

PREA Facility Audit Report: Final

Name of Facility: Community Alternatives of the Black Hills

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/25/2025

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: Bryan Pearson

Date of Signature: 07/25/2025

AUDITOR INFORMATION

Auditor name: Pearson, Bryan

Email: bryan@pearsongroupllc.com

Start Date of On-Site Audit: 06/10/2025

End Date of On-Site Audit: 06/11/2025

FACILITY INFORMATION

Facility name: Community Alternatives of the Black Hills

Facility physical address: 5031 Highway 79 , Rapid City , South Dakota - 57701

Facility mailing address:

Primary Contact

Name:	Derek Schuster
Email Address:	deschuster@geogroup.com
Telephone Number:	6058770032

Facility Director	
Name:	Tessa LaHaie
Email Address:	tlahaie@geogroup.com
Telephone Number:	605-341-4240 Ext. 10

Facility PREA Compliance Manager	
Name:	Derek Schuster
Email Address:	deschuster@geogroup.com
Telephone Number:	605-341-4240 1008
Name:	Tessa LaHaie
Email Address:	tlahaie@geogroup.com
Telephone Number:	605-241-4240 112
Name:	Tracy Stevens
Email Address:	trstevens@geogroup.com
Telephone Number:	985-502-7036

Facility Characteristics	
Designed facility capacity:	70
Current population of facility:	41
Average daily population for the past 12 months:	40
Has the facility been over capacity at any	No

point in the past 12 months?	
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	21-70
Facility security levels/resident custody levels:	re-entry
Number of staff currently employed at the facility who may have contact with residents:	18
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:	J David Donahue
Email Address:	ddonahue@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information

Name:	Manny Alvarez	Email Address:	Manuel.Alvarez@geogroup.com
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Facility AUDIT FINDINGS**Summary of Audit Findings**

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

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

Number of standards exceeded:

2	<ul style="list-style-type: none">• 115.231 - Employee training• 115.286 - Sexual abuse incident reviews
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Number of standards met:

39

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:	2025-06-10
2. End date of the onsite portion of the audit:	2025-06-11

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	A telephone interview was conducted with staff at Working Against Violence, Inc., a victim advocacy organization in Rapid City.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	70
15. Average daily population for the past 12 months:	40
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	38
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:	1
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:	0
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:	0
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:	0
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:	1

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:	0
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:	1
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:	18
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:	0

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:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input type="checkbox"/> Age </div> <div> <input type="checkbox"/> Race </div> <div> <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input type="checkbox"/> Length of time in the facility </div> <div> <input type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input checked="" type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
If "Other," describe:	CABH is a work release facility with a small population. Many of the residents go to work during the day and at night. The residents that were physically at the facility during the audit were randomly chosen for interviews.

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	CABH is a work release facility with a small population. Many of the residents go to work during the day and at night. The residents that were physically at the facility during the audit were randomly chosen for interviews.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> 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:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
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:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility staff said there were no targeted residents at the facility. None of the residents interviewed fit a targeted category. CABH has a small population and less likely to have residents that are in a targeted category.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility staff said there were no targeted residents at the facility. None of the residents interviewed fit a targeted category. CABH has a small population and less likely to have residents that are in a targeted category.</p>

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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 staff said there were no targeted residents at the facility. None of the residents interviewed fit a targeted category. CABH has a small population and less likely to have residents that are in a targeted category.
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:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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 staff said there were no targeted residents at the facility. None of the residents interviewed fit a targeted category. CABH has a small population and less likely to have residents that are in a targeted category.

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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 staff said there were no targeted residents at the facility. None of the residents interviewed fit a targeted category. CABH has a small population and less likely to have residents that are in a targeted category.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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 staff said there were no targeted residents at the facility. None of the residents interviewed fit a targeted category. CABH has a small population and less likely to have residents that are in a targeted category.

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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 staff said there were no targeted residents at the facility. None of the residents interviewed fit a targeted category. CABH has a small population and less likely to have residents that are in a targeted category.
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:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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 staff said there were no targeted residents at the facility. None of the residents interviewed fit a targeted category. CABH has a small population and less likely to have residents that are in a targeted category.

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="817 456 1469 616"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="817 665 1469 745"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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 staff said there were no targeted residents at the facility. None of the residents interviewed fit a targeted category. CABH has a small population and less likely to have residents that are in a targeted category.
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:	<div data-bbox="817 1594 1469 1753"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="817 1803 1469 1883"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The Facility staff said there were no targeted residents at the facility. None of the residents interviewed fit a targeted category. CABH has a small population and less likely to have residents that are in a targeted category.</p>
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>This auditor did not randomly select residents from the resident list for interviews as that would cause the facility to hold them in from work. Some residents worked early and were interviewed in the early evening. Some worked late and were interviewed early in the morning. Some residents did not have a job yet and were available for interviews.</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	<p>10</p>
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<p> <input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
If "Other," describe:	<p>All available staff at the facility were interviewed that had not been interviewed for a specialized staff interview. There were only ten staff to interview. The facility only has 18 staff.</p>
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>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):</p>	<p>Staff were interviewed that worked on all three shifts.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	CABH has 18 staff total. One staff completed four specialized interviews due to covering all four duties in addition to regular job duties.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain which critical functions you were unable to test per the site review component of the audit instrument and why:	There was no intake processing to observe during the two days of the onsite audit.
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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).	No text provided.
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?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

Lists for staff and residents were requested prior to the onsite audit. Staff were selected that were hired in the last year and that have worked at the facility for over 5 years for training and HR document review. Residents were randomly selected from the intake list over the last 12 months for PREA education and risk assessment review.

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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	1	0

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	0	0	0	0
Total	0	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	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	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	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	0	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	0	0	0	0	0
Total	0	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	0	0	0
Total	0	0	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:

1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment during the review period.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-A requires all facilities to have a zero-tolerance policy prohibiting sexual abuse and sexual harassment and outlining GEO's approach to preventing, detecting, and responding to such conduct. Community Alternatives policy 2025-1 states "It is the policy of Community Alternatives of Black Hills to protect the rights of residents and employees. Community Alternatives of Black Hills mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment. Community Alternatives of Black Hills policy is that sexual conduct between Employees, Volunteers, or Contractors and residents in the Community Alternatives of Black Hills facility or Program regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions." The policy also prohibits retaliation against residents or staff for filing a report. The CABH policy provides staff the facility's approach for preventing, detecting and responding to reports of sexual abuse and sexual harassment. The policy reflects the requirements for this provision of the standards.</p> <p>b) GEO policy 5.1.2-A provides for a PREA Coordinator to oversee PREA</p>

	<p>standards compliance activities at all GEO facilities. Community Alternatives policy 2025-1 requires the Director to serve as the PREA Compliance Manager or appoint staff the additional duty.</p> <p>The facility provided an organization chart that has the PREA Compliance Manager (Deputy Director) reporting directly to the Facility Director.</p> <p>PREA Coordinator Interview – The GEO PREA Coordinator said he has the time and authority to manage the PREA compliance in GEO facilities. He has staff assigned to him regionally that assist with those duties. GEO has a PREA Compliance Manager at all GEO facilities. He had quarterly training sessions with the PCM's through virtual communications and individual communications about investigation or audit issues. If he identifies a compliance issue, he will work with the facility on a corrective action plan. If it is a policy issue, he will work with executive staff on policy revision.</p> <p>PREA Compliance Manager Interview – The PCM said he has the time and authority to manage the PREA compliance duties at CABH. He conducts retaliation monitoring, risk assessments and incident reviews as required. He can contact the Manager of Program Performance or PREA Coordinator if he has questions.</p> <p>Based on the information from interviews, policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	GEO Community Alternatives of Black Hills has been contracted for the confinement of residents by the Bureau of Prisons for the confinement of BOP residents. GEO is not a public agency that contracts with other entities for confinement; therefore, this standard is not applicable to the Community Alternatives of Black Hills.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-A PREA page 3 states “Each facility shall develop and document a staffing plan that provides adequate staffing levels and, where applicable, video monitoring to protect individuals in a GEO facility against sexual abuse.” Community Alternatives Local Policy 2025-1 states “Community</p>

Alternatives of Black Hills shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect residents against sexual abuse.” The policy reflects the requirements for this provision of the standard.

Director Interview – The Director said the staffing plan is based on the contract. The staffing never drops below the minimum set by the contract. She uses overtime to cover if there will be a shortage on a shift. She monitors the staffing through shift reports and completes a weekly overtime report. She uses qualified case managers and other non-security staff to cover when there are vacancies in security staff.

PCM Interview - The PREA Compliance Manager stated the staffing levels and vacancies are reviewed on a weekly basis in addition to the required annual staffing plan review. The review is documented on the Annual PREA Facility Assessment and forwarded to the PREA Coordinator after the Director signs it.

Tour Observations – The facility was toured with the Director, PCM and Security Supervisor on the first day of the onsite audit. The facility had appropriate camera coverage in hallways, stairwells, kitchen and dayrooms. There were no blind spots identified. Staff were seen conducting rounds. Staff said they conduct rounds at least every hour. Residents said they see staff conducting rounds in addition to counts every 30 minutes to an hour. They said the staff come into their room to check on them. Based on the level of the facility and low prevalence of incidents in the last 12 months, the facility was found to have acceptable staff monitoring.

b) Community Alternatives Local Policy 2025-1 states “In any circumstance where the staffing plan is not complied with, the Facility Director shall document and justify all deviations from the plan.” The policy reflects the requirements for this provision of the standard.

Director Interview – The Facility Director said there have been no instances in the last year where the facility had a deviation from the staffing plan. There were no mandatory posts not covered. Overtime is used to ensure minimum staffing is covered.

c) GEO policy 5.1.2-A PREA requires facilities to conduct an annual review of the staffing plan, video monitoring and resources available to meet the staffing plan. The review is to be documented and submitted to corporate PREA office. Community Alternatives Local Policy 2025-1 has the same requirements for an annual review of staffing, video monitoring and resources to comply with the staff plan.

The facility provided a 2022, 2023 and 2024 Annual PREA Facility Assessment – Reentry document that is an annual review of the staffing plan. The staffing was documented on a Personnel Roster that shows all employee positions with a title. The annual review of staffing and video monitoring considered the four factors from provision (a) of the standard, staffing plan deviations, and staffing on each shift. The annual staffing plan assessment was completed by the PREA Compliance Manager and Director. The staffing assessment is sent to the VP of Residential

	<p>Reentry Centers and GEO PREA Coordinator for review.</p> <p>PREA Coordinator – The PREA Coordinator said he reviews staffing plan reviews from the facilities and consults 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.</p> <p>Based on the information from interviews, policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a) GEO policy 5.1.2-A PREA prohibits cross gender strip searches and body cavity searches. The policy states these would be conducted by medical staff. Community Alternatives Local Policy 2025-4 prohibits strip searches and body cavity searches of residents.</p> <p>Staff Interviews – All staff interviewed said they are not allowed to conduct strip or body cavity searches.</p> <p>Resident Interviews – All residents said they have not been strip searched by staff while at Community Alternatives. Only pat searches are conducted.</p> <p>b-c) GEO policy 5.1.2-A PREA states “Facilities shall not permit cross-gender pat-down searches of female individuals in a GEO facility, absent exigent circumstances.” Community Alternatives Local Policy 2025-4 D-1 stated “cross gender pat searches of residents are conducted. CABH does not house female residents.” This would not meet the standards’ prohibition of male staff conducting cross gender pat searches of female residents except in exigent circumstances because the facility does house female residents, which is contradicted in the policy. The Director and PCM were notified of the issue with this policy. A revised policy was provided as a corrective action. The policy now states “Cross-gender pat-down searches of residents are only conducted under exigent circumstances.” The policy also states “Cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited.</p> <p>Staff Interviews – All staff said they have not conducted a cross gender pat search. Cross gender pat searches are not allowed. All staff said strip searches and body cavity searches are not conducted at CABH. All drug screens are conducted by same gender staff.</p> <p>Resident Interviews – Male and female residents said they have not been pat searched by staff of the opposite gender since arrival at CABH. None said they had</p>

been strip searched while at CABH. All residents that had a drug screen said it was done by same gender staff.

d) GEO policy 5.1.2-A PREA requires facilities to allow residents to shower, change clothes and perform bodily functions without staff of the opposite gender viewing them. Staff are required to make announcements prior to entering an opposite gender housing unit. Community Alternatives Local Policy 2025-4 states "All residents shall be required to change their clothes in the resident bathroom area. Facility staff are required to loudly announce their entrance into a dorm housing residents of the opposite gender. Likewise, staff members are prohibited from entering the restroom area in opposite-gender dorms without loudly announcing their presence and gaining verbal assurance that occupants in the area 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."

Staff Interviews – All staff said they are required to make opposite gender announcements prior to entering an opposite gender housing area, room or bathroom.

Resident Interviews – All residents said they hear opposite gender staff make announcements when they come onto their floor or before they enter the room or bathroom. They all said they have privacy to use the showers and toilets without staff seeing them in a state of undress. All residents said they must change clothes in the bathroom and not in the sleeping area.

Tour Observations – All resident bathrooms are single use bathrooms with a shower and toilet that are inside the sleeping rooms. The showers have a curtain that blocks anyone from seeing their genitalia while showering. There is a door on each bathroom that provides the residents the ability to use the toilet without staff seeing them. No cameras were placed where they could see in a bathroom or a resident room. Camera views were checked in the control room to verify. The privacy given to residents is appropriate for the level of the facility and the type of program.

e) Community Alternatives Local Policy 2025-4 states "Staff 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."

f) Community Alternatives Local Policy 2025-4 states "All staff shall be trained to conduct cross-gender pat-down searches and searches of Transgender and Intersex Individuals at Community Alternatives of Black Hills in a professional and respectful manner."

Staff Interviews – All staff said they have received training for conducting a cross gender and transgender pat searches. No staff reported conducting a cross gender

	<p>pat search.</p> <p>Resident Interviews – All residents said they have not been pat searched by staff of the opposite gender. No residents said they have been strip searched while at Community Alternatives.</p> <p>Based on the information from interviews, policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-A PREA states “Facilities shall ensure individuals in a GEO facility 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 GEO’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.” Community Alternatives Local Policy 2025-2 requires the facility to provide written materials to residents in format or through methods that ensure effective communication with residents with disabilities. This includes residents with learning disabilities, limited reading skills, and visual disabilities. The facility provided the PREA manual and brochure in Spanish and large print. PREA reporting signs were seen throughout the facility in Spanish and English. PREA reporting signs were printed in a font size and placement that were easy to read. The facility has a TTD device to assist residents that have a hearing disability. A photo of the TTD device that can assist hearing impaired residents was provided. American sign language can also be provided by Language Line Solutions through a video call. The PCM and Director said there were no residents that had a disability or LEP present at the time of the onsite audit. None of the residents interviewed said they had a disability or were LEP.</p> <p>b) Community Alternatives Local Policy 2025-2 prohibits the use of resident interpreters or readers except in limited circumstances where an extended delay could compromise safety or delay first responders or an investigation. The facility provided documentation of an account with Language Line Solutions for over-the-phone interpretation services. The staff can call Language Line and provide a PIN that was on the Language Line Solutions document. The PREA Compliance Manager and Director said the facility has not had a LEP resident in the last year that required an interpreter. Staff interviewed were aware of the interpretive service the facility could use for LEP residents. They could not recall having a resident that could not speak English in the last year.</p> <p>c) GEO policy 5.1.2-A PREA states “Offenders detained in a GEO facility shall</p>

	<p>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." A memorandum from the Director states the Community Alternatives had no incidents that required the use of a resident interpreter or reader during the review period.</p> <p>Staff Interviews - Staff interviewed said they would not use another resident as an interpreter if an LEP resident wanted to make a report due to confidentiality.</p> <p>Based on the information from interviews, policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a) GEO policy 5.1.2-A PREA page 4 states "GEO facilities are prohibited from hiring or promoting anyone (who may have contact with individuals in a GEO facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or the community."</p> <p>b) GEO policy 5.1.2-A PREA page 4 states "Facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO."</p> <p>HR Staff Interview - The Human Resources staff was asked if incidents of sexual harassment were considered in deciding to hire or promote staff or allow contract staff to provide services at the facility. He said all staff new hires or promotions are asked on the GEO Employment Questionnaire form if a substantiated allegation of sexual harassment has been made against them.</p> <p>c) GEO policy 5.1.2-A PREA page 4 states "Each facility 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."</p> <p>HR Staff Interview - HR staff said he has a criminal background check conducted on all staff hired prior to starting work at the facility. HR staff said the applicant is asked about prior institutional work on the GEO Employment Questionnaire form. If they say yes, Central Office has a contract company complete the employment background check. He said they make several attempts to contact the prior employer and document the results or no answer was obtained.</p>

Document Review – Two staff hired in the last year had prior institutional experience that resulted in a PREA employment background check being completed. Attempts to contact the prior employer were documented on the employment background check.

d) GEO policy 5.1.2-A PREA page 11 requires criminal background checks for new contract staff. The PCM and Director said Community Alternatives does not have contract staff.

e) GEO policy 5.1.2-A PREA page 4 states “Background checks shall be repeated for all employees at least every five years.”

HR Staff Interview – HR staff said he completes a new criminal background check on current staff every 5 years. He completes the checks in the month prior to the month of their start date.

Document Review – Seven veteran staff that worked at the facility for more than five years were selected for document review. All seven had a criminal background check completed within the last five years. This complies with this provision of the standard.

f) GEO policy 5.1.2-A PREA page 4 states “GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility directly about previous sexual misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees (see Attachment N). GEO shall also impose upon employees a continuing affirmative duty to disclose any such conduct.”

Document Review – Two staff were hired in the last 12 months. Both had completed the GEO Employment Questionnaire form prior to being hired. The form asks questions about prior sexual abuse and sexual harassment that are required by provisions (a).

HR Staff Interview – The HR staff said the GEO Employment Questionnaire form is completed by the applicant along with the application. The questionnaire asks about prior convictions or civil judgment for sexual abuse, prior sexual abuse in a corrections facility, and prior sexual harassment.

g) GEO policy 5.1.2-A PREA page 4 states “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.” This statement is on the GEO Employment Questionnaire form that staff complete at hire and annually.

h) GEO policy 5.1.2-A PREA page 4 states “Unless prohibited by law, GEO shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.”

HR Staff Interview – HR staff said requests for information on former staff go to Central Office to research and answer. They are not handled by the facility.

	Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of the standard.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-A PREA page 4 states “GEO and its facilities shall consider the effect any new or upgrade design, acquisition, expansion, or modification of physical plant, or monitoring technology might have on the facility’s ability to protect individuals in a GEO facility from sexual abuse and harassment.”</p> <p>The facility reported on the Pre-Audit Questionnaire there have been no expansions or modifications of the facility since the last PREA audit.</p> <p>Director Interview – The Director said the facility has not experienced any expansion or modification in the last three years. She said the PREA Compliance Manager would be involved in planning to review for PREA standards compliance.</p> <p>b) The facility reported on the Pre-Audit Questionnaire there has been no new or upgraded video monitoring system since the last PREA audit. The Director said there have been a few cameras replaced but no new system or major upgrade since the last audit. She has a plan for an upgraded/expanded system. The PREA Compliance Manager was included in the review of the video monitoring system and decision on how changes would improve PREA compliance.</p> <p>Agency Head – The Executive VP of Secure Services said GEO is always evaluating and updating video monitoring systems at facilities to improve monitoring residents and staff.</p> <p>Based on the information from interviews and policies reviewed, the facility meets the provisions of the standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a-b) GEO policy 5.1.2-E PREA Investigation Procedure section D requires GEO facilities to follow a uniform, evidence protocol adapted from or 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,</p>

Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011. Community Alternatives Local Policy 2025-6 page 11 states "Victims/Abusers shall either be transported to a local community Facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the Facility to conduct the examination. All refusals of medical services shall be documented."

Investigator Interview - The Facility Investigator said he conducts administrative investigations to determine if PREA policy violations have occurred. Criminal investigations are conducted by Rapid City Police Department. Staff are trained to protect evidence so it can be collected by the forensic examination department at the local hospital or by law enforcement.

Staff Interviews - All staff were aware of how to protect evidence until a resident could be sent to the hospital for a forensic examination. Staff said they would not allow the residents to change clothes, shower, eat, drink, or use the bathroom. The scene of the incident would be closed off until law enforcement could collect the evidence.

c) GEO policy 5.1.2-E PREA Investigation Procedure section D states "Facilities shall offer all individuals in a GEO facility who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the individual and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Community Alternatives Local Policy 2025-6 states "All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

MOU - Community Alternatives provided a MOU with Monument Health Rapid City that covers the provision of forensic medical examinations by SAFE's or SANE's and access to emergency medical health services to resident victims of sexual abuse. The MOU requires Monument Health to follow a uniform evidence protocol based on the most recent edition of the National Protocol for Sexual Assault Medical Forensic Examinations. The emergency medical services include STI testing and treatment. The MOU provides services at no cost to the resident.

The facility reported on the Pre-Audit Questionnaire there have been no residents sent for a forensic examination in the last 12 months. The Facility Director and Facility Investigator said there has not been a report of sexual abuse that required the resident victim to be sent for a forensic examination in the last 12 months.

d) The AFD/PCM provided a MOU with Working Against Violence, Inc. The MOU covers the provision of victim advocate services to residents of CABH. WAVI agrees to provide services to residents through their 24 hour Hotline, provide victim advocate services at forensic examinations at the hospital, crisis counseling, support services, and work with law enforcement.

e) The Facility Director provided a memorandum stating there were no reports of sexual abuse that required a forensic examination during the last 12 months.

	<p>f) Community Alternatives provided a Mutual Assistance Agreement with Rapid City Police Department in 115.222 that requires the RCPD to collect DNA evidence and arrange for forensic examination at Monument Health Hospital.</p> <p>Based on the information from interviews, policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a) GEO policy 5.1.2-A PREA page 1 requires the facility to refer allegations of sexual abuse and sexual harassment for investigation to a law enforcement agency with legal authority to conduct criminal investigations.</p> <p>Agency Head Interview – The Executive VP said all allegations of sexual abuse and sexual harassment are investigated either by facility investigators for administrative or local law enforcement for criminal. He said GEO uses local law enforcement based on the client’s contract requirements. Facility investigators are required to complete a PREA Specialized Investigation training for them to be qualified.</p> <p>Document Review – Community Alternatives provided a Mutual Assistance Agreement with Rapid City Police Department that requires RCPD to conduct investigations of allegations that are identified as potential criminal violations. The agreement requires RCPD to receive proper PREA training according to federal guidelines in addition to the agency training.</p> <p>The facility had an administrative investigation completed during the review period that involved an allegation of sexual abuse by a resident. There was no criminal investigation in that case. There is an ongoing investigation into sexual abuse by staff that is being investigated by RCPD.</p> <p>b) GEO policy 5.1.2-E PREA Investigation Procedure is posted on the GEO PREA webpage at https://www.geogroup.com/prea.</p> <p>c) GEO policy 5.1.2-E PREA Investigation Procedure describes the responsibilities of both the facility and the outside agency in conducting an investigation of sexual abuse or sexual harassment. Page 3 states “When outside agencies investigate sexual abuse or sexual harassment, the outside agency will be responsible for all other aspects of the investigation, including but not limited to: i. Assume control of the crime scene and all evidence. ii. Implement the policies and protocols of the outside agency when responding to and investigating incidents of sexual abuse and sexual harassment at a GEO facility. When outside agencies investigate sexual abuse or sexual harassment, the facility shall cooperate with outside investigators by providing law enforcement personnel with requested</p>

	<p>information, including reports, documents, and video surveillance footage; subject to privacy restrictions until such time as a legal order to produce information is received.” The facility provided an email from the Residential Reentry Office of BOP that provided directions for response to sexual abuse and sexual harassment. All allegations were to be referred to the BOP unless it is an allegation of sexual assault. Local law enforcement is to be called immediately for reports of sexual assault and then notify the BOP of the allegation.</p> <p>Facility Investigator Interview – The Facility Investigator said all allegations of sexual abuse or sexual harassment are referred to the Bureau of Prisons for review and authorization for investigation. Allegations that appear to be criminal violations are referred to the Rapid City Police department. Residents can use their personal cell phone to call directly to the RCPD to report sexual abuse or sexual harassment as well.</p> <p>Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of the standard.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>GEO policy 5.1.2-A PREA page 9 requires all employees, contractors, and volunteers to complete training on GEO’s PREA program prior to assignment and annually. The policy requires training to cover the ten topics in the standard.</p> <p>Training Curriculum Review – the PREA 2020 In-Service training curriculum was reviewed. This auditor found the training to cover the ten required topics in provision (a) that include the zero-tolerance policy, signs of sexual abuse, dynamics of sexual abuse, communication with LGBTI detainees, staff first responder responsibilities, mandatory reporting laws, reactions of victims, avoiding inappropriate relationships, common reactions of victims, and detainee and staff rights. The training is tailored toward both genders of residents as CABH has both genders.</p> <p>Training Document Review – Training completion documents were reviewed for four staff hired in the last 12 months. All four had completed the training shortly after being hired. Training completion documents were reviewed for seven veteran staff. All seven have completed the PREA training annually in the last two years. When staff complete the training, they sign a form that says they understand the training they completed. PREA information posters were observed throughout the facility with refresher information.</p> <p>Staff Interviews – Ten staff were interviewed during the onsite audit. All ten could describe the information provided to them that covered the ten topics required by</p>

	<p>the standard. Staff that had been at Community Alternatives for more than a year said they complete the training annually.</p> <p>Based on the information from interviews, policies and documents reviewed, this auditor finds the facility exceeds the standard by requiring staff to complete the training annually.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>GEO policy 5.1.2-A PREA page 10 requires all volunteers to complete GEO’s Sexually Abusive Behavior Prevention and Intervention Program before working or volunteering in the facility. The training covers contract staff and volunteer responsibilities for prevention, detection and response to allegations of sexual abuse and sexual harassment, the agency zero-tolerance policy. The training is required to be completed annually. A training curriculum was provided that informs volunteers of the zero-tolerance policy and their responsibilities in response to a report of sexual abuse or sexual harassment.</p> <p>Currently, CABH does not have contract staff or volunteers. The Director provided a memorandum that states there were no volunteers during the review period. She also said the facility has no contract staff.</p> <p>Based on the policies and documents reviewed, it has been determined the standard is currently not applicable to CABH. However, if the facility were to ever get volunteers, there is a policy and training curriculum in place.</p>

115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>GEO policy 5.1.2-A PREA page 8 requires PREA education to be provided to detainees during the intake process. The education covers detainee rights, zero-tolerance policy, and how to report sexual abuse and sexual harassment.</p> <p>Community Alternatives Local Policy 2025-2 states “GEO Reentry Services – Community Alternatives will receive comprehensive education upon arrival or not to exceed 7 days from their intake.” Sexual abuse and sexual harassment education includes resident rights, how to report, and facility response procedures. The policy requires the education to be in formats accessible to all residents, including those with disabilities and limited English proficiency. Residents are required to sign a</p>

	<p>form acknowledging they received the information.</p> <p>Facility Tour – PREA posters were observed throughout the resident living areas that provided information for reporting sexual abuse and sexual harassment in both English and Spanish. The posters were placed so they could easily be read. The room where the PREA education is provided to new residents is across from the control room. The staff provides a verbal orientation and then shows the PREA video to the residents. The PREA education could not be observed during the onsite audit.</p> <p>Document Review – The PREA education completion documents were requested for eight female residents and eleven male residents. All nineteen signed a document acknowledging they received the PREA education information less than seven days after they arrived at the facility.</p> <p>Resident Interviews – Eight male and two female residents were interviewed. Residents said they were provided information about zero tolerance, rights, and how to report sexual abuse and sexual harassment in a PREA pamphlet, a video and verbally by staff. All the residents said they see PREA information posters throughout the facility. The posters provide numbers they can call to report a PREA incident.</p> <p>Based on the information from observations on the tour, interviews, policies, and documents reviewed, this auditor finds the facility meets the provisions of the standard.</p>
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>GEO policy 5.1.2-A PREA page 10 states “Investigators shall be trained in conducting investigations of sexual abuse in confinement settings. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.”</p> <p>Curriculum Review – The training curriculum used by GEO is the PREA Specialized Training: Investigating Sexual Abuse in the Correctional Setting provided by the PREA resource Center. The curriculum was reviewed and found to cover interview techniques, Miranda and Garrity warnings, evidence collection, and criteria and evidence required to substantiate an administrative case or a criminal case.</p> <p>Investigator Interview – The designated facility investigator was interviewed and said he has completed the specialized investigator training from the PRC training</p>

	<p>curriculum.</p> <p>The facility provided completion certificates for the PREA Specialized Training: Investigating Sexual Abuse in the Correctional Setting for two facility staff designated to conduct investigations, the Director and PCM. The PREA training completion documents were also provided for 115.231 for both staff.</p> <p>Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of this standard.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility reported having no medical or mental health staff on the Pre-Audit Questionnaire. This was verified by a review of the facility staff list and observation at the onsite audit. This standard is not applicable to Community Alternatives of Black Hills.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-A PREA page 5 states “All individuals shall be assessed in-person, by GEO staff, during intake, and upon transfer, from another confinement facility, for their risk of being sexually abused or harassed by another individual or being sexually abusive toward another individual.”</p> <p>b) GEO policy 5.1.2-A PREA page 5 states “This screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument.”</p> <p>Screening Staff Interview – The Shift Supervisor said he asks the residents the questions for the intake assessment and provides the completed form to the CM for risk assessment completion. The CM said the initial risk screening is completed on the first day the residents arrive or the next morning if they arrive late in the day. She uses the assessment questionnaire answers collected by the Shift Supervisor and the resident record to finish the intake risk assessment.</p> <p>Resident Interview – All residents said staff asked questions about prior victimization, LGBTI identification, disabilities, prior criminal history, prior sexual abuse, and perception of vulnerability when they arrived at the facility.</p>

Risk Screening Review – Eight female residents and eleven male residents were randomly selected for risk assessment review prior to the onsite audit. An intake risk assessment was completed for all nineteen within 24 hours of arrival at the facility.

c) GEO policy 5.1.2-A PREA page 5 states “Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool (see Attachment B) to conduct the initial risk screening assessment.”

d) GEO policy 5.1.2-A PREA page 5 required the assessment to cover the nine factors in this provision. A review of the GEO PREA Risk Assessment for Reentry found the assessment scored for Disabilities, age, build of the resident, prior incarceration, non-violent criminal history, prior convictions for a sex offense against a child or adult, LGBTI or gender nonconforming, prior sexual victimization, and the residents’ own feelings of vulnerability. The assessment used eleven questions to cover the nine required factors in this provision.

Screening Staff Interview – The Shift Supervisor said he asks the residents questions about disabilities, prior victimization, identifying as transgender or sexual orientation of lesbian, gay or bisexual, prior incarceration, prior criminal history, and feelings of vulnerability. The Case Manager said some of the information is gathered or verified from review of the residents’ court records and some is gathered from resident responses to questions from the interview.

e) GEO policy 5.1.2-A PREA page 5 states “The risk assessment tool shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse known to the facility in assessing the risk of being sexually abusive.” A review of the risk assessment found five questions that covered prior convictions for sex offenses against a child or adult, prior crimes of violence, institutional violent offenses, incident reports for sexual misconduct in institutions, and prior perpetration of sexual abuse while incarcerated.

Screening Staff Interview – The CM said answers from the detainee interview and the detainee record are used to assess for prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. She reviews the criminal history and institutional conduct record in addition to asking the detainee questions about prior criminal history and conduct.

Resident Interviews – All residents could recall being asked the questions for the risk screening the first day they arrived. Questions were asked regarding prior victimization, sexual orientation, gender identity, disabilities, criminal history, prior perpetration of sexual abuse and their feelings about being vulnerable to sexual abuse at the facility.

f) GEO policy 5.1.2-A PREA page 5 states “GEO staff shall conduct an in-person reassessment of individuals within a set period, not to exceed 30 days from arrival at the facility.”

Screening Staff Interview – the Case Manager said a reassessment is documented on a questionnaire form that asks questions if the resident has been threatened with violence since arrival, received a conduct infraction for sexual misconduct or filed a report related to sexual threats, identification or perceived to be LGBTI or gender non-conforming, and if the resident fears continued placement at the facility. She reviews the intake assessment with the answers from the resident and any new information the facility receives to determine if the intake assessment has changed.

Risk Assessment Review – Nineteen residents were selected for reassessment review. One resident escaped from the facility prior to 30 days and did not get a review. Ten reassessments were completed within 30 days of arrival at the facility. One was completed more than 30 days after the intake date. Seventeen out of eighteen reassessments were completed within the 30 day time frame demonstrating substantial compliance with the provision of the standard.

Resident Interview – Six residents interviewed had been at Community Alternatives for over a month. All six said they recalled being asked questions about identifying as LGBTI, victimization and their safety around a month after arrival.

g) GEO policy 5.1.2-A PREA page 5 states “At any point after the initial intake screening, an individual may be reassessed for risk of victimization or abusiveness due to referral, request, incident of sexual abuse or harassment, or receipt of new information that bears on the individual’s risk of victimization or abusiveness.”

Screening Staff Interview – The CM said she would complete a new risk assessment if a resident made an allegation of sexual abuse or sexual harassment that was not unfounded or if there is a change in information from new conduct or commitment.

h) GEO policy 5.1.2-A PREA page 5 prohibits disciplining residents for refusing to answer questions about disabilities, sexual orientation, gender identity, prior victimization, and vulnerability.

i) GEO policy 5.1.2-A PREA page 5 states “Sensitive information shall be limited to need-to-know employees only for treatment, programming, housing, security, and management decisions.”

PREA Coordinator Interview – the PREA Coordinator said the information on the risk assessments is confidential and limited to staff that complete them or who are authorized access. The assessments are in an electronic system that is password protected.

Screening Staff Interview – The Shift Supervisor and Case Manager said the information that is contained in a risk assessment is confidential and only authorized staff have access to it.

Based on the information from interviews, policies, and documents reviewed, this auditor finds the facility meets the provisions of the standard.

115.242	Use of screening information
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 338 1430 499">a-b) GEO policy 5.1.2-A PREA page 6 states “Screening information from standard Section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility to keep potential victims away from potential abusers.”</p> <p data-bbox="279 539 1458 701">PCM Interview – The PCM said the risk assessment results are utilized as a factor in resident housing assignments. Alerts are generated for residents at risk of being a victim or an abuser. A resident that is at risk of being a victim cannot be housed in a room with a resident that is a risk to be an abuser/perpetrator.</p> <p data-bbox="279 741 1453 902">c) GEO policy 5.1.2-A PREA page 6 states “In making housing and programming assignments for transgender or intersex individuals in a GEO facility, the facility shall consider on a case-by-case basis whether the placement would present management or security problems.”</p> <p data-bbox="279 943 1477 1137">PCM Interview – The PCM said the determination for gender of facility for a transgender resident is made by the contract agency. The TCC reviews the residents’ feelings of safety in housing assignment at Community Alternatives, preference for showers, searches and pronouns. The TCC meets with the resident to discuss their views.</p> <p data-bbox="279 1178 1469 1249">d) GEO policy 5.1.2-A PREA page 7 states “Serious consideration shall be given to the individual’s views concerning their safety.”</p> <p data-bbox="279 1290 1481 1574">e) GEO policy 5.1.2-A PREA page 7 requires the facility to convene a Transgender Care Committee. The TCC consists of the Facility Director and Assistant Facility Director/PREA Compliance Manager. The TCC reviews the residents’ feelings of safety, showers and searches. Individual bathrooms are in the rooms of the residents. Only one person uses the bathroom at a time. The showers all had a shower curtain that provided proper coverage in case someone were to walk in the room.</p> <p data-bbox="279 1615 1477 1776">Document Review – A Transgender Care Committee Summary form was provided for a transgender resident. The review covered the transgender resident’s views of vulnerability, search preferences, and preferred pronouns. The review was completed the day after the transgender resident arrived at the facility.</p> <p data-bbox="279 1816 1465 2056">f) GEO policy 5.1.2-A PREA page 7 states “LGBTI individuals in a GEO facility shall not be placed in housing units solely based on their identification as LGBTI unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment to protect such individuals.” There was no dedicated housing unit found for LGBTI residents during the facility tour. A transgender resident was in a room alone based on the resident’s preference.</p> <p data-bbox="279 2096 1461 2130">Based on the information from the facility tour, interviews, policies, and documents</p>

	reviewed, the facility meets the provisions of the standard.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-A PREA page 14 states “Each facility shall provide multiple internal ways for individuals in a GEO facility to privately report sexual abuse and sexual harassment, retaliation by other individuals in a GEO facility or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.”</p> <p>Staff Interview – All staff said that a resident could make a verbal report to staff in private, call on the phone to the number posted in the housing units, write a report and put it in the mailbox. Anonymous reports can be written without their name and dropped in the resident mailbox or by calling the numbers posted and not giving their name. The mailbox is in a common area where all residents pass by at the entrance or they can just hand it to staff.</p> <p>Resident Interviews – All residents were aware of several methods of reporting sexual abuse and sexual harassment if they had to. All knew they could tell staff, write staff, call phone numbers on PREA reporting posters, file a grievance, call local law enforcement, or tell the PCM.</p> <p>Facility Tour – PREA reporting posters were observed throughout the facility in resident living area hallways, by resident phones in resident rooms, and dayrooms. The posters were printed in noticeable colors and placed in areas that made them easy to read. The poster instructed residents to tell any staff, contact the PCM, write or call the Residential Reentry Office at the BOP to report sexual abuse and sexual harassment. Another poster was seen in dayrooms and other common areas for residents that provided the GEO PREA phone number and email address.</p> <p>b) GEO policy 5.1.2-A PREA page 14 states “Facilities shall also provide individuals in a GEO facility contact information on how to report sexual abuse or sexual harassment to a public, or private entity or office that is not part of GEO or the contracting agency, and that can receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.”</p> <p>Facility Tour – the PREA reporting posters contained phone numbers for The Rapid City Police Department, and Working Against Violence, Inc. The residents could call the numbers from the phones in the hallway or from their personal cellphones. By calling from the facility phone, the resident could be anonymous by not leaving their name. The calls are not recorded and have no login to identify the resident. Being a victim advocate service, WAVI would have to obtain consent to release the</p>

	<p>information from a report of sexual abuse to the facility. RCPD serves as an external reporting agency that is separate from GEO CABH. Written reports can be placed in the grievance box or Case Manager mailbox that was in the hallway by the control post on the way to the recreation/dayroom.</p> <p>c) GEO policy 5.1.2-A PREA page 14 states “Employees shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.”</p> <p>Staff Interviews – All staff said they must accept verbal, anonymous and third party reports of sexual abuse and sexual harassment from residents. They all said all information must be documented in an incident report.</p> <p>Resident Interview – All residents said they could make a verbal report to any staff, make an anonymous report in a grievance or phone call, and have their family report for them.</p> <p>d) GEO policy 5.1.2-A PREA page 14 states “GEO shall provide a method for staff to privately report sexual abuse and sexual harassment of individuals in a GEO facility. Refer to GEO’s employee hotline or third-party reporting hotline.”</p> <p>Staff Interviews – All staff said they can call the employee line or call the PREA reporting number on the GEO website if they want to make a private report. They also said they could just go directly to the PCM or the Facility Director.</p> <p>CABH local policy 2025-6 has the same language as the GEO policy and reflects the provisions of the standard.</p> <p>Based on the information from the facility tour, interviews, policies and documents reviewed, this auditor finds the facility meets the standard.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a) Community Alternatives said there are grievance procedures that address reporting sexual abuse.</p> <p>b) GEO policy 5.1.2-A PREA page 14 states “There is no time limit for when an individual in a GEO facility may submit a grievance regarding an allegation of sexual abuse or sexual harassment. Facilities may apply otherwise-applicable time limits to any portion of the grievance that does not allege an incident of sexual abuse.”</p> <p>Information regarding reporting sexual abuse in a grievance is provided to residents in the PREA Manual that is given to them at intake to the facility.</p>

c) GEO policy 5.1.2-A PREA page 14 states "Individuals in a GEO facility have a right to submit grievances alleging sexual abuse or sexual harassment to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint."

d) GEO policy 5.1.2-A PREA page 14 states "A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse or sexual harassment within 90 days of the initial filing of the grievance. Computation of the 90 days shall not include time consumed by individuals in a GEO facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause) of up to 70 days and shall notify the individual of the extension in writing. The facility must provide the individual a date by which a decision will be made."

Community Alternatives reported no grievances being filed related to sexual abuse in the last 12 months.

Resident Interviews – All residents said they were aware they could file a grievance to report sexual abuse or sexual harassment if they needed to. None had made a report via a grievance.

e) GEO policy 5.1.2-A PREA page 14 states "Third parties (e.g., fellow individuals in a GEO facility, employees, family members, attorneys, and outside advocates) may assist individuals in a GEO facility in filing requests for administrative remedies relating to allegations of sexual abuse and sexual harassment and may file such requests on behalf of individuals in a GEO facility."

f) GEO policy 5.1.2-A PREA page 14 states "Individuals in a GEO facility may file an emergency grievance if he/she is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility administrator or designee shall ensure immediate corrective action is taken to protect the alleged victim. An initial response to the individual's emergency grievance is required within 48 hours and a final decision shall be provided within five (5) calendar days. The initial response and final decision shall document the facility's determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance."

Community Alternatives reported no emergency grievances being filed related to a resident being a substantial risk of imminent sexual abuse in the last 12 months.

g) GEO policy 5.1.2-A PREA page 14 states "Individuals in a GEO facility may receive a disciplinary report for filing a grievance relating to alleged sexual abuse or sexual harassment only when the facility can demonstrate the grievance was filed in bad faith."

The CABH local policy 2025-5 Grievance Process has the same language as the GEO policy and follows the provisions of the standard.

Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets all provisions of the standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-A PREA page 20 states “Facilities shall provide individuals in a GEO facility who allege sexual abuse (whether it occurred in custody or the community) with access to outside victim advocates for emotional support services and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. Contact information shall include mailing addresses, telephone numbers, and toll-free hotline numbers, at a minimum.”</p> <p>Resident Interviews – Residents said they were aware there was information about victim advocate services on posters in the facility though they could not recall the details. They did not think they need the information but knew where to find it.</p> <p>Facility Tour – Posters were observed throughout the facility that included the contact information for RAINN (Rape, Abuse & Incest National Network) and Working Against Violence, Inc with hotline phone numbers for both. The information is also provided at the end of the PREA Manual that all residents receive and sign for when they arrive at the facility. The manual informs residents that the calls are not monitored.</p> <p>b) The resident phones in Community Alternatives are unmonitored and access outside lines from the facility without having to enter a pin or a resident’s BOP number providing the residents with the ability to make anonymous calls. Residents also have their personal cellphones to call the numbers provided for victim advocate services.</p> <p>c) Community Alternatives provided an MOU with Working Against Violence, Inc that can provide emotional support services to the CABH residents. The MOU was effective in February 2025. WAVI agrees to provide access to their 24 hotline for advocacy, in person response and support at the hospital, crisis counseling and support services. WAVI agrees to protect the identity and confidentiality of sexual abuse victims.</p> <p>Victim Advocate Interview – A victim advocate from WAVI was interviewed and said WAVI would provide victim advocate services to resident victims of sexual abuse sent to the local hospital for a forensic examination. Residents that are prior victims of sexual abuse can call their hotline to request emotional support services. If a resident reports an incident of sexual abuse by calling the hotline, they will have to give consent to release the information to the facility.</p> <p>Based on the information from tour observations, interviews, policies and documents reviewed, it has been determined the facility meets the provisions of the standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>GEO policy 5.1.2-A PREA page 15 states “GEO shall post third-party reporting procedures on its public website showing its method of receiving third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility. In all facilities, third-party reporting posters shall be posted in all public areas in English and Spanish to include the lobby, visitation areas, and staff break areas within the facility.”</p> <p>Third party reporting information was found at https://www.geogroup.com/prea under How to Report Allegations of Sexual Abuse/Sexual Harassment of Someone in a GEO Facility or Program. The PREA Director (PREA Coordinator) contact information is listed on the page.</p> <p>A test email was sent to the GEO PREA email address and a test phone call was made to the GEO third party reporting hotline on the GEO PREA webpage. The email was immediately returned as received and the call was answered by the PREA Coordinator.</p> <p>Tour Observations – PREA posters with third party reporting information were posted at the entrance of the facility where visitors could observe them.</p> <p>Based on the information from the tour, interviews, policies and the GEO webpage reviewed, the facility is found to meet the standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-A PREA page 15 requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility or in another facility; retaliation against staff or a resident; and staff neglect that contributed to an incident or failed to report an incident or retaliation they were aware of.</p> <p>Staff Interviews – All staff interviewed said they are required to immediately report to their supervisor all knowledge, information, or suspicion of an incident of sexual abuse or sexual harassment; retaliation against staff or residents that report an incident; and staff neglect to report an incident of sexual abuse/sexual harassment or retaliation.</p> <p>b) GEO policy 5.1.2-A PREA page 16 requires staff not to reveal information</p>

	<p>related to an incident of sexual abuse or sexual harassment reported to them to other staff.</p> <p>Staff Interview – Staff said they could not discuss details about a report from a resident with other staff unless those staff are involved in the response or investigation directly.</p> <p>c) Community Alternatives does not have medical or mental health staff.</p> <p>d) GEO policy 5.1.2-A PREA page 16 states “If the alleged victim is under the age of 18 or considered a vulnerable adult under state or local vulnerable persons statutes, the facility shall report the allegation to the designated state or local services agencies under applicable mandatory reporting laws.”</p> <p>The South Dakota vulnerable adult law was researched. The SD definition is anyone over 18 with a physical or mental limitation that cannot care for themselves or protect their rights. A mandatory reporter must contact the Department of Human Services, local law enforcement or state’s attorney to report abuse of a vulnerable adult.</p> <p>Director Interview – The Director said if a resident that might fit the definition of a vulnerable adult reports sexual abuse, she is required to notify the Department of Human Services. She has not had to notify DHS and it would be very unlikely for a person that is a vulnerable adult to be at CABH based on the program.</p> <p>e) GEO policy 5.1.2-A PREA page 16 states “Facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators or outside agencies responsible for investigating these types of incidents.”</p> <p>Director Interview – The Director said when an allegation of sexual abuse or sexual harassment is received, it is entered into the GEO incident tracking system to request approval for an investigation. If the allegation is a potential criminal violation, she calls the Rapid City Police Department to initiate a criminal investigation. Administrative investigations are completed by a Facility Investigator (PCM) or a regional GEO investigator.</p> <p>One administrative investigation was reviewed. The resident filed a grievance but also made a verbal report to the Facility Director while walking through the facility. Contact was made with the BOP and information provided to the Facility Investigator (PCM) the same day.</p> <p>Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets the standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>GEO policy 5.1.2-A PREA page 16 states “When a facility learns an individual in a GEO facility is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume all reports of sexual victimization, regardless of the source of the report (i.e., “third-party”) are credible and respond accordingly.”</p> <p>Agency Head Interview – If a resident reported being in imminent risk of sexual abuse, the Executive Vice President said the staff will take immediate action to protect the resident by separating them from the alleged perpetrator. An investigation would be initiated to determine if there are other actions needed in response.</p> <p>Director Interview – The Director said if a resident is determined to be in a substantial risk of imminent sexual abuse, the facility will immediately move the resident to a safe location until the threat is identified and contact the BOP to determine if the threat can be removed or just be separated depending on the circumstances.</p> <p>The facility reported on the pre-audit questionnaire no instances of substantial risk of imminent sexual abuse in the last 12 months.</p> <p>Staff Interviews – All staff interviewed said if a resident were in imminent risk of sexual abuse, they would take immediate action to protect the resident by separating them from other residents and keeping the resident with them while they notify their supervisor, PCM or the Director.</p> <p>Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets the standard.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Community Alternatives Local Policy 2025-6 states “In the event that a resident alleges that Sexual Abuse occurred while confined at another Facility, the Facility shall document those allegations and the Facility Director or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator 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 policy also states “If the facility receives notification of alleged abuse, the Facility Director shall ensure that the allegation is referred for investigation in accordance with PREA standards.”</p>

