Corporate PREA Procedure 5.1.2-A and an interview with the Corporate PREA coordinator.

Before making aggregated sexual abuse data public, GEO removes all personal identifiers. This was confirmed by reviewing past audits and the GEO annual reports.

The PREA coordinator interviewed indicated that GEO only reports statistical data and incident types, excluding personally identifiable information, for confidentiality purposes

115.289 (d):

The PAQ requires that the agency shall 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. The facility provided GEO Corporate PREA Procedure 5.1.2-A. Corporate Policy: 5.1.2-A mandates that data collected pursuant to this procedure shall be securely retained by the Facility or Corporate office for at least 10 years or longer if required by state statute. Before making aggregated Sexual Abuse data publicly available, all personal identifiers shall be removed. All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, are retained by Federal and State statutes and guidelines specified by contract authority. Confinement Facilities ensure that data collected is securely retained for at least 10 years. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion Evidence relied upon in making the compliance determinations: GEO policy 5.1.2-A TSC Policy 2019-6 Interviews with Facility Director 115.401 (a): The PAQ requires that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. The facility provided GEO policy 5.1.2-A 401 (a): GEO policy 5.1.2- require during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO’s Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. TSC's latest audit was conducted in August 2023. The other audits were conducted in February 2021 and August 2017 by a DOJ-certified auditor. All auditors have been certified through the Department of Justice.

GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. This is the fourth PREA audit of Taylor Street Center.

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

115.401 (b):

The PAQ requires that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

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

115.401 (h):

The PAQ requires that the auditor shall have access to, and shall observe, all areas of the audited facilities.

The auditor had full, unfettered access to all data and documentation, all staff and residents, and all contractors and volunteers. Access to residents, staff, investigative files, training records, intake, classification, and risk assessment records was made available throughout the audit process. The auditor was provided with various logs, including allegations, referrals to medical and mental health, and retaliation monitoring. Housing logbooks that showed unannounced rounds, resident movement, and other operational information for each housing location were available. All interviews, random staff and residents, targeted residents, and specialized staff were conducted privately. There were no refusals for interviews.

All areas of the facility were observed during the original tour of the facility. During the on-site audit, the auditor re-toured several areas of the facility. Staff and residents were randomly interviewed during the tour. The facility staff allowed the auditor unfettered access to talk to staff and residents privately.

115.401 (i):

The PAQ requires that the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to conduct the requirements of the audit process. The facility allowed the audit to review personnel files and mark documents needed from each of the files reviewed. The facility uploaded these files to the OAS

	portal. All other documentation required was provided to the auditor promptly. 115.401 (m): The PAQ requires that the auditor shall be permitted to conduct private interviews with residents. I interviewed specialized staff, random staff, random residents, and targeted residents during the onsite audit. Interviews were conducted in a private office and classroom area of the facility. 115.401 (n): The PAQ requires that residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Residents were notified a minimum of six weeks before the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to the Auditor. Interviews with residents stated they have seen a posting. No residents contacted the Auditor before or during the audit. The facility substantially exceeded the requirements of this standard. Documents were either provided to the auditor or uploaded to OAS in an extremely timely manner. The PREA Coordinator was instrumental and had identified staff available with limited downtime for the auditor. Files reviewed contain all information required and have been organized for the PREA auditor's review. Staff interviewed were open and forthcoming without hesitation or coercion. The agency had uploaded the PAQ in the OAS system prior to the onsite audit. The agency then had to provide hard copies of the PAQ and related documents, including any updated documents, to the auditor. Then the agency had to upload updated documents in the OAS system to coincide with the hard copies provided to the auditor. The center director was readily available to the auditor to respond to emails and phone calls throughout the Pre and Post audit phases of the audit. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations.

	PREA audit report 2017 PREA audit report 2020 PREA audit report 2023 115.403 (f): The PAQ requires that the agency shall ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public. Per agency policy and standard requirements, GEO assures me that this final report will be published on their website at (https://www.geogroup.com/prea) to be available to the public. According to interviews with the PREA coordinator, the audit reports are posted on the website within the 90-day requirement. The postings from 2017 until the present are posted on the GEO website. The agency maintains all PREA-related policies on its website, including third-party reporting, staff reporting, investigation of allegations, and all previous PREA audits. The auditor reviewed the reports on the GEO Group Website.
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Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	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 adopt and 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
115.212 (b)	Contracting with other entities for the confinement of residents	
	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.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	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	na

	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.)	
	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.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	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
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	Does the agency take appropriate steps to ensure that residents	yes

	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?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident	yes

	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?	
115.217 (a)	Hiring and promotion decisions	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	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
	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

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	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.)	na
115.218 (b)	Upgrades to facilities and technology	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	yes

	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.)	
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	Policies to ensure referrals of allegations for investigations	

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	

	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	Resident education	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
	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

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	Use of screening information	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.251 (b)	Resident reporting	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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.	no
115.252 (b)	Exhaustion of administrative remedies	
	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
	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
115.252 (c)	Exhaustion of administrative remedies	
	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
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252	Exhaustion of administrative remedies	

(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
	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 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
	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
115.252 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.252 (f)	Exhaustion of administrative remedies	
	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	yes

	exempt from this standard.)	
	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
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	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
115.253 (a)	Resident access to outside confidential support services	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	

	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
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	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
	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
	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
	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
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
115.267 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	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
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	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?	
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	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
	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
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	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
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	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
115.273 (c)	Reporting to residents	
	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
	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	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	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
	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
115.273 (d)	Reporting to residents	
	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
	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
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	Disciplinary sanctions for staff	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	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

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	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
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	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
	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
	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
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes