

PREA Facility Audit Report: Final

Name of Facility: Robert A. Deyton Detention Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/13/2026

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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



Auditor Full Name as Signed: Robert Manville

Date of Signature: 08/13/2026

AUDITOR INFORMATION

Auditor name: Manville, Robert

Email: robertmanville9@gmail.com

Start Date of On-Site Audit: 07/08/2026

End Date of On-Site Audit: 07/10/2026

FACILITY INFORMATION

Facility name: Robert A. Deyton Detention Facility

Facility physical address: 11866 Hastings Bridge Road , Lovejoy, Georgia - 30250

Facility mailing address:

Primary Contact

Name:	Dan Sullivan
Email Address:	daniel.sullivan@geogroup.com
Telephone Number:	9432847315

Warden/Jail Administrator/Sheriff/Director

Name:	Dan Sullivan
Email Address:	daniel.sullivan@geogroup.com
Telephone Number:	9432847315

Facility PREA Compliance Manager

Name:	Brshay Johnson
Email Address:	brshay.johnson@geogroup.com
Telephone Number:	(770) 305-8000
Name:	Jenise Gibson
Email Address:	jenise.gibson@geogroup.com
Telephone Number:	(770) 305-8000

Facility Health Service Administrator On-site

Name:	Harold King
Email Address:	harold.king@geogroup.com
Telephone Number:	770-305-8000

Facility Characteristics

Designed facility capacity:	768
Current population of facility:	427
Average daily population for the past 12 months:	400

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	20-69
Facility security levels/inmate custody levels:	Low, Medium High
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	230
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	7

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	George Zoley
Email Address:	gz121481@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information**Name:** John Hardwick**Email Address:** johardwick@geogroup.com**Facility AUDIT FINDINGS****Summary of Audit Findings**

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

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

Number of standards exceeded:

4

- 115.17 - Hiring and promotion decisions
- 115.61 - Staff and agency reporting duties
- 115.88 - Data review for corrective action
- 115.403 - Audit contents and findings

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-07-08
2. End date of the onsite portion of the audit:	2026-07-10

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	768
15. Average daily population for the past 12 months:	400
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	449
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:	4
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:	4
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:	5
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:	5
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:	1
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:	8

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
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:	10
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:	218
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:	2

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:	1
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed detainees from each of the housing units.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1

50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2

56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I visited the Restrictive Housing unit and interviewed a resident who was in protective custody. He indicated he was in protective custody for debts. I reviewed the segregation log and investigative files and found no detainee who was in the RHU for fear of victimization. I interviewed the facility director, mental health staff, and the Lt. in charge of the Restrictive Housing Units. All of the staff indicated they did not use restrictive housing to house anyone for risk of sexual victimization.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

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

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

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

During the site review, the locations of cameras and mirrors, room layout, restrooms, and the placement of PREA posters and information were observed. I observed all cameras from a computer located in the facility director's office and noted that no cameras provided access to residents undressing, using the restroom, or showering. The main control has a panel with all cameras in view of control room staff. The intake area has holding rooms, private shakedown rooms, and dedicated staff assigned to these areas. Staff walked me through the process when a detainee arrives at the facility. There are posters located in the intake area and holding rooms for reporting, zero tolerance, and detainee rights to be free from sexual abuse. Posters encourage inmates to report. The PREA video is continuously running during the intake process. New detainees receive their initial screening by a case manager assigned to the intake area. There is a medical room located in the intake area that is utilized by medical and mental health staff. If a detainee claims he has been victimized in the past, mental health usually meets with him and offers to schedule a follow-up consultation. The screener still does an official referral for mental health evaluation. New arrivals receive printed information regarding the facility's PREA program and watch a video that provides additional information about the program.

The day room areas in each of the housing units have several GTL telephones. By each telephone bank is a reporting poster that includes several reporting lines. The lines were tested throughout the facility. The Office of Inspector General phone number is 1-800-869-4499. When called, the auditor received a recording indicating all reporting incidents, including PREA. The recording asked for a recorded message that will be forwarded to the appropriate staff.

The facility has a relatively new PREA advocacy program through GKM Health Care Solutions. When the auditor called the

number, the victim's emotional support staff went to an automated answering service that asked the caller to leave a message. The auditor was advised that the number was incorrect and used a different number after the on-site audit. The auditor called that number and has not received a call back. The facility contacted the vendor, who indicated their automated system was not turned on as required, and the number on the poster was incorrect. The facility updated the number to the correct number, and the auditor has called that number but has not received a call back as of this date.

During the random tour, I interviewed several detainees about PREA and their feelings of safety at the facility. Several of the detainees during the tour and in the formal interview indicated they did not feel safe at the facility. Observation of the staff found very little interaction between staff and detainees. RADD is located at 11866 Hastings Bridge Road in Lovejoy, Georgia. RADD, established under contract in 2008, is a privatized detention facility offering cost-effective, high-quality service to the United States Marshals Service, Northern District of Georgia (USMS). USMS contracts with GEO to provide secure care, custody, and control of USMS male and female pre-and post-trial detainees and detainees for Immigration and Customs. Most are awaiting transfer to the Federal Bureau of Prisons or deportation hearings. The facility has a capacity for 768 male and female detainees. RADD is composed of one building with 164,465 square feet. It has a central core that includes all support functions and four housing units connected to the central core by secure corridors. Administrative functions are located on the first and second floors within the front entry of the building and include: business support, human resources, detainee records retention, conference room, facility armory, mail room, information services system, training, senior administrative staff offices, investigative services, transportation services,

classification and program support offices. Housing units A, C, and D consist of six pods each, which include a dayroom and 16 double-bunked general population cells split on two levels. Housing B has four general population pods with 16 double-bunked general population cells split on two levels, and two pods for restrictive housing (segregation) with 16 double-bunked segregation cells. Detainees in restrictive housing are normally single-celled. Each housing building includes its own control room, detainee visiting area, outdoor recreation space, showers, and multi-purpose room. The facility has three female housing areas, which have a capacity of 96 beds. These areas are directly supervised by female staff. The design of the prison permits inmates to shower, change clothes, and use toilet facilities with an adequate degree of privacy and avoid cross-gender viewing. Inmates requiring health care beyond the scope of services provided in the facility are transported to local providers or a hospital in the community.

There is recreation areas located on this compound, including an activity center, exercise equipment, hobby craft rooms, and an outside recreation area. There is a computer area that inmates can utilize to access learning programs. Zero-tolerance posters are located throughout the recreation area. The restrooms in each of the recreational areas include partitions to provide privacy. There were PREA information boards in each of the recreational areas. The Psychology Department has a small conference room and individual offices for staff. There is a bulletin board that includes several information posters for inmates and a PREA line number for PREA complaints. The Food Service Department has a large food service preparation area. Except for the staff dining room, all areas of food service are under constant surveillance by cameras, mirrors, or staff supervision. There are zero-tolerance posters in all food service areas.

The Laundry is supervised by correctional staff and employs inmate workers. The laundry is under continuous supervision and is monitored by cameras and mirrors.

The intake area has holding rooms, private shakedown rooms, and dedicated staff assigned to these areas. Staff walked me through the process when a detainee arrived at the facility. There are posters located in the intake area and holding rooms for reporting, zero tolerance, and detainee rights to be free from sexual abuse. Posters encourage inmates to report.

The facility had a vacancy in the PREA compliance manager, and the classification director assumed that task until a new assistant director comes on board, whose duties will include PREA compliance.

In interviews with some of the targeted detainees, they indicated that their encounters with the PREA Compliance manager had been positive, and they felt they were able to openly share their concerns with the present PREA team.

During the tour, the auditor interviewed 14 detainees from different housing units. All detainees indicated they had seen the video and had signed documents during the intake process. Most indicated they would tell the staff if they were or knew of anyone who had been sexually abused. A detainee in the segregation unit told me he knew the detainee who had been abused. He provided his name. This was the detainee who was to be interviewed later in the audit.

Eight staff members were interviewed during the tour. All indicated they would accept a report and notify the shift supervisor. When probed, each said they would not share this information with anyone except the shift supervisor and medical.

Documentation Sampling

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

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

☒ Yes

☐ No

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

The auditor requested random personnel background checks and received:

- 3 Background Checks with PREA Questionnaire and NCIC
- 10 Authority to Hire from US Marshals
- 12 PREA Questionnaires
- 15 Staff Training Files, including initial and yearly training
- 5 Spreadsheets of specialized mental health and medical training
- 2 Investigator certifications
- 6 Volunteer training
- 1 contractor training

The auditor requested and received the following information from resident files"

- 18 resident acknowledgments of orientation training
- 18 resident acknowledgments of Comprehensive training
- 1 retaliation monitoring form
- 18 Screening
- 11 Reassessments (VSAB)
- 2 Mental Health Referrals

The auditor requested the other document as indicated.

- 1 Notification of outcome of investigation
- 7 Investigative reports.
- 11 Unannounced Rounds

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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	4	1	4	2
Staff-on-inmate sexual abuse	1	1	1	1
Total	5	2	5	3

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	1	0	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	2

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	1	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	0	1	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	2	1
Staff-on-inmate sexual abuse	1	1	0	0
Total	0	1	3	1

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	1	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	2	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:

5

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

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

1

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

☐ Yes

☒ No

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

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

☒ Yes

☐ No

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

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

No text provided.

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

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination Robert A. Deyton Detention Facility (RADDF) Policy 11.12 Prevention and Intervention Program (PREA). GEO Policy 5.1.2-A GEO PREA Organizational Chart Detainee Handbook PAQ Interviews Facility administrator GEO PREA Coordinator

Facility PREA Compliance Manager

115.11 (a):

PAQ Requires:

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

RADDF-11.12 PREA Policy and Procedures (PREA) Prevention and Intervention Program and GEO Policy 5.1.2-A exceed the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established, and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment.

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

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

115.11 (b):

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

GEO employs an upper-level, agency-wide PREA Coordinator. The agency's organizational chart depicts the position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO has a team of staff who support the PREA Coordinator's efforts to meet all PREA standards. The administrative team meets regularly to develop strategies to foster a culture that provides a safe environment for staff and detainees. The PREA Coordinator's team is deeply knowledgeable about PREA and best practices to carry out the Agency's approach to prevent, detect, and respond to sexual abuse or sexual allegations.

RADDF Policy mandates Geo Corporate shall designate a PREA Coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee the Company's efforts to comply with the PREA standards in all of its required facilities. The PREA Coordinator's duties include:

- a. PREA oversight for US Corrections and Detention, Reentry Services and Youth Services Facilities;
- b. Developing the corporate PREA policy to comply with standard requirements;
- c. Work with Compliance on the refinement of the PREA audit tool;
- d. Work with Facilities if an incident occurs;
- e. Review the results of every investigation of Sexual Abuse;
- f. Compile annual reports on findings and corrective actions for the company; and,
- g. Develop and implement best practices • in training, identification, treatment, and reporting.

115.11 (c):

The PAQ requires that, where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards

GEO ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facility's PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the

	facility. In RADDf, the PREA Compliance Manager is supervised by the Facility Administrator. RADDf provides support staff to assist the PREA Compliance Manager with their tasks in carrying out the PREA mandates from GEO. The administrative team meets regularly to develop strategies to establish a culture that provides a safe environment for staff and detainees. Throughout the tour, staff and detainees knew the PREA compliance manager's name and role at the facility. The GEO Group PREA Coordinator advised that he has sufficient time and authority to coordinate efforts to comply with PREA standards. In the interview, the PREA Compliance Manager indicated that she did not have the time needed to effectively carry out the duties to the level she would want to; however, she was asked to fill in until a permanent PREA compliance manager could be assigned the task. She indicated that the new PREA Compliance manager has been selected and will start in the role effectively in two weeks. Compliance was determined through a review of the agency organization chart, agency and facility policies, both staff and detainee training orientation PowerPoint presentations, posters, the offender manual, and interviews with staff, contractors, volunteers, and detainees, which further provided evidence of compliance with this standard. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination RADDf Facility Contract Work Statement Statement of Fact Interview PREA Coordinator GEO is a private provider and does not contract for the confinement of its detainees; therefore, this standard does not apply to this facility. The contracting statement of work mandates that the Robert A. Deyton Detention Facility remain in full compliance with PREA standards. In an interview with the PREA coordinator for GEO, he indicated that the agency does

	not contract with any outside entity for housing detainees. If the facility is operating at overcapacity, GEO would notify the contracting agency and document its current capacity.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance Determination: Staffing Plan PREA-Unannounced Rounds 2025 Annual PREA Facility Assessment for RADDF 2024 Annual Facility Assessment for RADDF 2025 Annual Facility Assessment for RADDF Annual PREA Assessment Facility Schematics RADDF Policy 1400.3 Prevention and Intervention Program PAQ Interviews Facility Administrator PREA Compliance Manager PREA Coordinator Intermediate Staff PAQ 115.13 (a)(b): The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply regularly with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All

components of the facility's physical plant (including "blind-spots" or areas where staff or detainees may be isolated); (6) The composition of the detainee population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factor.

The agency requires each facility it operates to develop, document, and regularly make its best efforts to comply with a staffing plan that provides for adequate staffing levels and, where applicable, video monitoring to protect detainees against abuse.

Since August 20, 2012, or the last PREA audit, whichever is later, the average daily number of detainees: 1333

The annual average daily number of detainees used to develop a staffing plan was 1,444.

In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The facility PAQ indicated that the center has not deviated from the staffing plan in the last 12 months.

The center provided a staff plan for 2025, a staffing plan assessment for 2023,2024, and 2025, and Policy 1400. 03

RADD Policy 11.12 mandates that each department supervisor shall evaluate the department's operations and propose operational improvements within allotted resources. Consideration shall be given to realistic coverage for all essential posts and for coverage required for training, days off, annual and sick leave, and other authorized and unauthorized absences.

Policy mandates the following:

2. Supervision and Monitoring

a. The Robert A Deyton Detention Facility has developed and documented a staffing plan that provides adequate levels of staffing and video monitoring to protect 1/D/R.'s in the facility against Sexual Abuse.

b. In circumstances where the staffing plan is not complied with, Robert A Deyton Detention Facility shall document and justify all deviations from the plan.

c. Robert A Deyton Detention Facility shall assess, determine, and document no less frequently than once each year, whether adjustments are needed to:

1) The staffing plan;

2) The facility's deployment of video monitoring systems and other monitoring

technologies; and

3) The resources the facility has available to commit to ensure adherence to the staffing plan.

d. The staff plan, to include all deviations and the facility assessment, shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA Coordinator no later than January 31 each year.

e. The Robert A Deyton Detention Facility requires department heads (Kitchen, Health Services Administrator), facility management staff, and shift supervisors to conduct and document unannounced rounds within their respective areas to identify and deter Employee Sexual Abuse and Sexual Harassment. Such policy and practice shall be implemented for all shifts.

f. Employees are prohibited from alerting other employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

The RADD Policy requires the facility to review staffing plans annually. Interviews with the facility administrator and executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The facility provides bimonthly reports that include mandatory post and holdover staffing to meet the mandatory post requirements. This report also includes the number of positions authorized, filled, and vacant, recruitment efforts, and any staffing concerns during the pay period. The Facility Administrator meets weekly with his executive staff, including the Chief of Security, the Lieutenant, and the Human Resource Manager (HRM), to address staffing issues related to the PREA. Interviews with the facility administrator and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans.

The staffing plan is based on the following criteria:

- Generally accepted detention and correctional practices.
- Judicial findings of inadequacy.
- Findings of inadequacy from Federal investigative agencies.
- Findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant.

The composition of the detainee population.

- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.

- Applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse, and
- Other relevant factors.

The institution has been provided with all necessary resources to support the programs and procedures that ensure compliance with PREA standards. The audit included staff interviews and rosters. Supervisory and Administrative staff members routinely make unannounced rounds. These rounds are documented in Unit Logs located in each housing unit.

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

115.13 (c):

The PAQ requires that whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established under paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The facility provided policy RADD Policy 11.12 and annual assessments dated 9/2023, 9/2024 and 9/2025

RADD Policy 11.12 mandates that, whenever necessary and at least annually, the staffing plan be reviewed and documented during the Annual PREA Facility Assessment. This completed form is submitted to the Corporate PREA Coordinator and the Corporate Divisional Vice President for signature and approval of any recommendations made to the established staffing plan, to include the deployment of video monitoring systems and other monitoring technologies or the allocation of additional resources to maintain compliance with the plan.

In an interview with GEO's PREA Coordinator, he reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the Annual PREA Facility Assessments, which he reviews and approves annually for each of the agency's facilities. The latest staffing assessment was on September 4, 2025.

13 (d):

Each agency operating a facility shall implement a policy and practice of having

intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy prohibiting staff from alerting other staff members to supervisory rounds, unless the announcement relates to the facility's legitimate operational functions.

According to facility policy and practice, department heads, facility executive staff, and intermediate and higher-level custody supervisors are required to conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. Policy also mandates that other staff are prohibited from telling other staff when supervisors are making unannounced rounds. The review of the Institution Duty Officer (IDO) unannounced PREA rounds.

The facility housing unit logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night, and on the weekends. Additionally, the intermediate staff were interviewed. Each shift supervisor visits areas of the facility during the day, evenings, and weekends. The Shift

The supervisor documents the visits in logbooks located at the entrance to the housing units.

Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with housing unit officers also confirmed that supervisory staff documents these visits on the unit log. The auditor reviewed logbooks during the tour and found multiple signs in documentation on each shift. While touring the control room, the control room officers showed her the computerized PREA rounds documentation. The facility provided a page on each housing unit's logbook for a 24-hour period.

Facility Administrator Interview: We are contractually mandated to maintain a minimum mandatory post staffed by alert, able staff at all times. We accomplish this by paying overtime, holding over staff, and bringing in staff from other GEO facilities to man essential non-direct care staff such as front entrance, roving perimeter patrol, control room operator, and camera observers.

Compliance Manager: We conduct an annual assessment that is reviewed by the GEO Regional Director, the Vice President of Operations, and the GEO PREA Coordinator.

Compliance was further determined by staff interviews conducted during the tour of all areas of the facility and interviews with the Chief of Security, Facility Administrator, PCM, Human Resource Manager, and Correctional Staff; reviews of documented staffing rosters, daily supervisory checks, and facility workforce meeting records; pay period staffing reports, and the examination of the video monitoring system. A comprehensive tour of the facilities was conducted during the audit, which included identifying blind spots, reviewing camera coverage, and assessing staff availability in areas where detainees are assigned. The auditor conducted a detailed review of the

	cameras during the on-site tour. It was determined that the additional cameras and mirrors have enhanced the facility and reduced the blind spots where possible. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination: Robert A Deyton Detention Facility Policy 11.12 Contract for Service Statement of Fact Interviews: Facility Administrator, PREA Compliance Manager, Medical Staff Intake staff 115.14 (a)(b)(c) The PAQ requires that the facility prohibit placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarter. In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. Agencies shall make their best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. The facility provided a statement of facts. Robert A Deyton Detention Facility does not house youthful detainees.

	Compliance was determined by reviewing the Contract for Services policy and by conducting interviews with intake staff, the facility administrator, and the agency designee. The facility administrator provided a statement that the facility is not allowed to house youthful offenders. Facility Administrator: All of our detainees are vetted by the U.S. Marshal or the local sheriff's office prior to their arrival at this facility. By contract, we are not authorized to house youthful offenders. Medical staff interviews indicated they review all detainees authorized to accept during the medical intake and ask detainees their age. If a detainee were to indicate they were under the age of 18, we would notify the center administrator and place the youth in an isolated medical room until they could be removed from the facility. The Intake staff indicated that the facility does not accept anyone under the age of 18. The notice to detain includes age, which is the first piece of information reviewed during the intake process. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.15 Limits to cross-gender viewing and searches	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination: RADD Policy 11.12 Prevention and Intervention Program GEO Policy 5.1.2-A PREA Interviews Random Staff Random (Female) Detainees Targeted Detainees Transgender Detainee 115.15 (a)(b)(c)(d): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The PAQ requires that, as of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities to comply with this provision.

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0

The number of pat-down searches of female inmates that were conducted by male staff: 0

The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0

All staff are required to document all cross-gender strip searches and cross-gender visual body cavity searches.

The facility shall implement policies and procedures that enable inmates 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

The facility provided policies, 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure and RADDF Policy 11.12 Prevention and Intervention Program, and interviews with random staff, detainees, and specific transgender and female detainees.

Policy 5.1.2-A mandates that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Cross-gender strip searches are prohibited except in exigent circumstances or when performed by medical practitioners.

2. Cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners.

3. Facilities shall not permit cross-gender pat-down searches of female individuals in a GEO facility, absent exigent circumstances.

4. Facilities shall not restrict female individuals in a GEO facility access to regularly available programming or other outside opportunities to comply with this provision.

5. Facilities shall document and justify all cross-gender pat-down searches of female individuals in a GEO facility.

6. Facilities shall document and justify all cross-gender strip searches and cross-

gender visual body cavity searches of individuals in a GEO facility.

7. Each facility shall implement policies and procedures that allow individuals in a GEO facility to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances, or instances when the viewing is incidental to routine cell checks.

8. Facility policies and procedures require employees of the opposite gender to announce their presence when entering housing units or any areas where individuals are likely to be showering, performing bodily functions, or changing clothes.

9. In U.S. Secure Services facilities, individuals placed on constant observation status by mental health providers shall be provided visual supervision by a security staff member of the same gender. This includes individuals under constant video surveillance.

Cross-gender strip searches are prohibited except in exigent circumstances or when performed by medical practitioners. Cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are not permitted except in exigent circumstances. They shall only be performed by off-site medical practitioners.

RADDF shall not permit cross-gender pat-down searches of female detainees, absent exigent circumstances.

RADDF shall not restrict female detainees' access to regularly available programming or other external opportunities in order to comply with this provision.

RADDF shall document and justify all cross-gender pat-down searches of female detainees.

The facility also maintains a log of all strip searches. This log indicates date, time, purpose, and the detainee's gender, and the gender of persons conducting the strip searches. The auditor reviewed the log, which contained no entries of cross-gender searches.

RADDF shall document and justify all cross-gender strip searches and cross-gender visual body cavity searches of detainees.

RADDF allows detainees to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks.

Six female staff were interviewed. Each indicated they had never been searched by male staff. All indicated they can shower, change clothes, and use the restroom without being seen by male staff.

The facility also maintains a log of all strip searches. This log indicates date, time, purpose, and the detainee's gender, and the gender of persons conducting the strip searches. The auditor reviewed the log, which contained no entries of cross-gender searches.

	Policy 5.1.2-A enables detainees to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their Breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The living area showers have curtains that provide for detainee privacy while showering. Toilet areas have partitions with doors, allowing detainees to use the restroom without being seen by staff. The medical area has a wraparound curtain for privacy during examinations. All toilets in the living units have partitions and a wall in front of the bathroom to provide privacy. All other areas reviewed during the tour had partitioned or single toilets with doors to provide privacy. All residents stated they can shower, use the toilet, and change clothes without being seen by staff members. The facility has implemented a policy requiring all staff of the opposite gender working in the units to announce themselves before walking the range, allowing detainees the opportunity to prepare from a privacy perspective. Detainees interviewed acknowledged they were allowed to shower, dress, and use the toilet without being viewed by staff of the opposite gender. Postings are located throughout the living units where female staff are assigned to work. Random Detainee Interviews: 22 out of the 26 detainees interviewed indicated that staff announce their presence when entering their living units. All detainees indicated they can shower, change clothing, and use the toilet without being seen by staff of the other gender. They all indicated there were partitions and curtains around the showers and bathrooms, and the facility did not have any group showers. Staff interviews: All staff have received training in conducting cross-gender and transgender pat searches within the last 12 months. All were aware that their agency prohibits the search of a transgender or intersex detainee to determine their sexual genitalia. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination: RADDF Policy 11.12 Prevention and Intervention Program Language Line email. 2025 Offender Handbook Spanish- completed, revised 2026

	Inmate Handbook - English Bilingual Report 2026 (Bilingual Staff) PREA Posters English and Spanish Statement of Fact Detainee PREA Brochure TTY Tablet Contract with Language Line PAQ Interviews LEP Detainees Low Vision Detainee Hard of Hearing Disabled Detainee Random Staff Intake staff 115.16 (a) PAQ requires that the agency establish procedures to provide disabled detainees equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provided Policy 11.12, PREA Posters, PREA Video Script, Detainee Handbook, Detainee PREA Brochure, Bilingual Staff, TTY Tablet, and Contract with Big Language Solutions. RADDF Policy 11.12 mandates that the facility shall not discriminate against detainees with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services by the Americans with Disabilities Act and the provisions established in this policy. The facility has several bilingual staff members, and interviews with residents and staff indicated that they knew bilingual staff members and used their services to communicate with the detainee population. Through policy and practice, the facility staff ensures that detainees with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has TTY machines for hard-of-hearing detainees. The auditor utilized the language line staff to conduct one interview with a Spanish-speaking detainee.
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115.16 (b)(c):

The agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations

The facility provided policy 11.12, staff training, a list of bilingual staff, posters in English and Spanish, a contract for Language Line, and targeted detainee interviews.

The targeted detainees interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA-related information (written information), including postings, Brochures, and handouts, is available in English and Spanish. The facility has access to translation services and written access in other languages. Staff may also read information to detainees when necessary. Agency and facility policies prohibit relying on detainees as readers or any type of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety. The facility maintains a list of bilingual staff. During the onsite audit, there was one hard-of-hearing detainee, one low vision detainee, one cognitively disabled detainee, one LEP detainees interviewed, and one disabled detainees interviewed. All detainees indicated they were aware of PREA, had received PREA training, and were aware that the auditor was at the facility during the onsite audit. The facility provided a list of Spanish-speaking staff. The language line staff were extremely fluent and provided the appropriate service to the auditor.

RADD Policy 11.12 Prevention and Intervention Program mandates the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations.

Agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

Twelve random staff were interviewed: All indicated they would not use detainees to make any allegations or provide any training to other detainees. Ten of the staff interviewed indicated they would utilize other staff. One of the staff was bilingual. Eight of the staff interviewed were aware of the Language Line; however, they did not use the system.

	Site Review All posters were found to be in English and Spanish. TTY phones are in several living units. The agency head indicated that across all of GEO's facilities, we have developed PREA educational materials in various formats to ensure that individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. We have developed posters, pamphlets, videos, large-print materials, etc., and have provided TTY phones, access to language lines, and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on inmates to do this for us. GEO also reaches out to community-based resources (i.e., local colleges or organizations) that might be willing to assist us. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion The following policies, directives, interviews, and documentation were reviewed in determining compliance with this standard: RADDF Policy 11.12-A Sexual Abuse/Assault Prevention and Intervention GEO online application form PREA annual disclosure waiver PREA promotional disclosure waiver PAQ Background Checks PREA Questionnaire Interview with Human Resources 115.17 (a)(b): The PAQ indicates: Agency policy prohibits hiring or promoting anyone who may have contact with detainees and prohibits enlisting the services of any contractor who may have

contact with detainees who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The agency policy provided

RADDF Policy 11.12, Background check for employees and contractors.

RADDF Policy 11.12 mandates the following

- a. The Robert A Deyton Detention Facility is prohibited from hiring or promoting anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.
- b. The Robert A Deyton Detention Facility will consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Detainees in the facility.
- c. The Robert A Deyton Detention Facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees, Contractors, and Volunteers every five years.
- d. Robert A Deyton Detention Facility will ask all applicants and employees who may have contact with Detainees directly about previous sexual abuse misconduct as part of its hiring and promotional process, and during annual performance reviews for current employees.
- e. The Robert A Deyton Detention Facility shall also impose upon Employees a continuing affirmative duty to disclose any such conduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- f. Unless prohibited by law, Facilities 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.

When the hiring manager identifies a candidate for the job, the terms of the job offer will be submitted to the hiring authority for approval. The HR representative will

communicate the offer to the candidate in writing (contingent upon successful background checks and drug screen), negotiate necessary terms (as approved by the hiring authority), and schedule a mutually convenient start date.

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

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

3. Have you ever been civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

115.17 (c):

The PAQ requires that, before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.

The agency requires that all applicants and employees who may have contact with detainees have a criminal background check. Criminal background checks for all potential employees are completed through the Local Law Enforcement and a contract with Accurate Background Checks. For those considered for promotions or who transfer from another facility, an internal GEO PREA verification and a background check through Accurate are completed. If an applicant answers on their application that they are a prior institutional employee, information from prior institutional employers shall be requested.

According to the PAQ, 60 background checks were completed in the past 12 months.

115.17 (d):

The PAQ requires that the agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

The facility conducts criminal background checks through Accurate Background before engaging any contractor or volunteer. According to the information provided in the Pre-Audit Questionnaire, there were 29 background checks for contractors or volunteers in the past 12 months.

115.17 (e):

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

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

115.17 (f):

The PAQ requires the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

RADDF asks all applicants and employees who have contact with offenders directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Employees and contractors complete a PREA Disclosure and Authorization Form – Annual Performance Evaluation annually. For consideration for promotions or transfers, employees complete a PREA Disclosure and Authorization Form and a GEO internal PREA verification. The auditor reviewed ten questionnaire forms.

115.17 (g):

The PAQ requires that Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

RADDF Policy 11.12, Prevention and Intervention Program, mandates that employees and contractors disclose such misconduct as referenced in this standard. Material omissions regarding this type of misconduct would be grounds for termination. Submitting false information by any applicant is grounds for not hiring the applicant. Human Resources interviews indicate that the GEO policy mandates staff report any contact with law enforcement or civil courts on their first day back to work. She indicated she keeps a folder and shares it with the facility administrator during their morning briefings.

115.17 (h):

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

	RADDF Policy 11.12 mandates that, unless prohibited by law, GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work. The Human Resources interview indicated that the facility will request a signed release of information and forward it to the Corporate Office, which maintains the Sexual Abuse and Sexual Harassment database. The Corporate Office will forward the information to the prospective employer. Exceed compliance was determined through pre-audit documentation, the PAQ, interviews with the human resources director, and a review of 20 randomly selected staff files, including new hires, promotions, and contractor files. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following policies, directives, and documentation were reviewed in determining compliance with this standard: Facility Camera System Annual PREA Assessments Statement of Fact There have been no additional modifications or expansions to RADDF during the last audit period. The facility has not made any upgrades to the camera system. Compliance was determined through a review of facility camera coverage and interviews with the agency head's designee and the facility director. The new high-definition cameras offer the ability to zoom in and out, scan areas, and are truly high-definition. In an interview with the agency head's designee, he stated: GEO routinely uses new technology to better monitor staff and inmates within its facilities. GEO routinely adds or improves camera coverage within its prisons, jails, reentry and youth facilities. New technology is added to screening areas to control contraband and help maintain the safety of our facilities. Corporate operations staff routinely meet with vendors to identify more efficient and effective ways to bolster security and safety across our facilities.

	The company monitors events at both the local and national levels to identify patterns where improvements can be made. This monitoring has been made possible through nationally implemented software applications and systems, enabling auditing results and events to be tracked and compared more easily. The facility administrator stated that the facility conducts an annual assessment of staffing and camera coverage. No additional cameras have been requested in the last 3 years. The facility provided the assessment for 2023, 2024, and 2025. Each did not identify the need for additional modifications or upgrades to the camera system. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations, MOU with GKM Health Solutions GKM SANE Protocol RADDf Policy 11.12 Prevention and Intervention Program Interviews: PREA compliance manager, Facility investigator Staff from GKM 115.21 (a): The PAQ requires The agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The facility provided Policy 11.12, which ensures that all allegations of sexual abuse or Sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The facility shall document all referrals. b. Due to client contract requirements, the facility may be required to follow specific client PREA investigations policies. If the client policy is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA Standards shall prevail, and a site-specific supplemental policy shall be developed.

c. RADDf shall ensure that:

- Allegations of sexually abusive behavior receive prompt intervention upon report; and,
- Perpetrators of sexually abusive behavior are disciplined and, when appropriate, referred for prosecution by GEO policy and federal, state, or local laws.

Love Joy Police and US Marshals are responsible for conducting criminal sexual abuse investigations and sexual harassment allegations that have the possibility of being criminal. RADDf-trained investigators will conduct administrative investigations.

Staff interviewed indicated they were aware of their responsibility to secure the scene, ask detainees not to change clothes, take a shower, eat, use the restroom, or do anything that would destroy DNA evidence, call their supervisor, and stay with the victim until assistance arrived. Out of the 12 staff interviewed, eight knew that Local Law Enforcement would conduct the criminal investigations. All knew that the GEO investigator would conduct an administrative investigation. Some of the staff indicated that GEO investigators would conduct Criminal and administrative investigations.

115.21 (b):

The PAQ requires the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Based on the PAQ, contract, and interviews with the facility administrator, Robert A Deyton does not house youthful offenders.

115.21 (c):

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

Based on the PAQ, no detainee was transported for a SANE; however, in reviewing the investigative files, one detainee was transported to Grady Medical Center for a SANE.

The MOU and interviews with GKM Health Solutions indicate that the agency has SANE staff and a victim advocate on call. In interviews with the staff at GKM Health Solutions, all of their SANE staff have advanced training on conducting a SANE. There is always SANE staff at the medical center or on call there.

115.21 (d):

The PAQ requires that the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency will make a qualified staff member from a community-based organization or an agency available to provide these services.

Agencies shall document efforts to secure services from rape crisis centers. For this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C.14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit, provided the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality to that of a nongovernmental entity that provides similar victim services.

RADDF has an MOU with GKM Health Solutions. Detainees are made aware of the victim Advocacy support services available to them and how to access them through the Detainee Handbook and PREA posters displayed throughout the facility, both in English and Spanish.

The staff at GKM Health Solutions indicated that the center has trained victim advocates and a working relationship with the medical center to provide them.

115.21 (e):

The PAQ requires that, as requested by the victim, a qualified agency staff member or a qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals.

The terms of the MOU require an advocate to accompany and support the victim throughout the forensic medical and investigative processes and to provide additional emotional support services. The SANE staff indicated they include a victim advocate to meet with the victim before the examination.

During the interview, the program director indicated that the center provides services to all detainees and collaborates with local law enforcement and the center to offer victim advocates during the investigative process.

15.21 (f):

The PAQ requires that, to the extent that the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Love Joy Police or US Marshals conduct all criminal investigations at the facility. At the time of the onsite audit, there were no criminal investigations that were ongoing. There was one investigation that was conducted by US Marshals OIG. The facility-

	trained investigative staff conducts all sexual harassment or non-criminal administrative investigations. Incidents that include allegations of sexual harassment or non-criminal sexual abuse are also referred to the GEO Office of Professional Responsibility. The Facility Administrator and facility compliance manager indicated during the interview that they have a working relationship with the Police Department and the area US Marshal's Service staff. PCM indicated that she or the administrator calls the Police Department monthly to determine progress of any investigations. 115.21 (h) The PAQ requires that a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations, RADDF Policy 11.12 Prevention and Intervention Program GEO Policy 5.1.2-E Investigations Interviews: PREA compliance manager, Facility investigator Agency Head 115.22 (a)(b): The PAQ requires The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency shall have in place a policy 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. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals.

In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received:7

In the past 12 months, the number of allegations referred for criminal investigation:2

In the past 12 months, the number of allegations resulting in an administrative investigation: 5

The facility provided Policy 11.12, which ensures that all allegations of sexual abuse or Sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The facility shall document all referrals.

Based on an interview with the PREA compliance manager, all allegations of sexual abuse or sexual harassment are referred to the Police Department and US Marshals for investigation due to the contract with the facility.

The facility does not currently conduct administrative investigations when law enforcement conducts them. It was recommended that the center conduct an administrative investigation after the Law Enforcement completes its investigation.

b. Due to client contract requirements, the facility is required to follow specific client PREA investigation policies. If the client policy is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA Standards shall prevail, and a site-specific supplemental policy shall be developed.

c. RADDf shall ensure that:

- Allegations of sexually abusive behavior receive prompt intervention upon report; and,
- Perpetrators of sexually abusive behavior are disciplined and, when appropriate, referred for prosecution by GEO policy and federal, state, or local laws.

Love Joy Police is responsible for conducting criminal sexual abuse investigations and sexual harassment allegations that have the possibility of being criminal. RADDf-trained investigators will conduct administrative investigations.

Staff interviewed indicated they were aware of their responsibilities to secure the scene; ask detainees not to change clothes, take a shower, eat, use the restroom, or do anything that would destroy DNA evidence; call their supervisor; and stay with the victim until assistance arrived. Of the 12 staff interviewed, eight knew that Local Law Enforcement would conduct criminal investigations. All knew that the GEO investigator would conduct an administrative investigation. Some of the staff indicated that GEO investigators would conduct Criminal and administrative

investigations.

GEO shall publish its corporate investigations policy on its website.

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

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

The agency head interview indicated that, based on client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal), or a trained GEO facility investigator (administrative only).

GEO has designated staff at each facility who have received PREA Specialized Investigations training. GEO also utilizes local, state, or federal agencies to investigate PREA allegations based on client contract requirements. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior.

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

GEO policy 5.2.1-E ensures that allegations of sexual abuse or sexual harassment that appear to be criminal are referred for investigation to an agency that has the legal authority to conduct criminal investigations. The facility documents all referrals of allegations of sexual abuse or sexual harassment. All allegations are documented and tracked on the PREA Case Tracking Log. An interview with facility investigators confirmed this procedure.

115.22 (c):

The PAQ requires:

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The agency policy regarding the administrative and criminal investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <https://www.geogroup.com/> PREA.

	Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment. The auditor reviewed the GEO Group website and established that the agency does describe the responsibility of the investigating agency in the investigation of allegations of sexual abuse and sexual harassment. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required. It is recommended that the facility conduct an administrative investigation into all allegations at the conclusion of the Law Enforcement investigations.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy -4.1-Training Requirements. Training curriculum. PREA Training 2025 Staff Training PREA Training logs: Acknowledgment of Training. Random staff training records. Random Staff Interviews 115.31 (a): The PAQ requires The agency shall train all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay,

bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The facility provided the following.

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

The pre-service and annual training include:

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

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

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

During the tour of the facility, the auditor viewed a PREA training presentation and spoke with staff throughout the facility. A total of 8 staff were asked about training.

Each indicated that they attend training each year. When asked, all indicated that it is part of the pre-shift briefing on a regular basis.

115.31 (b):

The PAQ requires that training be tailored to the gender of the inmates at the facility.

GEO and RADDF policies recognize that the facility houses male and female detainees. The policy mandates that the facility modify training to meet the needs of a different population. All staff at the facility received training that is tailored to male and female detainees. Staff assigned to specialized posts such as transportation officers, supervisors, and investigators receive additional training.

115.31 (c):

The PAQ requires:

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The facility provided:

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

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

Training Posters are displayed in various locations throughout the facility. 115.31(d):

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

The facility provided:

Upon completion of PREA pre-service and annual in-service training, staff sign an Acknowledgment of Receipt of Training and Brochures Sexual Assault Prevention form and a Pre-service Training Record, and an In-service Training Record form acknowledging receipt and understanding of all training received, including PREA.

They also sign a PREA Basic Acknowledgment Training form upon completion of general PREA training, and a Cross-Gender Pat Searches & Searches of Transgender and Intersex acknowledgment form. Documentation of annual PREA training for

	employees is recorded on individual training records maintained by the training coordinator. A sample of fourteen (14) staff training files was reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed, and officers assigned to the restrictive housing unit also receive additional training. The extensive training provided and the staff's knowledge of PREA requirements confirmed that the facility is compliant with this standard. A review of documentation and staff interviews further confirmed that the facility is compliant with this standard. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making the compliance determinations: RADDF Policy 11.12 Documentation of Contractor Training for contractors and volunteers Volunteer training Sign-in sheets Interviews Contractor Volunteer 115.32 (a): The PAQ requires: All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors who may have contact with detainees who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 29

	The facility provided RADDF Policy 11.12 mandates that all volunteers and contractors who have contact with detainees have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. 115.32 (b)(c): The PAQ requires: The level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with inmates. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. In interviews, the commissary staff attends the same training as full-time staff. In interviews, the volunteer indicated the Chaplain provides training to volunteers each year. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility provided: All contractors receive the level and type of training provided to volunteers, and contractors are based on the services they provide and the level of contact they have with inmates. The volunteer training curriculum was provided for review. The training included the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with detainees. Volunteers receive this training annually and sign a Documentation of Volunteer Training Form. Volunteer training is maintained by the Chaplain. Contractor training is maintained by the training officer in an electronic file. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations: RADD Policy 12.2 Protection

RADD Policy 11.12

Detainee Handbook

Receipt of training for new arrivals Receipt of training for transfers

Detainee PREA Brochure Facility PREA Postings Detainee Receipt of PREA Brochure

Detainee Receipt of PREA Comprehensive Education

Detainee Orientation

Twenty detainee facility files reviewed.

115.33 (a):

The PAQ requires:

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

The facility provided

RADD Policy 11.12 mandates that all detainee receive information at the time of intake and if transferred from another facility, about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents, and are informed of the agency/facility policies and procedures for responding to such incidents.

The policy includes;

a. During the intake process, the Classification Staff shall provide each detainee with written information (handbooks, pamphlets, etc.) on the facilities zero tolerance policy regarding Sexual Abuse and Sexual Harassment, how to report incidents or suspicions of Sexual Abuse or Sexual Harassment, their right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding RADD policies and procedures for responding to such incidents.

b. Within 30 days of intake, the facility shall provide a comprehensive education to all detainees at RADD, either in person or through video.

c. On the day of arrival, in an interview with intake staff, detainees receive a Detainee Handbook, a Sexual Assault Prevention and Reporting Detainee/Student Information brochure, and sign a Receipt for Adult Detainee Handbook and Adult Disciplinary Procedures form. This was observed during the audit of the detainee intake.

d. All current detainees at RADDf who have not received such education shall receive this comprehensive education within one year of the effective date of the PREA standards and shall receive education upon transfer to a different Facility if the policy and procedures are different from the previous facility.

e. The comprehensive education shall include information on detainees' right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents.

f. In the facility, education will be provided in formats accessible to all detainees at the RADDf, including those with disabilities and those who are limited English proficient.

g. In the RADDf facility, detainees will sign for receipt of written materials and participation in comprehensive education sessions, which shall be retained in their individual files.

h. Key information shall be provided to detainees continuously through readily available handbooks, brochures, or other written materials.

Twenty-six detainees were interviewed. All indicated they had received training the same day that they arrived at the center. All indicated they had been shown a PREA video, received a pamphlet, and a handout. All indicated they were required to sign that they received the training and documents.

115.33 (b)(c):

The PAQ requires

Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The facility provided:

Detainees receive comprehensive PREA education as part of the orientation process, usually on the day of or second day of their arrival; however, by policy, at a minimum, within the first seven days of arrival at the facility. The curriculum provided to detainees was for review. When entering the Intake area, all detainees are provided with a poster that includes all required orientation requirements.

The intake staff interviewed provided the process for new arrivals. They indicated that the video is played in the holding room. They indicated they wait until they have seen the video prior to going over the posters and orientation information with the detainees. The intake staff indicated that the detainee is provided with a brochure in their preferred language and a handbook during this process. The intake staff indicated they work with mental health staff if they feel the detainee is not

comprehending the information being provided, to determine whether the detainee needs to be read the information. The intake staff indicated that, usually, mental health will conduct the orientation of cognitively disabled detainees.

The auditor reviewed the handbook and posters and noted that the information in the handbook had not been updated to capture the new Victim Advocates phone number and address. A corrective action plan was implemented and completed during the onsite audit.

115.33 (d):

The PAQ requires that the agency provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and those with limited reading skills. The facility provided:

All PREA education provided to detainees is in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills. The detainee handbook, the PREA brochure, and all verbal information given are provided in both English and Spanish. A contract for translation services is provided for LEP detainees to provide translation. TTY machine is available for the hearing-impaired. A vision-impaired detainee interview indicated that he understood the training and could read the large posters throughout the facility.

115.33 (e):

The PAQ requires that the agency maintain documentation of inmate participation in these education sessions. The facility maintains documentation of detainees' participation in PREA education.

In a review of 20 randomly selected detainee files, all had documentation of receipt of written PREA educational materials. Additionally, over 35 detainees were interviewed and stated that they had received orientation training, PREA handbooks, and comprehensive training upon arrival at the facility. Twelve detainees were interviewed during the tour of the facility. All indicated they had been trained in PREA and understood how to report.

115.33 (f):

The PAQ requires In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

The facility provided posters, including Sexual Assault Prevention and Reporting Posters, GEO Zero Tolerance Posters, and End the Silence Posters. Victim Advocacy Services were also provided. These posters were informative and included telephone numbers and addresses.

The Poster for the victim advocate and emotional support was updated during the

	onsite audit. Per interviews with the PCM and case manager, they stated PREA education provided to detainees is in formats accessible to all detainees, including those who are limited English proficient or have limited reading skills. The facility has PREA pamphlets, posters, handbooks, and forms available in both English and Spanish. The facility has bilingual staff who are used as interpreters. A contract with Language Services provides translation into any other language. The limited-English-proficient detainee interviewed acknowledged that the information was provided in understandable formats. According to information reported on the facility information, there were 3564 detainees admitted to the facility over the past 12 months, and 100% of offenders received PREA information at intake. The facility completed a corrective action plan during the onsite audit and is now substantially compliant with this provision.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy 11.12 Training Curriculum Memo certifying investigators 115.34 (a): The PAQ requires, in addition to the general training provided to all employees pursuant to § 115.31, that the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The number of investigators currently employed who have completed the required training: 1 The facility provided: RADDF policy 11.12 mandates that, in addition to the general training provided to all employees pursuant to §115.31, the agency ensure that, to the extent the agency itself conducts or assists in conducting an investigation, they will have been trained to conduct a sexual abuse investigation in a correctional setting.

	115.34 (b): The PAQ requires specialized training that shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility provided: The facility Investigators have completed investigating sexual abuse in a confinement setting and have received additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse through the GEO training staff. The training curriculum was reviewed and included interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A copy of the training curriculum was provided for review. 115.34 (d): The PAQ requires that the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The facility provided: The facility has 1 GEO-trained investigator. The agency maintains documentation that investigators have received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. Upon review of the investigators' training files, the investigators have completed this specialized training, as well as general training provided to all employees, and the facility maintains documentation. In the interview with the facility's investigators, she confirmed receiving specialized training and general PREA education provided to all employees, and identified the topics included in the specialized training they received. The training had 9 modules that included all aspects of this standard. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

Signed PREA training

Training Curriculum

Interviews with Medical and mental health staff

115.35 (a):

The PAQ require the agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility acknowledged both general and specialized training. The medical staff at RADDf received generalized training and specialized training through GEO. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment as well of many other medical and mental health topics such as clinical interventions, and local policies.

The facility provided that 100% of all medical or mental health staff have received specialized training.

115.35 (b):

The PAQ requires that, if agency-employed medical staff conduct forensic examinations, they receive appropriate training to do so.

The facility provided:

The medical and mental health staff do not conduct forensic examinations.

115.35 (c):

The PAQ requires that the agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

The facility provided:

Staff signs an acknowledgment of training in specialized and generalized PREA. The facility training officer maintains the staff documentation. In interviews with medical and mental health staff, the staff indicated that the training included (1) how to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve

	physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 115.35 (d): The PAQ requires all medical staff assigned to the facility to attend the same training as required mandated for employees by §115.31. The facility provided: The staff provided an acknowledgment that the medical and mental health staff stated that they received this training. In addition to this training, the staff who were assigned to the facility through a contractor received specialized training. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: PAQ RADDF Policy 11.12 RADDF Policy 11.10 Admission and Orientation RADDF Policy 11.3 Classification RADDF Policy 11.2 Protection Screening intake by medical/mental health staff Completed the RADDF Victim/Aggressor Classification screening form Completed PREA Vulnerability Reassessment Questionnaire Mental health referrals. Mental Health Evaluations Screening documents Interview with Mental Health

Staff who conduct screenings

Random and Target Detainee

115.41 (a)(b):

The PAQ requires that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

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

The facility provided

RADDF policy 11.12-A states, “a. All Individuals in a GEO Facility or Program shall be assessed during intake and upon transfer for their risk of being sexually abused by another Individual in a GEO Facility or Program or being sexually abusive towards another Individual in a GEO Facility or Program.

This screening shall take place within 24 hours of arrival at all Facilities utilizing an objective screening instrument. Robert A Deyton Detention Facility utilizes the Victim/Aggressor Screening Assessment.

When a detainee arrives at the center, the case manager who conducts the orientation and screening conducts an initial questionnaire that includes some of the same information on the screening instrument. In the interview, the case manager indicates they also review any available records (e.g., medical files, pre-sentence investigation reports) to assist in risk assessment. They then interview the detainee and discuss the purpose of the screening and then ask specific questions on history of victimization, sexual orientation, and any disabilities.

The facility conducts initial and reassessments using the Victim/Aggressor model. Classification Screening is an objective, standardized instrument administered by a trained Classification staff member. The instrument and related reviews of documents provided at intake have been designed to identify the potential risk each detainee presents for predatory behavior or for being preyed upon by other detainees.

According to information provided on the PAQ, in the past 12 months, 3524 detainees who entered the facility were assessed for their risk of victimization or abuse upon arrival. Random sampling of 21 detainee files and 26 detainee interviews confirms that detainees were typically screened within 24 hours of arrival.

Twenty-six of the detainees were interviewed during the on-site audit. All of the detainees interviewed reported receiving the screening within the first two days of their stay at the facility.

Intake screening takes place within 24 hours of the detainee’s arrival at the facility. The process used includes part of the initial intake. Once the detainee is searched, they receive PREA pamphlets and handbooks. During that time, the case manager or

staff assigned to conduct the screening reviews the detainee's file and meets with the detainee. During this meeting, the staff introduced PREA to the detainee and explained its purpose. The detainee is then asked to sign to acknowledge receipt of the screening. If the detainee has a history of victimization or predator behavior, or if the detainee admits to being transgender, the screening staff completes a referral that is sent to the mental health staff to set up an interview with the detainee.

Medical and mental health staff are available during the screening process, conducting a medical review and suicide screening. Most often, the mental health staff will meet with the detainee before the referral; however, according to the screening staff, a referral is still completed as required by the database for tracking. The facility also conducts medical screening that includes some of the same information as the screening instrument.

115.41 (c):

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

The facility provided:

The Victim/Aggressor Screening Assessment is an objective, standardized screening instrument administered by trained Classification or mental health staff members. A review of the screening instrument confirms that it is a reliable and objective assessment tool.

115.41 (d)(e):

The PAQ requires The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

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

The screening includes the screener's thorough review of any available records to assist with determining the detainee's risk assessment. The Sexual Risk

The Indicator tool was reviewed. It contains:

- Whether the detainee has a mental, physical, or developmental disability?

- The age of the detainee?
- The physical build of the detainee?
- Whether the detainee has previously been incarcerated?
- Is the detainees' criminal history exclusively nonviolent?
- Whether the detainee has prior convictions for sex offenses against an adult or child?
- Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming?
- Has the detainee previously experienced sexual victimization?
- The detainee's perception of vulnerability?
- Perpetrators of sexual abuse during incarceration?
- Prior conviction of violent offenses?
- History of Assaultive Conduct in the past 5 years?

115.41 (f):

The PAQ requires that, within a set period, not to exceed 30 days from the inmate's arrival at the facility, the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

The facility provided policy RADD Policy 11.12, which requires that, within a set time, not exceeding 30 days from the detainee's arrival at the facility, detainees be reassessed by their assigned Case Manager for their risk of victimization and abuse using the Follow-up, Annual & Reassessment Sexual Violence Assessment Tool.

According to the information provided on the Pre-Audit Questionnaire, 3000 detainees were reassessed within 30 days of their arrival.

Twenty-six detainees were interviewed. Twenty-one of these detainees indicated they had been at the facility for more than thirty days. Each detainee indicated they had been reassessed within the first 30 days.

115.41 (g):

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

The facility provided policy 11.12, which requires a detainee's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Annually, during annual classification review

assessments, detainees are reassessed for risk of victimization or abusiveness using the Reassessment Sexual Violence Assessment Tool. Transgender detainees are reassessed a minimum of every six months.

115.41 (h):

The PAQ requires that the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's perception of vulnerability.

The facility provided Policy 11.12, which mandates that detainees are not disciplined for refusing to answer any questions or for not disclosing complete information.

Interviews with screening staff confirmed that they would not discipline or coerce a detainee into answering screening questions.

115.41 (i):

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

RADDf implemented appropriate controls on the dissemination of responses to questions asked related to sexual victimization or abuse to ensure sensitive information is not exploited by employees or other individuals. Sensitive information is limited to employees who require access to it for treatment, programming, housing, security, and management purposes.

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

Staff who conduct screening indicate they would provide a copy to Mental Health, intake staff, and PCM as part of the referral process.

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

During the on-site assessment, the detainee files were reviewed. They were locked in a sliding cabinet in the records office and can only be accessed by entering the office and unlocking the cabinet. All detainees are screened upon transfer into the facility, including those who leave the facility for court appearances or other administrative purposes.

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

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making the compliance determinations: Risk assessment log RADDf Policy 11.12 RADDf-11.3 Classification. RADDf-11.10_Admission and Orientation. RADDf-11.2-Protection. Interview with PCM Staff who conduct screening Mental Health 115.42 (a): The PAQ requires that the agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility provided: RADDf11.12 and explains the use of PREA screening information. The agency uses the information from the risk screening form to make housing, bed, work, education, and program assignments to separate detainees at high risk of being sexually victimized from detainees at high risk of being sexually abusive. The facility maintains a Bed Location chart that determines the at-risk detainees and possible predator detainees. The classification and PREA compliance managers explained that before assigning an offender to a bed, the intake staff reviews the open beds to determine the rooms that house at-risk and possible predator detainees. This same information is utilized in programming and work assignments for detainees. RADDf policy 11.03 classification indicates that detainees will remain in the intake area until the risk assessment is completed and classification staff review the assessment and determine the level of supervision and housing decision based on assessment, security needs, gang affiliations, escape factor and sexual orientation. The case manager will attempt to maintain a racially balanced housing unit. 115.42 (b): The PAQ requires the agency to make individualized determinations about how to

	ensure the safety of each detainee. Individualized determinations are made about how to ensure the safety of each offender. Detainees who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Detainees have the option of refusing these services. The facility does not have any specialized housing based on sexual orientation. It does have a housing plan for housing detainees based on risk assessment. Policy mandates the following; Screening information from standard Section D (1) shall be used to determine housing, bed, and work assignments within the Facility in order to keep potential victims away from potential abusers. The PREA Manager will maintain an "at-risk log" of potential victims and potential abusers, submitted by the Classification Supervisor, determined from the PREA Intake Risk Assessment. The "at-risk log" will be kept current. include current housing locations. The Compliance PREA Manager will maintain a tracking log of those individuals who self-identify as LGBTI with their housing locations. Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible, and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy 11.12 RADDF Policy 11.2 Sexual Abuse/Assault Available Alternatives Assessment Statement of Fact PAQ Interview with Facility Administrator Lt. responsible for the Restrictive Housing Unit. 115.43 (a):

The PAQ requires that the agency have a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

The facility provided:

RADDF Policy 11.12 indicated that involuntary placement in the restrictive housing unit may be used:

- a. Only after an assessment of all available housing alternatives has shown that there are no other means of protecting the prisoner.
- b. If the facility cannot conduct such an assessment immediately, the prisoner may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment.
- c. RADDF shall utilize the "Sexual Abuse Available Housing Alternatives Assessment" form to document the assessment. All completed forms shall be reviewed and signed by the facility administrator or assistant facility administrator upon completion.
- d. If segregated housing is used, the prisoner shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify any restrictions imposed. Justification must include the services restricted, the reason for the restriction, and the duration of the limitation.
- e. Involuntary segregated housing shall not ordinarily exceed 30 days.
- f. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is necessary.

The procedure prohibits the placement of detainees at high risk for victimization in segregated housing unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser.

The facility administrator provided a statement of fact that the facility has not placed a detainee in involuntary segregation in restrictive housing during the last 12 months.

The auditor reviewed the housing assignments database, the investigative files, and the Segregation daily roster to confirm the statement of fact.

One detainee who was housed in the SHU intake log indicated that he requested housing in Protective Custody. When interviewed, he indicated he was in RHU because he owed people some money and they were gang members, and he can't go back into population.

The facility administrator indicated he or his designee must approve all placements to segregation and does not recall ever using restrictive housing to house someone who had made an allegation of sexual abuse or sexual harassment.

The lieutenant who supervises segregation indicated he has never known of anyone being placed in a restrictive housing unit for fear of sexual abuse or harassment or for making an allegation of sexual abuse. He indicated that detainees request protective custody for debts, gang affiliation, and basic fear of being in the general population.

115. 43. (b):

The PAQ requires that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) the opportunities that have been limited; (2) the duration of the limitation; and (3) the reasons for such limitations.

The facility provided:

RADDF Policy 11.12 If segregated housing is used, the detainee shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify any restrictions imposed. Justification must include the restricted services, the reason for the limitation, and the duration of the restriction.

115.43 (c):

The PAQ requires that the facility assign such inmates to an involuntary restrictive housing unit only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed 30 days.

The facility provided:

Based on interviews with the facility administrator, PCM, and the lieutenant who supervises the restrictive housing unit, when there is a situation of a detainee alleging risk of victimization and needing to be separated from the alleged abuser, restrictive housing would be utilized as a last alternative. If this placement was necessary, staff stated that the detainee would have access to the appropriate privileges, and the justification for the placement would be documented. The detainee would be reviewed by the Institution Classification Team every 30 days.

115.43(d):

The PAQ requires that if an involuntary restrictive housing unit assignment is made under paragraph (a) of this section, the facility shall document: (1) the basis for the facility's concern for the inmate's safety; and (2) the reason why no alternative means of separation can be arranged.

The facility provided:

If an involuntary restrictive housing unit assignment is made, the facility will document the basis for its concern regarding the detainee's safety and the reason that no alternative means of separation can be arranged.

115.43 (e):

	The PAQ requires that, in cases where involuntary restrictive housing is used for longer than the initial 30 days, the facility will review the status every 30 days to determine if ongoing involuntary housing is needed. The facility provided: The PAQ, the facility administrator, and the staff who supervise RHU interviews. According to information provided on the Pre-Audit Questionnaire and in an interview with the Facility Administrator and security staff who supervise detainees in RHU, in the past 12 months, there has not been a time when a detainee found at high risk of victimization or a detainee who alleged sexual abuse was placed in an involuntary restrictive housing unit. RADDF Policy 11.12 mandates that, in cases where involuntary restrictive housing is needed for more than the initial 30 days, the facility shall review the status every 30 days to determine whether ongoing involuntary restrictive housing is necessary. Compliance with this standard was determined through a review of procedures, observation during a tour, and interviews. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives, and documentation were reviewed in formulating compliance with this standard: PAQ RADDF Policy 11.12 Program brochure PREA posters PREA hotline reporting posters Detainee Handbook Utilizing the Detainee phone system to call reporting Posters GEO website 115.51 (a)(b):

The PAQ requires the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

The PAQ requires the agency to also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The facility provided policy 11.12, Handbook, Posters, and pamphlets

RADDF policy 11.12 mandates that facilities provide multiple internal ways for detainees to report sexual abuse and sexual harassment privately, offer numerous internal ways for detainees to privately report retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, and provide multiple internal ways for detainees to privately report staff neglect or violation of responsibilities that may have contributed to such incidents. Policies also mandate that a private entity or office be able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials and that the private entity or office allow the detainee to remain anonymous upon request.

Detainees are informed in the Detainee Handbook, on posters located throughout the facility, and by nearly all detainee telephones.

RADDF provides multiple internal and external ways for detainees to privately report sexual abuse and sexual harassment, retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The detainees are provided with a handbook that provides information on how to report to:

If you become a victim of sexual abuse or sexual harassment, you should report it immediately to any staff person you trust, including housing officers, the chaplain, medical staff, supervisors, the PREA Coordinator, the Facility Administrator or Deputy U.S. Marshals. Staff members keep the reported information confidential and only discuss it with the appropriate officials on a need-to-know basis.

If you are not comfortable reporting the assault to staff, you have other reporting options:

- Write a letter reporting the sexual misconduct to the person in charge or the United States Marshal. United States Marshals Service, Northern District of Georgia, 75 Spring Street, S.W., Suite 1600, Atlanta, GA 30303. To ensure confidentiality, use

special (Legal) mail procedures.

Write a letter to GKM Healthcare Solutions. The address is: GKM Advocate, 530 Forest Parkway, Forest Parkway, GA 30237.

File an Emergency Detainee Grievance- An initial response shall be provided within eight (8) hours of receipt. The initial response and final agency decision shall document the agency's determination whether the detainee is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Write to the Office of Inspector General (OIG), which investigates allegations of any form of staff misconduct. The address is Office of Inspector General, U.S. Department of Justice, 950 Pennsylvania Avenue Room 4706, Washington, DC 20530

Confidential call, at no expense to you, Office of Inspector General (OIG). The phone number is 1-800-869-4499 (*511 on the detainee phone system).

Confidential call, at no expense to you, GKM Healthcare 24-hour crisis line at 1-888-885-1625.

Confidential call, at no expense to you, National Sexual Assault Hotline at 1-800-656-HOPE (4673) (*411 on the detainee phone system)

Various PREA posters and notifications posted on all phones provide reporting options. Interviews with detainees confirmed that they were aware of multiple internal reporting channels.

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

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

The auditor tested the telephone system from several telephones, including the rolling telephone located in the restrictive housing unit. Whenever you pick up the phone, the user is asked to indicate English or Spanish. During the site review, the auditor used the telephone to access all reporting options; one reached the Emotional Support staff. The Crisis Center was accessed from the detainee telephone system, and the auditor was able to connect with a live person at GKM Health Solutions. The staff indicated they would assist the detainee in filing a third-party grievance per the MOU. They would email a copy of the third-party grievance to the facility administrator.

The call to the OIG Office indicated I should leave a detailed report, and the U.S. Marshals Service in the area will respond. According to the facility administrator, the call information is routed to the on-site US Marshals staff.

Posters with information on how to report are located throughout the facility.

These include a handbook that detainees receive during intake, which provides information on reporting to staff, medical or mental health staff, PCM, filing a grievance, or calling the hotline.

The facility has a large poster that provides information on how to report to the local consultant office and how to contact the Immigration and Customs Enforcement and the U.S. Marshals Service.

A tour of the facility found the

- a. Signage language is clear and easy to understand.
- b. Signage specific to services, such as emotional support services, civil immigration, and external reporting, should include language that details what services are available and for what purposes.
- c. Signage is provided in English and Spanish.
- d. The signage text size, formatting, and physical placement accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
- e. The information provided by the signage is not obscured, unreadable due to graffiti, or missing due to damage

115.51(c):

The PAQ requires that the agency have a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

RADDF policy 11.12 requires employees to accept reports made verbally, in writing, anonymously, and by third parties, and to promptly document verbal reports.

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

115.51 (d):

The PAQ requires that the agency establish procedures for staff to report sexual abuse and sexual harassment of inmates privately.

A GEO corporate phone number is provided to staff to report privately any sexual abuse or sexual harassment of detainees. The GEO website offers the following PREA information: GEO Employees may privately report sexual abuse or sexual harassment to the Chief of Security or facility management, if requested.

	Staff may also report sexual abuse or sexual harassment directly to the employee hotline, an independent professional service available 24 hours a day, seven days a week, on the Internet at www.reportlineweb.com/geogroup or by calling the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator directly at (561) 999-5827. Staff were aware of how to report and, if necessary, felt comfortable reporting privately to the RADDf PREA compliance manager. Staff members carry a Sexual Abuse First Responder Card, which includes an employee hotline number and a website address for anonymous reporting of abuse. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDf policy 11.12 RADDf Detainee Handbook RADDf Grievance Log Interview with Grievance Officer PCM 115.52 (a) The PAQ requires that an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. The facility is provided. RADDf Policy 11.12 provides a procedure for detainees to submit grievances regarding sexual abuse, and the agency has established guidelines for addressing these grievances. Posters located throughout the facility advise residents that they may file a grievance. The detainee handbook explains the grievance filing process. Any grievance that alleges sexual abuse, sexual harassment, retaliation for reporting an allegation, or for cooperating in an investigation will be immediately forwarded to the Investigators and the GEO OPR. 115.52 (b):

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

The facility is provided.

RADDF policy mandates that there is no time limit for a detainee to submit a grievance regarding sexual abuse. GEO does not impose a time limit on any portion of a grievance that does not allege an incident of sexual abuse. Detainees are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a detainee because the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes.

The policy also provides that the agency policy requires a detainee not to have to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. This was verified by interview with the PCM. The PAQ indicated otherwise; however, policy and the interview confirm that detainees do not have to attempt to resolve a PREA-related incident with any staff member.

According to the interview with the PREA Compliance Manager and the information provided on the Preaudit Questionnaire, no PREA-related grievances were filed in the past 12 months.

115.52 (c):

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

The facility provided:

RADDF policy provides that detainees have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint, and the grievance will not be referred to the subject of the complaint. If a third-party files a grievance on a detainee's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.52 (d):

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

At any level of the administrative process, including the final level, if the inmate does

not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

The facility provided

A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The computation of the 90 days shall not include the time consumed by individuals in the facility in preparing for any administrative appeal. GEO or the facility may claim an extension of time to respond (for good cause) for up to 70 days and will notify the individual in writing of the extension and when the final decision will be made.

115.52 (e):

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

The facility provided:

Third parties such as fellow detainees, family members, attorneys, or outside advocates may assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of detainees. The alleged victim must agree to have the request filed on their behalf; however, they are not required to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on their behalf, the agency shall document the offender's decision. According to the PREA Compliance Manager and information provided in the Pre-Audit Questionnaire, no grievances were filed by a third party in the past 12 months.

115.52 (f):

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

RADD policy provides that detainees 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 will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours, and a final decision will be made within five calendar days.

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

115.52 (g):

	The PAQ requires that the agency have a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. The facility provided RADDF Policy 11.12 provides that a detainee can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the detainee filed the grievance in bad faith. The Grievance officer was interviewed. She indicated that the officer retrieves grievances daily. If any grievance pertains to a PREA allegation, the grievance officer takes it to the facility administrator and the PREA compliance manager immediately. Site Review: There were grievance boxes located in each housing unit. Grievance forms were also located in the same area. The facility allows detainees to have paper and pencils, as noted by conversations with detainees during the initial tour. The grievance boxes were located in the same area as the detainee phones, which is not near the officer's station. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy 11.12 Acknowledgment of Receipt of Orientation Detainee PREA Handbook Acknowledgment of Receipt of Handbook Victim Advocate Posters Interview with GKM Health Care Solution MOU between GEO/RADDF and GKM Health Care Solution Poster on the way to contact Immigration and Customs and the US Marshal Services. 115.53 (a)

The PAQ requires the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

The facility provided policy 11.12, GKM, and a poster for contacting Immigration and Customs and the US Marshals Services

RADDF Policy 11.12 addresses the agency/facility's policies on providing detainees with access to outside victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between the detainees and these agencies in a confidential manner.

The posters located throughout the center provide the address and phone number to contact ICE and US Marshal services.

The facility informs the detainees, and according to interviews with the GKM, of the extent to which their communications will be monitored.

In interview with the GKM Health Care staff she indicated that the program he indicated that they have trained licensed mental health professionals who would provide emotional support to detainees who had been sexually abused throughout history, or if they were abused at the prison. They have an answering service that would accept the call from the detainee and would arrange a time for the detainee to talk to an emotional support staff member. She indicated that in the past they had used the chaplain to coordinate the calls. She indicated they would provide a time and phone number for the chaplain to call, and the detainee would be called out and placed in a private room. The chaplain would call the number, give the phone to the detainee, and step out of the room to allow for the call to be private. The process was implemented with the facility providing the phone number to call for free to the GKM program. The program will coordinate with the staff at RDDF to have the detainee available to talk to an emotional support staff member from GKM. The facility has been continuing to train detainees on the process. The detainees were also provided an address and are encouraged, on a poster located at the facility, to write to GKM. In interviews with the mail staff, any mail to GKM is treated as legal mail, and the detainee will not be required to place a stamp on the envelope. GKM indicated that if they receive a letter, they will make time to see the detainee or respond to the detainee's letter.

According to the PREA compliance manager and GKM, the facility would monitor only to the extent that reports of abuse are forwarded to authorities in accordance with mandatory reporting laws.

The facility provides detainees with a form that explains how to access emotional support staff via the detainee phone or mail system. This information was located next to the detainee telephones. The detainees are also furnished with the address to

contact the emotional support staff.

The facility also provides detainees with a handbook that includes the same information as the orientation packet.

The auditor called the hotline number and was given the option to schedule a time to talk to emotional support staff or write a confidential letter to the GKM, and the GKM would respond to the letter.

The detainee who was sexually abused at the facility indicated he contacted the previous victim advocacy program and had been seeing them in their office two times a week.

115.53 (b):

The PAQ requires that the facility inform inmates, before granting 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 by mandatory reporting laws.

The Residents PREA Handbook provides a phone number and address of the GKM, and posters located throughout the facility provide the same information. The handbook and poster indicate that telephone calls to the center are confidential, and no one will listen to them.

115.253 (c):

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

The facility provided the following information

As required by RADDF policy 11.12, RADDF maintains an MOU with GKM. The requirements of the MOU include providing detainees with emotional support.

The PCM maintains regular communication with GKM staff and provides detainees who claim sexual abuse with the opportunity to call and speak to emotional support staff from GKM.

Twenty-six detainees were interviewed. Twenty-one of the detainees knew about the program; however, all but five of the detainees knew the facility had a new emotional support MOU. The facility updated all information regarding the past MOU and updated the posters, handbook, and comprehensive education.

The PREA compliance manager indicated that, under the MOU, GKM is trained to provide emotional support.

The mail room staff were interviewed. They knew about the new MOU and indicated that letters to the program would be handled as legal mail, which does not require the detainees to write their name or any other information, and it will be mailed without being opened.

	Based on the implementation of a corrective action plan, which included updating the phone number and establishing a system to coordinate detainees' access to the emotional support program's staff, the facility is substantially compliant with this provision, and no further corrective action is required.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy 11.12. GEO website Third-party reporting posters 115.54 (a): The PAQ requires the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The facility provided; Reporting Posters are visible in the visitation room and lobby, and are also included in the detainee handbook. GEO provides a Reporting system on the GEO website (http://www.geogroup.com/PREA, Social Responsibility-PREA Certification Section), which offers information on ways for third-party reporting, including anonymous reporting. Third-party grievance forms are available on the website and are sent to the facility's Administrator. Detainees can accomplish third-party reporting by having a friend or family member contact the U.S. Marshal Service, facility administrator, or Corporate PREA coordinator. Detainees can report third parties by having a friend or family member call the PREA hotline or email the GEO coordinators' office at PREAinfo@geogroup.com.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

RADDF Policy 11.12

Staff training

Specialized medical training. Mandatory Reporting Survey of Vulnerable Persons GEO
PREA Lesson Plan Statement of Fact

Staff Report

Interviews:

Random staff,

Medical staff,

Mental health staff

Facility administrator,

PREA coordinator

,115.61 (a):

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

The facility provided

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

In interviews with randomly selected staff and contractors, they were aware of their reporting duties. Staff receive training in reporting. GEO has implemented a specialized training program for medical and mental health professionals that includes reporting duties, the State's vulnerable persons' reporting duties, and confidential reporting duties. The facility provided a statement of fact that there have been no allegations by vulnerable people in the last 12 months.

Random staff interviews revealed that they would accept any allegation of abuse or harassment, document the allegation as soon as possible, and notify the shift supervisor and PREA compliance manager. Random staff interviewed indicated they are mandatory reporters and must report allegations or suspicions of sexual abuse or

sexual harassment, regardless of when or where it may have happened.

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

- Would separate the victim and abuser
- Would notify their supervisor
- Would secure the crime scene
- Would ask the victim and abuser not to wash, use the toilet, or change clothes
- Would notify medical as needed.

115.61 (b):

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

The facility provided

Policy and training mandate that, apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff and contractors interviewed were aware that this information was to be kept confidential and knew whom to report allegations.

115.61 (c)(d):

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

The facility provided

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

Medical specialized medical training requires medical staff to report sexual abuse and to inform detainees of their duty to report and the limitations of confidentiality at the initiation of services. The training also provides instruction on reporting a vulnerable adult under a State or local vulnerable person's statute, as well as applicable mandatory reporting laws.

The facility does not house detainees under the age of 18. Medical and mental health staff interviewed confirmed this practice.

	The medical and mental health staff indicated that the detainee signs a statement that includes a limitation of confidentiality. The mental health staff indicated in the interview that they receive training on reporting Vulnerable Persons. The nurse indicated she had made one report in the last 12 months. The PREA Coordinator interview indicated that, unless precluded by state, federal, or local law, medical and mental health staff are required to report allegations of sexual abuse or sexual harassment made by someone under the age of 18, or someone considered a vulnerable adult under state or local law. 115.61 (e): PAQ requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The facility provided In an interview with the facility administrator and his executive team, the RADDF reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the Love Joy Police and RADDF facility investigators. Staff reporting posters are located throughout the facility. Staff carry a PREA card with this information for easy reference in making reports. According to statements, there have been no reports from third parties, contractors, or volunteers in the last 12 months. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contractors report all allegations or suspicions of sexual abuse or sexual harassment to the shift supervisor and the PREA compliance manager, who is also the facility investigator. The facility administrator's interview indicated he expects that staff report all allegations of sexual abuse or sexual harassment immediately to their shift supervisor. Site Review: During the facility tour, staff were asked how they would report abuse or harassment. All indicated they would report to their immediate supervisor. Some indicated they would also report to the PCM. The facility has posters throughout the facility, including the staff roster room and break room. Staff were also aware of the GEO hotline, which allows them to make anonymous reports. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

RADDF Policy 11.12

2025-2026 reports

Statement of Fact:

Interviews with

Agency Head

Facility Administrator

Random Staff

The PAQ indicates that when the agency or facility learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the detainee (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

The facility provided:

115.62 (a): Policy 11.12-A mandates that when the facility learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled confidentially, and conversations with the victim are sensitive, supportive, and nonjudgmental.

The PAQ indicated that in the past 12 months, there were 0 times it was necessary for the facility to take immediate action regarding a detainee being in substantial risk of sexual abuse. The facility administrator stated that if it were suspected that a detainee was at significant risk of sexual abuse, he would immediately separate the abuser or victim and investigate. Staff interviewed were aware of their responsibilities if they felt a detainee was at risk of sexual abuse. The facility has multiple living units and would move the detainee to another living unit.

Random staff and shift supervisors indicated that the detainee who was in imminent danger would be separated from the accuser. The staff presented several options, including moving the victim to the medical office, intake, or the supervisor's office.

All random staff indicated they would take immediate action to protect the victim. All indicated they would not allow the detainee to go back into his living unit or wherever he or she was threatening.

The facility administrator indicated that staff will take immediate action to protect the inmate from further harm and make necessary referrals to medical and mental health as appropriate.

	The facility agency head indicated that GEO takes immediate action to protect the victim from further harm and refers them for necessary services (medical, mental health, etc.). Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy 11.12. PAQ Interviews Agency head Facility administrator PCM PAQ requires the agency to have a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the agency or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. 115.63 (a)-(c): The facility provided policy 11.12 Reporting to Other Confinement Facilities. Policy 11.12 mandates if a prisoner alleges that sexual abuse or sexual harassment occurred while confined at another facility, the facility shall document those allegations, and the facility administrator 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 facility will maintain documentation confirming that it has provided such notification and that all actions taken in response to the incident have been documented. Copies of this documentation shall be forwarded to the PREA

	compliance manager and the corporate PREA manager overseeing the facility. According to the PAQ, there were no allegations from a receiving or sending facility of sexual abuse or sexual harassment 115.63 (d) The PAQ requires that the agency or facility's policy require allegations received from other facilities and agencies to be investigated in accordance with PREA standards. The facility provided Policy 11.12, which requires that, when the facility receives a notification of alleged abuse or harassment, it ensure the allegation is investigated in accordance with PREA standards. In an interview with the agency head, the housing facility administrator will report all received reports to the sending facility administrator within 72 hours. The agency head indicated that the administrator cannot designate staff to conduct this notification. The facility administrator interviewed indicated they are aware of that responsibility. He indicated that they would notify the sending facility and the local law enforcement investigator to investigate the allegation. The facility's PREA compliance manager indicated she maintains all of the documentation in the center's PREA file. According to the PAQ and statement of fact, there have been 0 allegations by a receiving detainee that they had been sexually abused or harassed. According to the PREA compliance manager's interview, there has been no report from another facility alleging that a detainee made a report about an incident that occurred at Robert A Detention Facility. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: PAQ RADDF Policy 11.12 PREA lesson plan

PREA Responder pocket card

Coordinated Response Plan,

Investigative Reports Log,

Interview

Random Staff

First Responders

115.64 (a):

The PAQ requires Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that an inmate was sexually abused:
2

Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 2

In the past 12 months, the number of allegations where staff was notified within a time period that still allowed for the collection of physical evidence. 2

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 2

The facility provided Policy 11.12, which states that upon receipt of a report that a detainee was sexually abused or sexually harassed, or if the employee sees abuse, the first security staff member to respond to the report shall:

- a. Separate the alleged victim and abuser.
- b. Immediately notify the on-duty or on-call supervisor and remain on the scene

until relieved by responding personnel.

c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. d. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

e. Do not let the abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

f. If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.

g. It is essential that all contact with the alleged victim be sensitive, supportive, and non-judgmental.

h. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident.

One detainee who made an allegation of sexual abuse was interviewed. He indicated that he notified his unit supervisor, and he was immediately taken to medical. He indicated that the staff told him not to brush his teeth or wash his hands. He was taken to Grady Medical Center for a SANE within the first hour after he made the report.

115.64 (b):

The PAQ requires that if the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

Based on the PAQ, there has been no first responder who was not a correctional staff member who was told by a detainee that he had been inappropriately touched.

Policy 11.12 requires that non-correctional staff who are first responders must request that the alleged victim refrain from taking any actions that could destroy physical evidence and then notify security staff.

All staff interviewed, including non- custody staff, were well aware of their responsibilities as first responders.

A commissary staff member was interviewed as the first responder. She had a PREA pocket card that she provided to indicate she would request the victim or abuse not destroy any evidence and notify the closed direct care staff.

All non-contact staff who were interviewed knew their duties and reported receiving training during yearly in-service and on reminder training sent out by the PREA compliance managers from time to time.

	All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. 100% of staff reported that they would immediately separate the detainees, keep the victims safe, and do what they could to preserve the crime scene. They would also advise the detainees involved not to wash, shower, change clothes, brush their teeth, eat, drink, or use the toilet. They all said they would also immediately call a supervisor and remain on the scene until relieved by responding personnel. All staff are trained as first responders and were issued a pocket card that lists the steps to take when responding to an allegation that a detainee was sexually abused. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy 11.12 - RADDF PREA Coordinated Response Plan PREA Cards Interview Facility Administrator 115.65 (a): The PAQ requires that the facility develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff, first responders, medical and mental health practitioners, investigators, and facility leadership. The facility provided: RADDF Policy 11.12 mandates that facilities have a coordinated response plan. The RADDF Coordinated Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A PREA Incident Checklist for Incidents of sexual abuse and Harassment is completed to ensure that all steps of the plan are followed and proper notifications are made. The Coordinated Response Plan includes: The RADDF is a comprehensive plan that includes

	Section I, Actions required after report of sexual abuse, the initial response, shift supervisor responsibilities, facility crime scene, and notifications required. Section II Initial Response Section III Notification Section IV: Medical Responsibilities. Section V outlines mental health responsibilities. Section VI covers responsibilities when sexual harassment is alleged Section VII addresses responsibilities when sexual activity is alleged. Section VIII involves the investigator's responsibilities. Each of the above responses includes, but is not limited to, staff, contractors, victim advocates, OIG, and the GEO PREA coordinator. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Chief of Security, Lieutenants, the PREA Compliance Manager, the Lead Investigator, and members of the administrative staff are responsible for ensuring compliance with the plan. The Facility administrator indicated that the facility has a coordinated response plan, which is updated annually and is part of the staff's annual training. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives, and documentation were reviewed in formulating compliance with this standard: GEO Corporate Policy 5.1.2-A RADDF Policy 11.12 Collective Bargain with GEO and National Federation of Federal Employees GEO policy states that GEO would not enter into a collective bargaining agreement or

	other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. In an interview with the agency head designee, he stated GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with detainees pending the outcome of an investigation. A review of the collective bargaining agreement clearly documents
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy 11.12 PAQ Corrective Action Plan Staff who provide retaliation monitoring Facility Administrator Agency Head Detainee who made allegation of sexual abuse 115.67 (a): PAQ requires that the agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall Designate which staff members or departments are charged with monitoring retaliation. The facility provides policy RADDF Policy 11.12 Policy 11.12 requires the facility to implement procedures to protect detainees and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by detainees or employees. The policies also state that the Facility PREA compliance manager and mental health personnel shall be responsible for monitoring retaliation of detainees in the facility.

At the time of the onsite audit the center did not have a retaliation monitor. Based on review of past audits, PCM was the designated Retaliation Monitor. The present PCM and present Facility Administrator were not aware of this standard. The center was not able to find any retaliation forms in the investigative files. The detainee who made an allegation of sexual abuse was interviewed and indicated that staff talked to him about every week and that he went to the victim advocacy program one or two times a week.

Since it was determined that there is no documentation of retaliation monitoring, the program was in noncompliance with this standard.

A review of the present investigation noted there were no detainees who made an allegation of sexual abuse in the prior three months. There was one allegation of sexual abuse (non-criminal) that was made on the first day of the audit.

The facility administrator designated the present PCM as the retaliation monitor. The PCM received training on how to carry out her responsibilities during the onsite audit and began retaliation monitoring the second day of the onsite monitoring.

The mental health staff interviewed the only detainee that had made an allegation still housed at the center. He was interviewed and asked how he was doing and did he feel he needed to be monitored for retaliation. He declined and indicated he was satisfied with his housing, and no one had retaliated against him. He was advised that if he felt he needed to talk to someone, he could notify his case manager and they would arrange for the PCM or mental health staff to see him.

115.67 (b):

The PAQ requires the agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility provided:

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

In an interview with the present Retaliation monitor, she indicated that she saw the detainee the day she received the notification of a detainee who claims he has been sexually abused. They indicated that, as part of the initial meeting, the detainee is offered the opportunity to contact the victim advocacy program.

115.67 (c):

The PAQ requires for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include inmate disciplinary reports, housing or program changes, and negative performance reviews or staff reassignments. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need for it.

The facility provided:

Detainees who allege sexual abuse will be monitored by the PREA Compliance Manager or a mental health professional who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor the conduct and treatment of employees who report staff misconduct or employee witnesses who cooperate with these investigations every 30 days for a period of 90 days.

The detainee who made an allegation of sexual abuse indicated that the PCM met with him and advised him that he would be monitored for any problems because of his report. He noted that the detainee who was involved was moved to another housing unit, and he avoided him until the detainee went to BOP.

115.67 (d):

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

The facility provided:

The procedure also requires Monitoring of the detainee, including periodic status checks. The PREA compliance manager was interviewed and indicated that they would review the monitoring logs in the database on an ongoing basis and randomly inspect detainees during tours to check on their status.

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

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

The PREA coordinator stated that all allegations retaliated against by staff will be referred to the Office of Professional Responsibility for investigation. They also indicated that staff who are accused of retaliation would be placed on administrative leave or with no contact status.

The Agency Head indicated When a PREA incident is reported, management staff consider the best options for the victim. Things like housing changes or transfers from the facility, removal of the abuser or staff, and providing emotional support. All is based on the allegation and circumstances.

If an individual who cooperates with an investigation expresses a fear of retaliation, Designated staff at each facility are): assigned to monitor inmates who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual or misconduct for possible retaliation. Employees are monitored once a monthly for at least 90 days.

115.67 (e):

The PAQ requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The facility provided:

Policy 11.12 indicates that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well.

115.67 (f):

The PAQ requires that an agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The facility provided: retaliation monitoring may be terminated if the allegation is determined to be unfounded. The Retaliation monitor indicated that while the official monitoring will end, the facility would continue to check on the detainee for retaliation for making a report.

In the interview with the retaliation monitor, the PREA compliance manager, and the Human Resource Manager, the information provided on the Pre-Audit Questionnaire indicates that there have been no incidents of retaliation in the past 12 months.

Based on this analysis, the facility was required to institute a corrective action plan and was monitored for compliance for thirty days. At the end of the thirty days the facility provided the auditor with the logs for the last 30 days. In interview with the Retaliation Monitor, she was aware of her role. She indicated that, as chief of classification, she supervises the case managers and would continue in the role until the new PCM feels she is ready to take over this responsibility.

Based on implementing a corrective action plan and providing appropriate documentation the facility is in

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy 11.12 - GEO Policy 5.1.2 A At-Risk Logs for 12 months. Statement of Fact Interview with Facility Administrator Staff who supervise the Restrictive Housing Unit 115.68 (a) PAQ requires that the agency have a policy prohibiting the placement of detainees who allege to have suffered sexual abuse in an involuntary restrictive housing unit unless an assessment of all available alternatives has been made. A determination has been made that there is no available alternative means of separation from likely abusers. Policy 5.1.2 A requires that involuntary restrictive housing units may be used only after an assessment of available housing alternatives has shown that there is no other means of protecting the detainee. Any use of a restrictive housing unit to protect a detainee who is alleged to have suffered sexual abuse is subject to the requirements of 115.43. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment:0 The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement:0 The facility provided: GEO Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison Policy mandates that any use of a restrictive housing unit to protect a prisoner who is alleged to have suffered sexual abuse or sexual harassment shall be subject to the requirements of "Protective Custody" (Section K) of this policy. This requirement is not

	limited to involuntary segregation and includes individuals who request protective custody because of an allegation of sexual abuse or sexual harassment. Based on the PAQ, an interview with the Staff that supervises the RHU, and the facility administrator, the facility has not utilized voluntary or involuntary restrictive housing for a PREA-related incident for the protection of detainees from sexual abuse in the last 12 months. The facility utilizes a Sexual Abuse/Assault Available Alternatives Assessment whenever a detainee claims he has been sexually assaulted or abused. The same form is used when detainees claim fear of being placed in the general population due to sexual orientation during the intake process. The alternative assessment provides options for housing of detainees without utilizing the Restrictive Housing Unit. The facility administrator provided a statement of fact that the facility has not placed a detainee in involuntary segregation in restrictive housing during the last 12 months. During the tour of the facility, the auditor reviewed the logbook, which provided the purpose of all detainees housed in the RHU. No detainee was housed in voluntary or involuntary confinement for allegations of sexual abuse or sexual harassment, nor for fear of being sexually abused or harassed in the general population. The facility administrator indicated that they would not utilize RHU to house victims of sexual abuse. They suggest that the facility is large enough to find appropriate housing for at-risk detainees. He also revealed he would house the abuser in RHU as a last resort; if he could not protect the victim, he would require that the victim be transferred. He indicated he has not had to transfer or house a victim in RHU since he was working at the facility. The lieutenant who supervises the RHU indicated that there has not been anyone placed in the RHU who was a victim of sexual abuse or at risk of being sexually abused. The auditor reviewed a random sample of the at-risk logs for the last 12 months and did not find anyone who was housed in the SHU for fear of being sexually abused. The auditor also reviewed all investigative reports from the past 12 months to determine housing assignments during this period. Compliance was determined by review of the PAQ and interviews with detainees who made an allegation of sexual abuse, touring the restrictive housing unit, and interviewing the staff that manages the unit and the facility administrator. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations: RADDf Policy 11.12

GEO Corporate Policy 5.2.1-E

Investigative files

Interviews

Facility administrator

Investigators,

PREA coordinator

PREA compliance manager

115.71 (a):

The PAQ requires the agency/facility has a policy related to criminal and administrative agency investigations.

The facility provided RADDf policy 11.12 Contracting Agreement

RADDf has implemented these policies to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to the Love Joy Police. The facility shall document all referrals. The Love Joy Police may investigate all allegations of sexual abuse or sexual harassment or refer the allegation back to the RADDf to conduct the administrative investigation.

115.71 (b):

The PAQ requires that, where sexual abuse is alleged, the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34

The facility provided policy 11.12

Policy 11.12 requires that facilities shall use investigators who have received specialized training in Sexual Abuse investigations. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility has three trained investigators who have completed specialized training in the investigation of sexual abuse allegations in a confinement setting. The facility provided documentation of specialized investigative training completed by its investigators. The investigator was interviewed and was extremely knowledgeable regarding conducting investigations in a confinement setting. All investigations reviewed were conducted by trained investigators.

The auditor reviewed the Investigator training curriculum and found it to be very

comprehensive. Documentation was provided to the auditor, confirming that the investigator had received specialized training.

115.71 (c):

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

The facility provided RADD policy 11.12

RADD policy 11.12 mandates that investigators are responsible for gathering and preserving evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators, and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

The facility investigator indicated that the first step is to review the allegation and then immediately ensure that the crime scene has been secured. This includes the victim, abuser, and area. I then review videos and gather telephone information, and then conduct an interview with the victim. I don't know how long this will last. If it involves law enforcement, I have to hold everything until they arrive. If the client (US Marshal) indicates they are sending an investigator, then I have to wait until they arrive. Direct evidence is DNA, videos, telephone calls, SANE examinations, and pictures of the victim. Circumstantial evidence includes interviews, witness statements, and hearsay from informers.

15.71 (d):

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

The facility does not conduct criminal investigations. The investigator indicated that, based on the training they received, if the facility was conducting an investigation and the quality of the evidence appeared to support a criminal prosecution, the facility would conduct compelled interviews only after consulting with prosecutors to determine whether compelled interviews might be an obstacle to subsequent criminal prosecution.

115.71 (e):

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

The facility provided RADDF policy 11.12

RADDF policy 11.12 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a detainee or staff member. A detainee who alleges sexual abuse is never required to submit to a polygraph examination.

The investigator indicated they would base credibility on statements inconsistent with credible evidence, history, and overall demeanor during the interview. The detainee is never required to take a polygraph or other truth-telling device.

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

The facility provided the GEO Corporate Policy 5.1.2-E and the RADDF policy 11.12 and investigative files.

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

The facility investigator indicated that an administrative investigation is conducted on all allegations of sexual abuse or sexual harassment. Part of that investigation includes an effort to determine whether staff actions or failures to act contributed to the abuse.

Documentation includes all direct evidence, including videos, phone calls, and DNA. It consists of all interviews, the original allegations, housing assignments, referrals to Law Enforcement, the client, or the GEO Office of Professional Responsibility, and everything that was gathered in the investigation.

The investigator indicated that the facility puts a copy of the notification and after-action report in the investigative files. We also do a final determination of the outcome of the investigation.

115.71 (g):

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

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

The facility administrator indicated they have a good working relationship with the police and can get all of the criminal investigations unless it has been transferred to the prosecutor. Then, they will provide a case file number that we can utilize to find the status of the investigation.

115.71 (h):

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

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 3

RADDF policy 11.12 mandates that substantiated allegations of conduct that appear to be criminal shall be referred for criminal prosecution.

According to information reported on the Pre-Audit Questionnaire and in an interview with facility investigators, since the last PREA audit, there were 3 allegations of sexual abuse referred for prosecution in the last three years.

115.71 (i):

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

The facility provided GEO Corporate Policy 5.2.1-E and RADDF policy 11.12

GEO Corporate Policy 5.2.1-E requires that the agency retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j):

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

The facility provided GEO Corporate Policy 5.2.1-E and RADDF policy 11.12

GEO Corporate Policy 5.2.1-E requires that the departure of an alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

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

115.71 (l)

	The PAQ requires that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. RADDF policy 11.12 When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In an interview with the PREA Coordinator, he reported that facilities are required to check in with outside investigators at least every 14 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of the outcome of investigations are completed as required. In an interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation. The facility administrator indicated the facility has a close relationship with the Police Department. There were 5 allegations of sexual abuse over the last 12 months. All allegations of sexual abuse were sent to the Love Joy Police and US Marshal for investigations. The US Marshal conducted one investigation, Love Joy Police investigated one investigation, and the other three investigations were determined to be non-criminal and referred back to the facility for further investigation. The facility investigated 5 allegations of sexual harassment and sexual abuse. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy 11.12 Report on Investigation Investigator training curriculum Interview with Facility Investigator 115.72 (a):

	The PAQ requires that the agency impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility provided RADDF policy 11.12 and the GEO Investigator training curriculum RADDF policy 11.12 and Investigator training indicate the facility shall impose no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on interviews with investigators, findings are categorized as Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The findings will be based on the standard of proof of the preponderance of the evidence (51% of the evidence). The Investigator must objectively review all evidence that supports or contradicts the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding, and support a finding of sexual abuse or harassment by a preponderance of the evidence. Investigators must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or are confident that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case. The auditor reviewed the investigation completed by the facility and noted that all facility administrative investigative reports included findings based on the preponderance of the evidence. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: PAQ Policy 11.12 Investigative Report Investigative Files Notification to Detainees 115.73 (a): The PAQ requires that, following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as

to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The facility provided:

RADDF Policy 11.12

RADDF Policy 11.12 indicates that following an investigation of sexual abuse of a detainee, the detainee shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PREA Compliance Manager is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The detainee receives a copy of the form, which is placed in the investigative file and forwarded to the PREA Coordinator's office. According to the PCM, a review of the investigative files confirmed that there was notification provided to a detainee. There were four notifications to detainees found in the investigative files. The notification included detainees who left the facility without providing a mailing address, as well as inmates who were transferred and subsequently released, but did not provide a mailing address or any way of contacting them.

115.73 (b):

The PAQ requires that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

The facility provided RADDF policy 11.12

RADDF policy 11.12 stated if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

According to the policy and PREA compliance manager, if the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the detainee.

115.73 (c):

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

Policy 11.12 requires following a detainee's allegation that an employee has committed sexual abuse against the detainee; the facility is required to inform the detainee of the outcome of the investigation. The detainee is to be informed if the staff member is no longer posted within the detainee's unit, if the staff member has

	been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility. 117.73 (d): The PAQ requires Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. GEO policy and procedure requires that, following a detainee's allegation that another detainee has sexually abused him, the agency will inform the alleged victim if the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 115.73 (e): The PAQ requires that all Notifications of Outcome of Allegations or attempted notifications be documented and filed in the corresponding investigative file. In interviews with the PREA compliance manager, they meet with the detainee and explain the outcome of the investigation. This helps detainees know what an unsubstantiated allegation means in layman's terms. There were 2 notifications to a detainee located in the investigative file for the previous 12 months. According to the PREA Compliance manager, the other detainees were moved or released, and the previous PCM did not keep those notifications. A detainee who was sexually abused was interviewed. He indicated he was advised in person and in writing that the outcome of the investigation was substantiated. Was about 3 weeks after the incident. I was also advised that the detainee had been transferred to a high-security jail or BOP facility. The staff did tell me that the detainee was being prosecuted about 3 weeks ago. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

RADDF Policy 11.12

Investigative Files

Employee Handbook

Interview with

Facility Administrator

Facility Investigator

115.76 (a):

PAQ requires That Staff shall be subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies.

The facility provided RADDF Policy 11.12

RADDF Policy 11.12 outlines disciplinary action and employee disciplinary sanctions. Discipline up to and including termination can be imposed for substantiated violations. Based on the PAQ and review of investigative files, 3 persons resigned or were terminated during the last 12 months.

115.76 (b):

PAQ requires termination to be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

RADDF provided Policy 11.12

Based on RADDF Policy 11.12, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Based on the PAQ and review of investigative files, one person resigned instead of termination, and two were terminated during the last 12 months.

115.76 (c):

PAQ requires 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.

The facility provided RADDF Policy 11.12, which states that disciplinary action and employee disciplinary sanctions. Discipline up to and including termination can be imposed for substantiated violations. Any disciplinary sanction for violation of agency policy other than sexual activity will be determined on 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.

According to the PAQ, there were no sanctions that did not include termination in the

	last 12 months. 115.76 (d): PAQ requires that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies The facility provided RADD Policy 11.12 RADD Policy 11.12 mandates that all terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was not criminal. During the interview with the facility administrator, the information provided by the facility investigator indicated that one staff member had resigned during the investigation, which is considered a presumptive termination if the allegation is substantiated Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: Policy 11.12 Statement of fact PAQ 115.77 (a): FAQ requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility provided RADD Policy 11.12 RADD Policy 11.12 mandate that any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with detainees and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/ certifying bodies unless the activity was clearly not criminal.

	Any contractor or volunteer who engages in sexual abuse, even though it was not criminal, will be reported to professional licensing/certifying bodies. 115.77 (b): The PAQ requires the facility to take appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The facility provided RADD Policy 11.12 RADD Policy 11.12 mandates that, in cases not involving criminal activity, the facility take appropriate remedial measures and consider prohibiting further contact with detainees. During the previous year, there were no incidents where a contractor or volunteer was accused of, suspected of, or found guilty of sexual abuse or sexual harassment at RADD. The facility administrator's interview indicated he would take immediate action to remove the contractor or volunteer from contact with detainees. He would pull their identification cards and post a notice at the front entrance, stating that they were not to be allowed access to the facility. If it were a contractor, the administrator indicated that he would notify the contractor's supervisor immediately so that the supervisor could provide a replacement staff member for the task. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives, and documentation were reviewed in formulating compliance with this standard: RADD Policy 11.12 Detainee Handbook PREA Posters of Zero Tolerance 115.78 (a): The PAQ requires that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for

inmate-on-inmate sexual abuse.

In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 4

The information in the PAQ was clarified and indicated the number of administrative investigations that were unsubstantiated. It also included two allegations that were determined to be consensual sexual activity. There were no administrative findings of substantiated sexual abuse.

In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility:1

The facility provided RADDF Policy 11.12 and the detainee handbook

RADDF Policy 11.12 outlines discipline and prosecution related to disciplinary sanctions for detainees. The RADDF detainee handbook outlines category 10, a first-level detainee discipline (the greatest category offense), which involves assaulting any person (including sexual assault). There were seven substantiated administrative detainee-on-detainee sexual abuse cases in the previous 12 months at the RADDF. The investigative reports were reviewed and showed that the finding was that it was consensual sexual activity.

The facility administrator interviewed indicated that sanctions are included as part of our internal disciplinary process or criminal sanctions as opposed to law enforcement following a criminal finding of guilt.

The facility provided a statement of fact that one detainee was found to have committed a criminal act and was placed in RHU, transferred to a high security BOP facility, and is awaiting trial for sexual assault.

PAQ requires that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The facility provided RADDF Policy 11.12,

RADDF policy state that at RADDF, allegations of sexual abuse and sexual harassment are taken very seriously, as are the sanctions imposed for violating the zero-tolerance policy, and that prior to disciplinary hearings at the facility, considerations of the nature of the crime, disciplinary history, and similar sanctions imposed for comparable violations are discussed with the goal of the disciplinary team coming to consensus on the imposed sanction.

Before the hearing, mental health staff evaluates the detainee to consider any mental disabilities or mental illness when determining sanctions.

115.78 (c):

The PAQ requires that the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what

type of sanction, if any, should be imposed.

The facility provided RADD Policy 11.12

As required by 11.12, the detainees' mental disabilities or mental illness is discussed as possibly contributing to the violation. Each detainee is seen by mental health staff prior to the disciplinary hearing and guidance is provided to the disciplinary staff.

The facility administrator interviewed indicated that, prior to the hearing, mental health staff evaluates the detainee to consider any mental disabilities or mental illness when determining sanctions.

115.78 (d):

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

The facility provided RADD Policy 11.12

The RADD facility does provide mental health interventions for its detainees.

In discussion with mental health staff, mental health counseling generally involves interventions in group settings, but in cases of detainees with mental illness, one-on-one counseling can occur. The RADD PCM acknowledged utilizing the services of mental health staff on an as-needed basis for detainee discipline.

115.78 (e):

The PAQ requires that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The facility provided RADD Policy 11.12

RADD policy 11.12 prohibits disciplining a detainee for sexual contact with an employee unless it is found that the employee did not consent to the contact. There were 32 reports of sexual abuse by a detainee on staff in the past 12 months at RADD.

115.78 (f):

The PAQ requires, for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The facility provided RADD Policy 11.12

RADD Policy 11.12 states that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely

	reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. 115.78 (g): The PAQ requires that an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The facility provided RADD Policy 11.12, PREA posters, videos, education, and training. The agency and RADD have a zero-tolerance policy for sexual abuse and sexual harassment. Policy 11.12 outlines the potential sanctions for sexual abuse and sexual harassment. Facility PREA posters, videos, education, and training outline the potential sanctions for sexual abuse and sexual harassment. The RADD PCM acknowledged that allegations are sometimes made, but through the investigation it is determined the behavior was not coerced. In that case, detainees may be disciplined for participating in sexual activity; however, it would not be for violating a PREA standard. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required
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115.81 Medical and mental health screenings; history of sexual abuse	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADD Policy 11.12 Facility Intake Risk Assessment Referral to MH Interviews with Staff who conduct victim screening, Mental Health Staff Targeted detainees. Consent for Mental Health Services form Mental Health Evaluations 115.81(a). The PAQ requires that if the screening under § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an

institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

The facility provided RADD Policy 11.12, Facility Intake Assessment, and Referral to MH.

RADD Policy 11.12 requires that during the initial PREA Screening, if the detainee reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the detainee will be referred to mental health for further evaluation within 14 days. Upon reviewing the 30-day follow-up assessments, the detainee discloses prior victimization not reported during the initial screening. The PREA Compliance Manager will then refer the detainee to mental health for further evaluation. Medical and mental health providers, according to their professional judgment, determine the nature and scope of these services.

In the information reported on the Pre-Audit Questionnaire, 100% of the detainees assigned to the facility in the past 12 months who disclosed prior victimization were offered a follow-up meeting with the Mental Health Provider. At the time of the audit, three detainees claimed prior victimization. The auditor reviewed resident screening files, and referrals were documented on all detainees who claimed prior victimization or were considered to be at risk of victimization. As part of the interviews of detainees, some detainees were considered at risk of victimization by the intake staff, including case managers and medical practitioners.

Each interviewee indicated that the mental health professional saw them during their first or second day at the center.

Two detainees who had a history of victimization were interviewed. Each indicated that the nurse interviewed them upon arrival at the facility and asked about being a victim of sexual abuse or exploitation. They indicated they had, and the medical staff notified the mental health staff. During the screening, they were asked the same question and revealed that they had spoken to a Mental Health Professional during their medical screening.

One of the victims refused mental health services. One of the detainees indicated they are still seeing a mental health professional.

115.81 (b):

The PAQ requires that if the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

In the past 12 months, 100 percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner:

The facility provided RADDF Policy 11.12, Facility Intake Assessment, and Referral to MH

Any detainee who reports during initial PREA screening or in follow-up screenings that they have previously perpetrated sexual abuse in an institutional setting or the community will be offered a follow-up meeting with medical or mental health within 14 days of the screening. No detainee claimed he perpetrated sexual abuse.

115.81 (c)(d)(e): The facility is a detention facility and operates under the prison standards.

The PAQ requires that medical and mental health practitioners obtain informed consent.

Consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

The facility provided intake medical/ mental health evaluations, including Consent for Service forms, and interviews with medical and mental health staff.

Medical and mental health staff have detainees sign for treatment or services upon arrival at the center. Based on interviews, medical and mental health staff indicated they would be required to get consent on reporting information about prior sexual victimization that did not occur in an institutional setting unless the victimization occurred when the detainee was under the age of 18.

Based on interviews with mental health services, detainees who report prior sexual victimization and those who disclose previously perpetrating sexual abuse are being referred for evaluation, and consent forms or refusals are being obtained. The Mental Health provider indicated that he makes himself available when new intakes arrive at the facility and tries to see each of the new intakes. They noted that if any resident claims prior victimization or detainees are identified as being at risk by the screeners, they are seen upon arrival and spoken with in private, with an offer of a follow-up meeting on the same day or the following day.

The medical staff sees detainees who are at risk of being victimized on an ongoing basis. If they indicate they would like to continue seeing mental health after the initial interview based on the intake screening, the detainee is placed on the mental health provider's case load and seen either weekly or monthly.

	Mental Health and Medical files are maintained in the medical area and are off limits to all non-medical or mental health staff. The mental health staff provided documentation of the screening instrument, referral, and their corresponding clinical notes. All information is kept in secure files and off limits to all other staff. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations. RADDF Policy 11.12 Coordinated Response Plan Medical and Mental Health Assessments Statement of Fact Interviews with Medical Staff Mental Health Staff First Responders, GKM Health Solutions MOU Detainee who made allegation of Sexual Abuse 115.82 (a): PAQ requires that Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility provided RADDF Policy 11.12 and interviews with mental health/medical staff. RADDF Policy 11.12 states, "Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. There was one SANE at the facility in the last three years. Medical staff interviews indicated that the facility has medical staff on site twenty-

four hours a day and utilizes Grady Medical Center for medical needs and GKM Health Care Solutions or Grady Medical Center for SANE services. Grady Medical Center was contacted, and they indicated that they have a SANE staff on call 24 hours a day. GKM indicated they would coordinate with a SANE staff to report to the facility or their medical center for SANE examinations.

The mental health staff interviewed indicated they are on duty 12 hours a day and have on-call staff at all other times.

The facility had one SANE in the last 12 months. It was conducted at Grady Medical Center.

The detainee who made an allegation of sexual abuse was interviewed. He indicated that he was transported to Grady Medical Center and met with a victim advocate and SANE staff at the medical center.

115.82 (b):

The PAQ requires that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim under § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

The facility provided RADDF Policy 11.12 and conducted interviews with first responders.

All staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health practitioners. Both security and non-security staff interviewed knew their first responder duties. Forensic exams are not performed by facility medical staff. Detainee victims of sexual abuse are referred to Grady Medical Center or to GKM Health Care Solutions for emergency treatment and a Sexual abuse nurse examination.

115.82 (c)(d):

The PAQ requires that victims of sexual abuse while incarcerated be offered timely information about and timely access to emergency contraception and sexually.

Transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility provided RADDF Policy 11.12.

Detainee victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All services are provided without financial cost to the victim, regardless

	of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical staff indicated that it is part of the SANE process, and she would follow up when the detainee returns to the facility. There is no charge to the detainee for medical services. An MOU with GKM was established to provide crisis intervention services. All services are provided at no cost to detainees, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical Staff interviewed reported that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They also stated that once the report is received, the detainee will be seen immediately. The medical and mental health staff verified that the professional judgment of the treatment and crisis intervention staff determines the nature and scope of such services. She also verified that they offer information about and timely access to sexually transmitted infections prophylaxis, where medically appropriate. An interview with a Mental Health Director verified that mental health also meets with a detainee within 24 hours of an alleged incident of sexual abuse to offer supportive counseling. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations, RADD Policy 11.12 Mental Health evaluations Statement of Fact Interviews with Mental Health staff, Staff of GKM MOU Detainee who made allegation of Sexual Abuse 115.83 (a): The PAQ requires the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The facility provided policy 11.12, medical and mental health staff interviews, and mental health evaluations

RADDF policy 11.12 outlines ongoing actions after reports of sexual abuse. Medical and mental health evaluations and treatment, where appropriate, will be provided to all victims of sexual abuse that occur in any prison, jail, lockup, or juvenile facility.

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

The detainee who made an allegation of sexual abuse interview indicated that he was going out to the victim advocacy center for the last several months; however, he had not been in the last two weeks. He indicated he did not have to pay for any of the services he has been offered.

115.83 (b)

The PAQ requires that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The facility provided policy 11.12, which included interviews with medical and mental health staff.

The mental health and medical staff interviews indicated that if a detainee went to the hospital for a SANE, the hospital would send a discharge summary and mental health evaluation with the detainee. The medical staff indicated that they would call the clinical director, review the discharge summary, and implement the hospital's recommendations. The mental health staff indicated that they would conduct a mental health screening, develop a treatment plan, and implement the required services.

115.83 (c)(d)(e)(f):

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

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

According to an interview with the medical staff, they stated that the level of care provided is at least equal to or better than the community level of care. They also verified that victims of sexual abuse are offered information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. Services are provided at no charge to the detainee.

The facility provides victims with medical and mental health care consistent with the community level of care, as confirmed by an interview with the nurse. The facility has a full-time medical staff and offers 12 hours of mental health services, with on-call

mental health staff available as needed. The facility offers emotional support through a local victim advocacy program, which provides a hotline and visits the center weekly.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The facility provided policy RADD Policy 11.12, medical file review, mental health referrals, and an interview with medical and mental health staff.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

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

Treatment services shall be provided to the victims without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The detainee who made an allegation of sexual abuse indicated that he was tested for AIDS at Grady and was provided with treatment for sexually transmitted infections at Grady and when he came back to the center. He indicated that he still sees medical and mental health providers weekly.

115.83 (g):

The PAQ requires that Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility provided policy 11.12

Policy 11.12 mandates that all services shall be provided without financial cost to the victim, regardless of whether the victim names their abuser or cooperates with any investigation arising from the incident.

115.83 (h)

The PAQ requires all prisons to attempt to conduct a mental health evaluation of all

	known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The facility provided policy 11.12 Mental Health staff interviewed indicated that the facility meets with abusers and offers mental health services when an allegation is substantiated. During the last 12 months, a detainee who sexually abused another detainee was moved before the conclusion of the investigation. The director of the GKM indicated that victims of sexual assault would be provided aftercare services, including meeting with emotional support staff at the detention facility and follow-up when they leave the center. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RADDF Policy 11.12 Report of Investigation Incident Review Committee After Action Reports PAQ 115.86 (a): The PAQ requires that 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. The facility provided RADDF Policy 11.12 and a review by the Incident Review Committee. RADDF Policy 11.12 requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. At the time of the PAQ, there were 7 investigations that required an incident review team meeting. GEO has developed an Incident Review Committee report that contains all the elements of an

incident review team meeting.

115.86 (b):

The PAQ requires that the review be conducted within 30 days of the conclusion of the investigation.

The facility provided RADDF Policy 11.12

RADDF Policy 11.12 mandates the review is conducted within 30 days of the conclusion of the investigation.

A review of all the Incident Review Committee reports found they were completed within 30 days after the completed investigation.

115.86 (c):

The PAQ requires the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The facility provided RADDF Policy 11.12 and an after-action report, which included a sign-in sheet for participants.

The Incident Review Committee consists of the facility director, Chief of Security, PREA Compliance Manager, Lead Investigator, Unit Manager, Classification Supervisor, and the nurse. The PREA Coordinator or his staff may attend via telephone or in person.

115.86 (d):

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

The facility provided RADDF Policy 11.12, and after-action reports

A review of the Incident Review Committee documented that the team considers whether the incident was motivated by race, ethnicity, gender identity, or perceived

	status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate. The PREA compliance manager serves on the committee and works with the team to prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager. There were six after-action reports completed during the last 12 months. 115.86 (e): The PAQ requires the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. The facility provided RADD Policy 11.12 and an after-action report In interviews with the facility administrator and PREA compliance manager. As part of the after-action report, the facility submits the report to the corporate office for approval. The facility then develops an after-action report and a Corrective Action Plan, which are also submitted to the corporate office. The facility completes the corrective action plan and submits the completed documentation to the corporate office. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations in the GEO Corporate Annual Report 2025 RADD Policy 11.12 GEO Group Annual Reports (2022-2025) 115.87 (a): The PAQ requires that the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and a set of definitions.

The facility provided GEO Corporate Policy 11.12-A and the GEO Corporate Annual Report.

GEO policy 11.12-A mandates that all facilities under the GEO umbrella collect uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to use a standardized instrument with clearly defined definitions. The incident-based data collected shall include, at 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.

A review of the GEO annual Report for 2025 indicated the following:

In 2025, The GEO Group, Inc. received a total of 414 allegations of sexual abuse and harassment involving detainees, residents, and inmates. The report includes data from 58 secure and non-secure residential facilities and provides information regarding the types and outcomes of these allegations, as well as the measures taken to prevent and respond to incidents of sexual misconduct.

In 2025, there were a total of 414 allegations that met the definitions of sexual abuse or harassment. This report reflects the status of 2025 allegations as of June 1, 2026. As of June 1, 2026, 52 of 414 investigations remained ongoing from the calendar year 2025. Of the 52 ongoing investigations, 52 are being conducted by outside law enforcement agencies.

115.87 (b):

The PAQ requires the agency to aggregate the incident-based sexual abuse data at least annually.

The facility provided RADD Policy 11.12

RADD policy mandates that the Facility PREA Compliance Managers shall be responsible for compiling data collected on sexual activity, sexual harassment, and sexual abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator. The PREA Compliance Manager ensures that data is compiled and submitted to the PREA Coordinator every month using the Monthly PREA Incident Tracking Log. In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Compliance Manager ensures that a PREA Survey is created, updated, and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment, sexual activity, and voyeurism. At least annually, the PREA Coordinator aggregates this data.

115.87 (c)(d):

The PAQ requires that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

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

	abuse incidents. The facility provided the GEO Annual Report, 2023, 2024 and 2025. Policy 11.12-A mandates that the data collected will be, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). A review of the annual report codified this requirement. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and reviews of sexual abuse incidents. In an interview with the PREA coordinator, all allegations of sexual abuse and sexual harassment are reviewed by the regional PREA coordinator team members, the Corporate investigative unit, facility administrator, and regional supervisor. The yearly report is reviewed during the facility's PREA assessment. 115.87 (e): The PAQ requires the agency to also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. This provision of this standard does not apply to this facility. The agency does not contract for the confinement of detainees. 115.87 (f): Upon request, the agency shall provide the Department of Justice with all such data from the previous calendar year by June 30. According to an interview with the PREA coordinator, GEO shall, upon request, provide such data from the previous calendar year to the Department of Justice by June 30. The facility provided copies of the monthly and annual logs for review. The log contained all elements required by policy. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.88	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations RADDF Policy 11.12

GEO Annual PREA Data Comparative Report 2024 -2025

Annual Facility Assessment 2025

115.88 (a):

The PAQ requires the agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The facility provided GEO Corporate PREA Procedure 11.12, GEO Annual PREA Data Comparative Report 2024 -2025.

RADDF 11.12-A states, "GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

The agency head interview indicated that reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The agency coordinator interview indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. (115.88) Additionally, all our clients, except USMS, include GEO PREA data in their annual PREA reports. Facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. GEO has a secure PREA Portal with restricted access to retain all the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program.

These recommended improvements are submitted to the appropriate divisional

authority for Secure Services and Reentry Services annually for review and approval.

The Annual Report comparison from 2024 to 2025 indicated a reduction in the number of allegations of sexual abuse and sexual harassment. GEO 2025 annual report highlights many corporate efforts to provide for a sexually safe environment. They included the following.

In 2025, GEO implemented the following actions to enhance the prevention and detection of any incidents and to enhance responses to allegations of sexual abuse and sexual harassment:

- Corporate Contract Compliance Department Enhancements
- Monthly PREA training sessions continued to be delivered by subject matter experts to PREA compliance managers, specialized investigators, and compliance staff. Each session addressed targeted PREA-related topics, with an increased emphasis on emerging trends, audit findings, and operational challenges. These sessions supported ongoing professional development, strengthened subject matter expertise, and reinforced best practices to ensure consistent, high-quality compliance and service delivery across all facilities.

- Annual PREA Facility Assessments were conducted in all GEO U.S. Secure Services and Residential Reentry Centers to identify areas needing improvement to enhance the company’s ability to protect individuals from sexual abuse and sexual harassment. All recommendations for enhancements were submitted and reviewed by the corporate PREA coordinator and appropriate divisional authority. Examples of enhancements include:
 - Three facilities initiated the process of upgrading their video surveillance systems.
 - Six facilities added additional cameras to enhance monitoring and eliminate blind spots.
 - One facility increased the frequency of security rounds, resulting in greater staff visibility and more consistent monitoring of residents.
 - Three facilities added new mirrors in strategic locations, resulting in improved visibility, reduced blind spots, and enhanced staff supervision.
 - To improve accessibility and ensure understanding across diverse populations, the comprehensive education manual was translated into 8 new languages.
 - One facility Installed a T.V in a high traffic area with the PREA resident education video playing on a continuous loop to help increase resident awareness.
 - One facility conducted refresher training on PREA standards and first responder duties periodically, including integration into shift briefings and department head meetings.

- Attended the National PREA Coordinator’s Conference in Madison, WI, gaining valuable insights and best practices to strengthen institutional compliance and enhance sexual safety practices.
- Participated in quarterly National PREA Coordinators Working Group meetings, promoting collaboration and knowledge sharing with professionals nationwide to support continuous improvement and alignment with national standards.
- Promoted Sexual Assault Awareness Month across all facilities through coordinated awareness activities and educational materials, fostering a culture of prevention, support, and zero tolerance for sexual abuse.
- Conducted a comprehensive review of PREA policies to ensure alignment with federal standards and evolving best practices, reinforcing organizational compliance and consistency across facilities.

115.88 (b)(c):

The PAQ requires 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 the agency's progress in addressing sexual abuse.

The PAQ requires the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

The facility provided the GEO Annual PREA Data Comparative Report 2023 -2024

The PREA Coordinator reviews the data collected, and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. This information is also captured in the annual PREA assessment completed by the PREA coordinator's staff.

The PAQ requires the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Secure Services and International Operations for their signatures and approval. The report is made public on the GEO website at <https://www.geogroup.com/prea>.

The agency head and PREA coordinator interviews indicated our annual PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry, and our CEO.

A review of the annual reports verified the information provided by these interviews.

115.88 (d):

The PAQ requires that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The facility provided GEO Annual PREA Data Report 2023,2024, and 2025

Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report.

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

A review of the GEO website for the last 3 years confirmed the findings of the assessment team. The GEO annual report provides more information than is required and at the same time provides the person reviewing the report with a detailed look at

	PREA in action in GEO facilities. Based on this analysis, the facility exceeds compliance with this standard provision and corrective action is not required.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations, GEO Corporate PREA Procedure 5.1.2-A RADDF Policy 11.12 GEO Annual PREA Data Report Interviews with PREA compliance manager, PREA Coordinator 115.89 a): The PAQ requires the agency shall ensure that data collected pursuant to § 115.87 is securely retained. The facility provided RADDF Policy 11.12 and an interview with the PREA compliance manager and the PREA coordinator. RADDF Policy 11.12 mandates that all case records associated with claims of sexual abuse be maintained and filed in a secure file cabinet in the PREA compliance manager's office. During the tour of the facility, the auditor noted that the PREA compliance office was locked in each visit by her office. The auditor was required to return all investigative files to the PREA compliance manager when leaving the conference room during the review of investigative files. The auditor noted that all computers in the case manager, medical, and mental health areas were closed if no one was in the offices. Interviews with case managers indicated that they do not have access to investigative files on their GEO database. The agency head interviewed indicated that GEO has a secure PREA portal with restricted access to retain all the PREA data. Every incident is entered into the portal by the PREA managers at each facility annually. 115.89 (b):

The PAQ requires that the agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

The facility provided GEO Corporate PREA Procedure 11.12-A and <https://www.geogroup.com/prea>.

GEO makes all aggregated sexual abuse data from all its facilities public annually on its website at <https://www.geogroup.com/prea>. A review of the website confirmed that the agency has uploaded PREA reports from 2017 to 2024.

115.89 (c):

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

The facility provided the GEO Corporate PREA Procedure 11.12-A and an interview with the PREA coordinator.

The PREA Compliance manager indicated that the facility uploads all allegations of sexual abuse or sexual harassment into a secure Portal.

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

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

115.89 (d):

The PAQ requires that the agency shall maintain sexual abuse data collected pursuant to §115.89 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

The facility provided GEO Corporate PREA Procedure 5.1.2-A.

Corporate Policy: 5.1.2-A and RADD Policy 11.12 mandate that data collected according to this procedure shall be securely retained by the Facility or Corporate office for at least 10 years or longer if required by state statute. Before making aggregated sexual abuse data publicly available, all personal identifiers must be removed. All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, are retained by Federal and state statutes and guidelines specified by the contract authority. Confinement Facilities ensure that the data collected is securely retained for at least 10 years.

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

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making the compliance determinations; GEO policy 5.1.2-A RADDF Policy 11.12 115.401 (a)(b): The PAQ requires that, during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. The facility provided GEO policy 5.1.2-A GEO policy 5.1.2-A requires that during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. The initial PREA audit of The RADDF was conducted in 2014 by a DOJ-certified PREA auditor. The second recertification of the Detention Facility was in 2017. The third Recertification was conducted in 2000 by a certified PREA auditor. The fourth Recertification was in 2023 115.401 (h): The PAQ requires the auditor shall have access to, and shall observe, all areas of the audited facilities. The auditor had full, unfettered access to all data and documentation, all staff and detainees, and all contractors and volunteers. Access to detainee, staff, investigative files, and training records, intake, classification, and risk assessments records were made available throughout the audit process. The auditor was provided with various logs, including allegations, referrals to medical and mental health, and retaliation monitoring. Housing logbooks that showed unannounced rounds, detainee movement, and other operational information for each housing location were available. All interviews, random staff and detainees, targeted detainees, and specialized staff were conducted in a private manner. There were no refusals for interviews. Sexual safety and the safety of staff and detainees at the RADDF are top priorities. All areas of the facility were observed during the original

	tour of the facility. During the on-site audit, the auditor reviewed several areas of the facility. Staff and detainees were randomly interviewed during the tour. The facility staff granted the auditor unfettered access to speak privately with staff and detainees. 115.401 (i): The PAQ requires that the auditor be permitted to request and receive copies of any relevant documents (including electronically stored information). I requested personnel files, detainee files, training records, investigation files, logbooks, and pertinent forms utilized to conduct the requirements of the audit process. All documentation required was provided to the auditor in a timely manner. Many of the documents were requested onsite and during the post-onsite phase of the audit. 115.401 (m): The PAQ requires that the auditor be permitted to conduct private interviews with detainees. I interviewed specialized staff, random staff, random detainees, and targeted detainees during the onsite audit. Interviews were conducted in a private office and a classroom area of the facility. 115.401 (n) The PAQ requires that inmates be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Detainees were notified at least 6 weeks prior to the onsite audit, via posted facility notices in English and Spanish, that they could send confidential correspondence to the Auditor. Interviews with detainees stated that they have seen a posting. No detainee contacted the Auditor prior to or during the audit. The staff responsible for the mail was interviewed. She indicated that all mail addressed to legal entities and the PREA auditor is treated as confidential and private, and she only stamps the mail and sends it to the addressed entity. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.403	Audit contents and findings
	Auditor Overall Determination: Exceeds Standard

	Auditor Discussion Evidence relied upon in making the compliance determinations PREA audit reports https://www.geogroup.com/prea 115.403 (f): The PAQ requires that the agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public. Per agency policy and standard requirements, GEO assures me that this final report will be published on their website at (https://www.geogroup.com/prea) to be available to the public. This is the fifth PREA audit for recertification of the Robert A Deyton Detention Facility. The initial PREA audit of the RADDf was conducted in 2014 by a DOJ-certified PREA auditor. The second recertification of the Detention Facility was in 2017. The third Recertification was conducted in 2000 by a certified PREA auditor. The fourth Recertification was in 2023. This is the fifth audit of this facility. All of the previous audits, with the exception of 2014, were located on the GEO website or accessed through a Google search. According to interviews with the PREA coordinator, the audit reports are posted on the website within the 90-day requirement. Posts from 2017 to the present are available on the GEO website. All contracting entities, with the exception of the US Marshals Service, post the PREA audits on their respective websites or forums.
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Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to	yes

	consent or refuse?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f) Hiring and promotion decisions		
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

	contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

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

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	

	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from 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
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of 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 inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	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
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	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?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	yes

	115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted	yes

	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?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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	na

	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.)	
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (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