

# PREA Facility Audit Report: Final

**Name of Facility:** Scranton Residential Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/02/2025

## Auditor Certification

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



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



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



**Auditor Full Name as Signed:** Robert Manville

**Date of Signature:** 07/02/2025

## AUDITOR INFORMATION

**Auditor name:** Manville, Robert

**Email:** robertmanville9@gmail.com

**Start Date of On-Site Audit:** 05/14/2025

**End Date of On-Site Audit:** 05/15/2025

## FACILITY INFORMATION

**Facility name:** Scranton Residential Reentry Center

**Facility physical address:** 539 Linden Street, Scanton, Pennsylvania - 18503

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Gardnia Simeon
<b>Email Address:</b>	gsimeon@gmail.com
<b>Telephone Number:</b>	8624006644

Facility Director	
<b>Name:</b>	Gardnia Simeon
<b>Email Address:</b>	gsimeon@geogroup.com
<b>Telephone Number:</b>	8624006644

Facility PREA Compliance Manager	
<b>Name:</b>	Gardnia Simeon
<b>Email Address:</b>	gsimeon@geogroup.com
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	96
<b>Current population of facility:</b>	84
<b>Average daily population for the past 12 months:</b>	82
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-66
<b>Facility security levels/resident custody levels:</b>	minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	20
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	J David Donahue
<b>Email Address:</b>	ddonahue@geogroup.com
<b>Telephone Number:</b>	5618930101

Agency-Wide PREA Coordinator Information
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<b>Name:</b>	Manny Alvarez	<b>Email Address:</b>	Manuel.Alvarez@geogroup.com
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

6

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.217 - Hiring and promotion decisions
- 115.241 - Screening for risk of victimization and abusiveness
- 115.242 - Use of screening information
- 115.288 - Data review for corrective action
- 115.401 - Frequency and scope of audits

#### Number of standards met:

35

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-05-14
2. End date of the onsite portion of the audit:	2025-05-15

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	96
15. Average daily population for the past 12 months:	82
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	76
<b>19. 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:</b>	1
<b>20. 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:</b>	1
<b>21. 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:</b>	1
<b>22. 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:</b>	0
<b>23. 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:</b>	0
<b>24. 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:</b>	4

<b>25. 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:</b>	0
<b>26. 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:</b>	0
<b>27. 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:</b>	1
<b>28. 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:</b>	0
<b>29. 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):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. 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:</b>	20
<b>31. 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:</b>	0

<b>32. 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:</b>	0
<b>33. 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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	12
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	I interviewed residents from each of the housing units. I interviewed residents who were at work and those who were at the center.
<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>38. 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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>41. 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:</b>	1
<b>42. 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:</b>	1

<b>43. 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:</b>	0
<b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>43. 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).</b>	The auditor interviewed the facility director and assistant director. The auditor reviewed all residents' screening instruments and the resident-at-risk log. During the tour, the auditor had a conversation with each of the residents who were at the center and asked if any residents were disabled, deaf, blind, or Limited English Proficient.
<b>44. 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:</b>	0
<b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<b>44. 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).</b>	<p>The auditor interviewed the facility director and assistant director. The auditor reviewed all residents' screening instruments and the resident-at-risk log. During the tour, the auditor had a conversation with each of the residents who were at the center and asked if any residents were disabled, deaf, blind, or Limited English Proficient.</p>
<b>45. 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:</b>	<p>2</p>
<b>46. 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:</b>	<p>0</p>
<b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>46. 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).</b>	<p>The auditor interviewed the facility director and assistant director. The auditor reviewed all residents' screening instruments and the resident-at-risk log. During the tour, the auditor had a conversation with each of the residents. There were no transgender residents found in reviewing the at risk log, interviews with staff.</p>
<b>47. 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:</b>	<p>0</p>

<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>47. 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).</b></p>	<p>The auditor interviewed the facility director and assistant director. The auditor reviewed all residents' screening instruments and the resident-at-risk log. During the tour, the auditor had a conversation with each of the residents who were at the center and reviewed the investigative files. No resident claimed to have been sexually abused was noted in the investigative files or the at-risk log.</p>
<p><b>48. 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:</b></p>	<p>1</p>
<p><b>49. 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:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<b>49. 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).</b>	<p>The auditor interviewed the facility director and assistant director. The auditor reviewed all residents' screening instruments and the resident-at-risk log. During the tour, the auditor had a conversation with each of the residents who were at the center and asked if any residents. The center does not have any segregation units or areas.</p>
<b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	<p>No text provided.</p>
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	<p>12</p>
<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<p> <input checked="" type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None         </p>
<b>If "Other," describe:</b>	<p>I interviewed all staff at the center during the two days I was doing the onsite audit. This included the two staff that worked during the sleeping hours.</p>
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No         </p>