	<p>Agency Head Interview – The Executive Vice President said an allegation of sexual abuse should be reported to the Facility Administrator of the facility where the incident is alleged to have occurred. If the PREA Coordinator receives the allegation the information is forwarded to the facility administrator and the investigator.</p> <p>Director Interview – The Director said if a resident reports a sexual abuse incident that occurred at another facility, she will notify the facility head and send the information in an email within 72 hours to document it was provided. She said there has not been a report of a sexual abuse incident at another facility from a resident at Community Alternatives in the last year. The Director said the facility has not received a report of sexual abuse that occurred at Community Alternatives from another facility. If the facility receives a report from another facility, she will ensure it gets assigned for investigation the same as when reports are received from residents at the facility.</p> <p>There was one investigation reviewed. The investigation was completed based on a report of sexual abuse received from a resident at the facility.</p> <p>Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets the provisions of the standard.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a) GEO policy 5.1.2-A PREA page 16 requires the first security staff to respond to a report of sexual abuse or sexual harassment to separate the victim from the alleged perpetrator, immediately notify the on-duty or on-call supervisor, and preserve and protect evidence at the scene of the incident as well as on the victim and perpetrator by taking measures as required by this provision.</p> <p>b) GEO policy 5.1.2-A PREA page 16 states “If the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.”</p> <p>Staff Interviews – Both security staff and non-security staff were interviewed that were scheduled to work during the onsite audit. All staff were asked to describe their responsibilities and steps they are required to complete when a resident makes a report of sexual abuse/sexual assault to them. All staff said they were required to separate the victim from the perpetrator, protect evidence on the victim and at the scene, notify their supervisor. Non-security staff said they are required to keep the detainee with them and notify security staff and the onsite supervisor. The supervisor will notify the Facility Director and PCM.</p>

	<p>There was one allegation of sexual abuse during the last 12 months. The report was made directly to the Facility Director.</p> <p>Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the standard.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>GEO policy 5.1.2-A PREA page 2 requires all facilities to develop written facility response plans for incidents of sexual abuse.</p> <p>The facility provided the institutional plan to coordinate the initial response of staff to an incident of sexual abuse. The plan is specific to Community Alternatives and delineates the responsibilities for the PREA Compliance Manager, first responder staff, Shift Supervisors, and investigator. The plan also provides information for notifications, protecting evidence, how to obtain medical services, and obtaining forensic examinations. Contact information for local law enforcement, hospital and mental health provider are in the Emergency Contact Numbers page.</p> <p>Director Interview – The Director said the facility has a coordinated plan for response to allegations of sexual abuse. The plan provides information to staff first responders to follow in response to an allegation of sexual abuse. The plan instructs staff at the facility to notify her when she is not there. It also provides contact information for local law enforcement, the hospital and victim advocate organization that provides services for victims.</p> <p>Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Director Interview – The Director said CABH CRC does not have a collective bargaining agreement. Some GEO facilities do have agreements, but CABH does not. She is not prevented from removing a staff from contact with a resident if there is an accusation of sexual abuse.</p>

115.267	Agency protection against retaliation
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 338 1469 499">a) GEO policy 5.1.2-A PREA page 21 states “Facilities shall implement procedures to protect individuals in a GEO facility and employees who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other individuals in a GEO facility or employees.”</p> <p data-bbox="279 537 1469 698">b) GEO policy 5.1.2-A PREA page 22 states “Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or harassment, or for cooperating with investigations.”</p> <p data-bbox="279 734 1469 1104">Monitoring Staff Interview – The PCM said he is designated to monitor detainees for retaliation. He meets privately with the detainee weekly to ask if there has been any retaliation. He also monitors discipline, housing changes or program changes. If there is retaliation suspected or identified, he will investigate immediately. If a detainee is suspected of retaliation, he can move the resident retaliating to another room or contact the Director for assistance. If staff are suspected of retaliating, they may be suspended pending an investigation. CABH does not have a “no contact post” for staff. The response to remedy retaliation would be done immediately.</p> <p data-bbox="279 1142 1469 1429">Director Interview – The Director said if retaliation is suspected, it will be investigated. There will be an immediate response to separate the victim from the person suspected of retaliation – either another resident or staff. If a resident is suspected of retaliation, the resident will be moved to another floor or transferred back to the BOP. If staff are suspected of retaliation, she said they would be put on a temporary suspension during the investigation. There are not any “no contact posts” at Community Alternatives.</p> <p data-bbox="279 1464 1469 1585">Agency Head Interview – The facilities have staff designated to monitor retaliation. Retaliation against a person that reported sexual abuse by staff or detainees is prohibited. All suspected retaliation is investigated and acted upon accordingly.</p> <p data-bbox="279 1621 1469 1908">c) GEO policy 5.1.2-A PREA page 22 states “For at least 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of individuals in a GEO facility who reported the sexual abuse or sexual harassment to see if there are changes that may suggest possible retaliation by individuals in a GEO facility or staff and shall act promptly to remedy such retaliation.” “Staff shall also review disciplinary reports, housing or program changes, request slips, etc. when monitoring for retaliation.”</p> <p data-bbox="279 1944 1469 2065">Monitoring Staff Interview – The PCM said he monitors discipline, housing changes or program changes for residents. He meets with staff once a month for 90 days. He tells staff to contact him if they suspect retaliation or are experiencing</p>

	<p>retaliation. He said he can monitor for more than 90 days if there are circumstances that require it.</p> <p>Document Review – There was one completed of investigation of an allegation of sexual abuse during the review period. The retaliation monitoring started 2 days after the report was received and then ended as the resident escaped a few days later. The retaliation monitoring log was provided for a pending investigation of an allegation of sexual abuse. The monitoring was started the day after the report was received. Nine more weekly meetings with the resident were documented. No reports of or signs of retaliation were documented.</p> <p>d) GEO policy 5.1.2-A PREA page 22 states “The designated staff member shall meet weekly (beginning the week following report of the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and see if any issues exist.”</p> <p>Monitoring Staff Interview – The PCM said he meets privately with the resident weekly to ask if there has been any retaliation.</p> <p>e) GEO policy 5.1.2-A PREA page 22 states “If any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well.”</p> <p>f) GEO policy 5.1.2-A PREA page 22 requires monitoring to terminate if the allegation is determined to be unfounded.</p> <p>Based on the information from interviews, policies and documents reviewed, It has been determined the facility meets all provisions of the standard.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a) GEO policy 5.1.2-E PREA Investigations page 2 states “When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.” The policy follows the requirements of this provision.</p> <p>Facility Investigator Interview – The Facility Investigator/PCM said he receives information from a report of sexual abuse or sexual harassment the same day or next day depending on the type of incident. He responds immediately to reports. If it is third-party or anonymous report, the process is the same. He will follow up with a third-party reporter if he needs more information. He will investigate an anonymous report the best he can based on the information provided in the report.</p>

b) GEO policy 5.1.2-E PREA Investigations page 3 states “GEO shall use investigators who have received specialized training in sexual abuse investigations.” The policy follows the requirements of this provision.

Investigator Interview – The designated facility investigator was interviewed and said he has completed the specialized investigator training from the PRC training curriculum and the annual PREA training..

Documentation of investigations training for both Facility Investigators was verified in 115.234.

c) GEO policy 5.1.2-E PREA Investigations page 3 states “Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.” The policy follows the requirements of this provision.

Facility Investigator Interview – The Facility Investigator said in conducting administrative investigations he reviews video monitoring evidence, physical evidence, conducts interviews with the alleged victim, witnesses, and the alleged perpetrator. He will review the conduct and PREA history for the alleged victim, detainee perpetrator and staff perpetrator.

d) Investigator Interview – The Facility Investigator said the Community Alternatives does not conduct criminal investigations nor conduct compelled interviews. Compelled interviews would be conducted by either the Fairbanks Police Department or the Alaska State Troopers.

e) No agency shall require an individual in a GEO facility or program who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The policy follows the requirements of this provision.

Investigator Interview – The Facility Investigator said he would never require a resident victim to complete a polygraph examination as a condition to proceed in an investigation. He determines the credibility of victim, witness and suspect on an individual basis and a review of their conduct history, prior PREA investigations or staff discipline record.

f) GEO policy 5.1.2-E PREA Investigations page 4 states “Administrative investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.” The policy follows the requirements of this provision.

Investigator Interview – The Facility Investigator said he documents the review of

staff actions or any failure to act in the investigation report. He said interviews with victims, witnesses and suspects are documented in the investigation report.

g) Investigator Interview – The Facility Investigator said either the Rapid City Police Department conducts all criminal investigations.

h) GEO policy 5.1.2-E PREA Investigations page 4 states “Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.” The policy follows the requirements of this provision.

Investigator Interview – The facility investigator said if the Rapid City Police Department determines an allegation of sexual abuse is substantiated and there appears to be a criminal violation, their investigator will refer the case to the prosecutor.

i) GEO policy 5.1.2-E PREA Investigations page 5 states “GEO shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.” The policy follows the requirements of this provision.

j) GEO policy 5.1.2-E PREA Investigations page 4 states “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.” The policy follows the requirements of this provision.

Facility Investigator Interview – The Facility Investigator said if the perpetrator leaves employment or is released, the investigation is continued, and he will attempt to contact the alleged perpetrator by phone for interview if this has not been done prior to them leaving. If there is a criminal investigation, the Rapid City Police Department will continue the investigation.

l) GEO policy 5.1.2-E PREA Investigations page 3 states “When outside agencies investigate sexual abuse and sexual harassment, GEO facility staff shall endeavor to remain informed about the progress of the investigation at least once monthly by contacting the law enforcement individuals assigned to investigate the incident using the Investigation Follow-up Email template. GEO facility staff shall request an update on the status of the investigation and confirm law enforcement has received all the information they have requested from the GEO facility.” The policy follows the requirements of this provision.

Document Review – Community Alternatives provided a Mutual Assistance Agreement with Rapid City Police Department that requires RCPD to conduct investigations of allegations that are identified as potential criminal violations. The agreement requires RCPD to receive proper PREA training according to federal guidelines in addition to the agency training. RCPD investigators shall gather and preserve direct and circumstantial evidence, interview victims, witnesses and subjects, review prior complaints involving the subject, consult with prosecutors prior to compelled interviews, and refer criminal violations to the prosecutor. RCPD

	<p>also agrees not to use a polygraph on the victim and continue investigations even if the victim is released or transferred.</p> <p>Facility Investigator Interview – The Facility Investigator said he is required to contact the outside agency conducting a criminal investigation to keep informed of what the progress is for criminal investigation. He is usually told when the RCPD will not pursue a criminal investigation, and an administrative investigation can be conducted.</p> <p>Investigation File Review – There were no criminal investigations completed during the review period. There was one completed investigation of an allegation of sexual abuse by staff that had an unsubstantiated outcome. The allegation was assigned for investigation promptly. The administrative investigation was documented on the GEO template for investigation reports and included information about interviews with the victim, subject and witnesses, video monitoring review, staff action review, and a review of the history for the victim and subject. This was all documented in the investigation report. The investigation was prompt, thorough and objective.</p> <p>Based on the information from interviews, policies and documents reviewed, the finding is the facility meets all provisions of the standard.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>GEO policy 5.1.2-E PREA Investigations page 4-5 states “Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.”</p> <p>Investigator Interview – The Facility Investigator/PCM said the evidence threshold for an administrative investigation is preponderance of evidence. This means it was more than likely (51%) that the allegation happened the way it was reported.</p> <p>There was an investigation of staff sexual abuse completed during the review period. The sexual abuse was unsubstantiated due to no preponderance of evidence being established.</p> <p>Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the standard.</p>

115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>

	<p>Auditor Discussion</p> <p>a) GEO policy 5.1.2-E PREA Investigations page 9-10 states “At the conclusion of an investigation, the facility investigator or staff member designated by the facility administrator shall inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded or deemed not-PREA.”</p> <p>Director Interview – The Director said the Facility Investigator/PCM would provide a resident victim with the outcome of an investigation once the investigation concludes. The alleged victim was not notified in the one investigation completed due to escaping prior to the investigation being completed.</p> <p>Investigator Interview – The PCM/Facility Investigator said he provides the notice of outcome form to the victim after an investigation has been completed. He said the victim was not notified of the investigation outcome for the only completed investigation during the review period due to escaping. If outside law enforcement completes a criminal investigation, he would communicate with the agency and notify the victim of the outcome.</p> <p>b) GEO policy 5.1.2-E PREA Investigations page 10 states “If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual.”</p> <p>c) GEO policy 5.1.2-E PREA Investigations page 10 states “If the alleged abuser was an employee, the victim shall also be informed whenever: a. The employee is no longer posted within the victim’s housing unit/area; b. The employee is no longer employed at the facility; c. The facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility; or, d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.”</p> <p>d) GEO policy 5.1.2-E PREA Investigations page 10 states “If the alleged abuser was another individual in a GEO facility, the victim shall also be informed whenever: a. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or, b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”</p> <p>e) There were no notifications of outcome provided to residents during the review period. There was one completed investigation of sexual abuse, but the resident victim escaped prior to completion of the investigation and therefore was not notified of the investigation outcome. There were no criminal investigations completed by outside law enforcement.</p> <p>Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the standard.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-E PREA Investigations page 10 states “Employees may be subject to significant disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse.”</p> <p>b) GEO policy 5.1.2-E PREA Investigations page 10 states “Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”</p> <p>The facility reported zero staff were terminated for violating facility sexual abuse and sexual harassment policy during the last 12 months. There were no substantiated staff sexual abuse or sexual harassment investigations reviewed that were completed in the last 12 months.</p> <p>c) GEO policy 5.1.2-E PREA Investigations page 10 states “Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”</p> <p>The facility reported no staff being disciplined short of termination for violating the sexual abuse and sexual harassment policy during the last 12 months. There were no substantiated staff sexual abuse or sexual harassment investigations reviewed that were completed in the last 12 months. The facility had one incident of sexual abuse that was unsubstantiated involving a staff. The staff was not disciplined.</p> <p>d) GEO policy 5.1.2-E PREA Investigations page 10 states “All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.”</p> <p>Based on the information from policies and documents reviewed, the facility meets the provisions of the standard.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-E PREA Investigations page 11 states “Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not</p>

	<p>criminal.”</p> <p>b) GEO policy 5.1.2-E PREA Investigations page 11 states “In the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with Individuals in a GEO facility.”</p> <p>Director Interview – The Director said the facility currently does not have contract staff or volunteers. If there were contract staff or volunteers, access to the facility would be removed if they are the subject of an administrative or criminal investigation of sexual abuse. If the outcome was substantiated, the contract staff or volunteer’s removal from the facility would become permanent.</p> <p>Based on the information from interviews and policies reviewed, this auditor finds this standard is currently not applicable to Community Alternatives, however if the facility ever has contract staff or volunteers the policy meets the provisions of this standard.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a) GEO policy 5.1.2-E PREA Investigations page 11 states “Individuals in a GEO facility who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions.”</p> <p>b) GEO policy 5.1.2-E PREA Investigations page 11 states “Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual’s disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories.”</p> <p>c) GEO policy 5.1.2-E PREA Investigations page 11 states “The disciplinary process shall consider whether an individual’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.”</p> <p>d) Community Alternatives does not have medical or mental health staff or contractors and cannot offer therapy to known abusers.</p> <p>e) GEO policy 5.1.2-E PREA Investigations page 11 states “Disciplining an individual in a GEO facility for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.”</p> <p>f) GEO policy 5.1.2-E PREA Investigations page 11 states “A report of sexual</p>

	<p>abuse made in good faith by an individual in a GEO facility, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.”</p> <p>g) GEO policy 5.1.2-E PREA Investigations page 11 states “Facilities may not deem that sexual activity between individuals in a GEO facility is sexual abuse unless it is determined that the activity was coerced.”</p> <p>Director Interview – The Director said residents may be subject to disciplinary sanctions if there is a substantiated finding in an incident of sexual abuse involving a resident perpetrator. The sanctions would be progressive based on the resident perpetrator’s discipline history and consider any mitigating circumstances, such as mental illness or disabilities. Residents would only be disciplined for committing sexual offenses against staff that did not consent.</p> <p>There were no completed investigations of sexual abuse or sexual harassment involving a resident perpetrator during the review period.</p> <p>Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets the provisions of the standard.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a-b) GEO policy 5.1.2-A PREA page 20 states “Reentry facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegation, a Medical-Mental Health Referral Form (see Attachment L) will be utilized to document the offer of onsite or offsite mental health services was made to the victim. The form will also document the acceptance or refusal of these services.”</p> <p>Community Alternatives does not have medical or mental health staff onsite. When a resident reports an allegation of sexual abuse that does not involve physical injury, the resident is offered mental health services in the community. If the sexual abuse allegation involves physical injury and/or DNA evidence, the resident is offered medical services in the community at a local hospital. Community Alternatives has a MOU with Monument Health Rapid City Hospital for emergency medical services that includes forensic examinations.</p> <p>There were no allegations that required referral to medical services during the last 12 months. There was one allegation of sexual abuse that did not require a forensic examination or emergency medical services. Mental health services in the community were offered and declined in the allegation of sexual abuse. This was</p>

	<p>documented on a Medical/Mental Health Referral Form. The resident victim was no longer at Community Alternatives during the onsite audit and unavailable for interview.</p> <p>Staff Interviews – All staff said they were required to contact the Facility Director, PCM and Security Supervisor when they receive an allegation of sexual abuse or sexual harassment. The facility administration would direct them to offer medical or mental health services and arrange for their transport if the resident victim accepts the offer. In emergency situations they would call an ambulance.</p> <p>c) GEO policy 5.1.2-A PREA page 20 states “This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.”</p> <p>d) GEO policy 5.1.2-A PREA page 20 states “All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p>Community Alternatives Policy 2025-6 page 11 section 7 Emergency Medical and Mental Health Services has the same requirements as the corporate policy.</p> <p>Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets the provisions of the standard.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>GEO policy 5.1.2-A PREA page 21 N. 1 Ongoing Medical and Mental Health Services and Community Alternatives policy 2025-6 page 12 requires the facility to provide ongoing medical and mental health services to resident victims of sexual abuse. “The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.” All services are provided in the community at the local hospital. “Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim.”</p> <p>There were no allegations that required ongoing medical services during the last 12 months. There were three allegations of sexual harassment and one allegation of sexual abuse. Mental health services in the community were offered and declined in the allegation of sexual abuse. This was documented on a Medical/Mental Health Referral Form. The resident victim was no longer at Community Alternatives during the onsite audit and unavailable for interview. Services for forensic examinations, STI testing and treatment, emergent care, and follow up services were part of an</p>

	<p>MOU with Monument Health Rapid City Hospital. Mental health services are provided through an MOU with Rapid City Mental Health Professionals.</p> <p>Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets the provisions of the standard.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-A PREA page 23 states “Facilities are required to conduct a sexual abuse incident review after every sexual abuse and sexual harassment investigation in which the allegation has been determined substantiated or unsubstantiated.”</p> <p>b-c) GEO policy 5.1.2-A PREA page 23 states “Such review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials and the local PREA compliance manager, with input from line supervisors, investigators, and medical or mental health practitioners. The corporate PREA coordinator may also be consulted as part of this review.”</p> <p>d-e) GEO policy 5.1.2-A PREA page 23 requires a PREA After Action Review Report to be completed. The form guides the review, documents who was on the team and any recommended corrective actions. The review examines changes to policy, dynamics, blind spots, staffing, and video monitoring. There were no recommended corrective actions.</p> <p>Director Interview – The Director said incident reviews are conducted by a team that consist of her, the AFD/PCM/Facility Investigator, a Case Manager, and a Shift Supervisor. The team reviews all evidence, statements by the victim, subject or witnesses, the investigation report, staff responses, staffing levels, physical plant and dynamics of residents involved. The team’s findings are documented on a report that is sent to her supervisor and the GEO PREA Coordinator.</p> <p>Incident Review Team – The AFD/PCM/Facility Investigator said a team that consists of the Director, Shift Supervisor, a Case Manager and him review all PREA incidents unless the finding is unfounded. The team looks at video evidence, interviews, the investigation report, staffing, physical plant for blind spots, and staff response. A report is completed with the findings and sent to the GEO PREA Coordinator.</p> <p>The facility had one completed investigation of sexual abuse during the review period. A PREA After-Action Review Report was completed within 30 days of the investigation finding. The review team consisted of the Facility Director and Assistant Facility Director/PCM/Investigator and a Shift Supervisor. The team reviewed video footage, resident and subject statements, and the investigation</p>

	<p>report. There was no policy change identified, gang affiliation, physical barrier or issue with staffing. Two other PREA After Action Review Reports were provided that were for reviews of an investigation of staff sexual harassment that was unsubstantiated and an investigation of sexual harassment by a resident that was substantiated from 2023. Both were reviewed less than 30 days from the finding.</p> <p>Based on the information from interviews, policies, and documents reviewed, it has been determined the facility exceeds the standard by reviewing incidents of sexual harassment as well as the required sexual abuse.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>a) GEO policy 5.1.2-A PREA page 23 states “Each Facility shall collect and retain data related to sexual abuse as directed by the corporate PREA coordinator.”</p> <p>PREA Coordinator – The GEO PREA Coordinator said facilities enter information for all PREA allegations into a secure PREA Portal.</p> <p>b-c) GEO policy 5.1.2-A PREA page 23 states “This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).”</p> <p>Document Review – The 2021, 2022 and 2023 GEO PREA Annual Reports were reviewed. These reports are found on the GEO PREA webpage and provided by the facility. The report provided a summary of PREA reports received during the year. The sexual abuse and sexual harassment data for Community Alternatives of Black Hills was provided individually along with all other GEO facilities. The incident data was separated by sexual abuse and sexual harassment with numbers for each outcome type.</p> <p>d) GEO policy 5.1.2-A PREA page 23 states “Facility PREA compliance managers shall be responsible for compiling data collected on sexual activity, sexual harassment, and sexual abuse incidents.”</p> <p>Community Alternatives Local Policy 2025-6 states “In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of Sexual Abuse, Sexual Harassment and Sexual Activity as required.”</p> <p>The PCM said Community Alternatives has not received a request for data by the DOJ for the SSV report in the last year.</p>

	Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the standard.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a) GEO policy 5.1.2-A PREA page 23 states “GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency.”</p> <p>PREA Coordinator Interview – The PC said all facilities conduct sexual abuse incident reviews. Problem areas, recommendations for improvement and corrective actions needed are documented and sent to the corporation. All data for sexual abuse incidents is entered into a secure portal by the facility PCM. The information is compiled in an annual report.</p> <p>Agency Head Interview – The Executive VP for Secure Services said each facility conducts sexual abuse incident reviews that document any recommended improvements, problems identified or corrective actions. The information is gathered in a secure PREA portal. The information is entered by the facility PCM. The information is part of an annual report that is reviewed and approved by the applicable division authority and the CEO.</p> <p>b) GEO policy 5.1.2-A PREA page 23 states “Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of GEO’s progress in addressing sexual abuse.”</p> <p>Document Review – The 2021, 2022 and 2023 GEO PREA Annual Report were reviewed. These reports are found on the GEO PREA webpage. The report provided a summary of PREA reports received during the year and a comparison to the data for the last year. The data for Community Alternatives of Black Hills were provided individually along with all other GEO facilities. The incident data was separated by sexual abuse and sexual harassment with numbers for each outcome type. The report also provides a review of the corrective actions for the last year.</p> <p>c) GEO policy 5.1.2-A PREA page 23 states “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.” The reports from 2017 to 2023 were found on the GEO PREA webpage at https://www.geogroup.com/prea.</p>

	<p>d) GEO policy 5.1.2-A PREA page 23 states “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.” There was no personal identifying information pertaining to any report of sexual abuse at a facility provided in the reports.</p> <p>PREA Coordinator – The PREA Coordinator said GEO only reports statistical data and incident types, excluding personally identifiable information for confidentiality purposes.</p> <p>Based on the information from interviews, policies and documents reviewed, the facility is found to meet the provisions of the standard.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>GEO policy 5.1.2-A PREA page 24 states “Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed.”</p> <p>A review of the GEO PREA webpage at https://www.geogroup.com/prea found PREA annual reports from 2017 to 2023.</p> <p>PREA Coordinator Interview – The PC said GEO does collect and aggregate data annually for its facilities through the secure PREA Portal and incident reviews submitted by facilities to him. GEO reviews that data and aggregates it in an annual report. These reports can be found on the GEO website from 2017 to 2023. Personal identifiable information is not included in the annual report.</p> <p>PCM Interview – the PCM said he provides information about PREA incidents in a secure PREA Portal. The portal information is limited to authorized users and requires a login to access it.</p> <p>Based on the information from interviews, policies and documents reviewed, the facility is found to meet the provisions of the standard.</p>

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

	<p>a) A search of the GEO website found a PREA audit report for Community Alternatives of Black Hills from 2022 posted at https://www.geogroup.com/media/xkxppgwe/community_alternatives_of_the_black_hills_prea_final_report_2022.pdf.</p> <p>b) GEO has been receiving audits in its facilities every year since 2013. The PREA Coordinator said GEO attempts to have one-third of its facilities audited each year, however the clients may make changes their audit schedule that prevents GEO from meeting that goal. A state DOC could move the GEO facility audit to correct the state's one-third goal. This is out of GEO's control.</p> <p>h) This auditor was allowed access to all areas of the facility during the facility tour.</p> <p>i) This auditor was provided with all documents requested, either electronic or hard copy.</p> <p>m) This auditor was allowed to interview residents in a private area that staff could observe during the onsite audit.</p> <p>n) A notice of Audit was posted six weeks prior to the onsite audit. Residents were allowed to send confidential correspondence to this auditor. No correspondence was received.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A search of the GEO website found a PREA audit report for Community Alternatives of Black Hills from 2022 posted at https://www.geogroup.com/media/xkxppgwe/-community_alternatives_of_the_black_hills_prea_final_report_2022.pdf .

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.)	na
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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
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 with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	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 interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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 contact with residents?	yes
	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?	no
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	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	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	na

	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.)	
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 administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (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 services a qualified staff member from a community-based organization, or a qualified agency staff member?	no
	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 (b)	Policies to ensure referrals of allegations for investigations	
	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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
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?	no
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)?	no
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	no
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 (c)	Resident education	
	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	yes

	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)).	
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	na

	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.)	
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	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 criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
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	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
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 third parties?	yes
	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.	yes
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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by 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	yes

	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.)	
	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 exempt from this standard.)	yes
	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	yes

	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.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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,	yes

	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?	
	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 actions that could destroy physical evidence, and then notify security staff?	yes
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?	no
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 of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	Criminal and administrative agency investigations	

(h)		
	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	yes

	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.)	
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 resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following 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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (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 (b)	Disciplinary sanctions for staff	
	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	no

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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 facility?	yes
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	yes

	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.)	
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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(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	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
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 and security of a facility?	yes
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	yes

	same manner as if they were communicating with legal counsel?	
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