<b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	6
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>65. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>66. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**69. 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. Facility Notices in English and Spanish provided to the facility during the pre-on-site audit Phase were found displayed in various locations throughout the facility. PREA reporting information and other PREA posted information are in both English and Spanish and posted in all housing units and numerous locations throughout the facility. Reminders of opposite gender announcements are stenciled near the entries of housing units. Intakes are completed in a private office with a private room for shakedown when residents arrive at the facility. The PREA compliance manager or operations manager conducts the initial screening and goes over the mission and expectations of the facility. The residents at the center came from Pa. DOC and were well aware of PREA policies and all had received an orientation while confined to Pa.DOC. All residents that were interviewed or had conversations with during the tour indicated they felt safe at the center and understood the agency's policy against sexual abuse or harassment and how to make a report if they felt the need.

When asked how staff would manage a resident who claims to be in imminent danger of sexual assault, since there is no segregation unit, staff indicated they would stay with the resident and take him to a safe area. They would follow the protocol of not brushing their teeth, not taking a shower, and not defecating, and would notify the supervisor on duty. All showers have curtains for privacy. All toilets had partitions and walls in front of the toilet area. Residents stated they are not seen by staff when showering or using the restroom. The residents stated that staff announce their presence when entering their living unit and don't come into the area where they shower and use the toilet when that area is being utilized by residents. The intake staff was able to walk through all the

steps that residents would go through during intake. The staff provided me with a resident handbook, a resident PREA handbook. The staff provided a copy of the acknowledgment sheet that residents sign after they have received the PREA orientation and comprehensive education. The staff indicated that after the video, they use the pamphlet to read to each resident. All residents interviewed stated they felt safe at the facility and were engaging with the auditor and the staff accompanying the auditor. All of the residents assigned to the center are there as part of the continuing care required for them to be paroled.

The facility administrator and supervisory staff were in the housing areas the majority of the time I was at the facility. All staff and residents knew each other's name. Two time a day there is a PREA announcement that includes how to report allegation of sexual abuse.

The facility director advised that the telephone utilized by residents to call RAINN of Women's Resource Center was not operational, and she had sent a work order for it to be repaired. In a telephone conversation after the onsite audit, the auditor was informed that the phone was operational. However, the residents are allowed to have their telephones, and the facility provides them with a telephone when they arrive at the center. During the time the telephone was not operational, residents had been advised to ask to use any of the office phones, and staff provided them with privacy to make calls. This was verified by conversations with staff and a poster advising residents to utilize the staff offices. Utilizing a private office, a test of the RAINN and the Victim Advocate phone was conducted and answered by staff. A test of the PA. THE DOC PREA coordinator's reporting line was answered by a PA. DOC PREA coordinator's staff member. The staff indicated he would document my call to the office. If it were an actual report of sexual abuse or sexual

harassment, the staff indicated he would notify the Pa. DOC investigative unit, the Scranton management team, and the Pa. DOC regional supervisor for the Scranton program.

A review of the cameras was completed in the director's office. Each camera was reviewed to determine if it provided enhancements to safety and at the time, allowed residents to shower, change clothing, and use the toilet without being seen on the monitor. While touring the facility, residents were involved in group counseling.

### 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.

**70. 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

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

Resident Files Reviewed: Ten (10) resident records were reviewed. These records included the following information. • Identification Number • Date of Birth • Date of Arrival • Date of Screening • Date of Follow-up Screening • Date of Initial PREA notification • Date of PREA orientation/ education: Employee Background Checks: Ten background clearance files including five (5) new hired staff, three (3) employees that had over five years tenure at the facility and two (2) promotions. All files contained background checks, including PA.DOC, NCIC, and Accurate employment history. Ten (10) employee training records were reviewed. Included in the employee training records were random monitors. All training has been completed in the last 12 months: Interviews with random staff indicated they had received refresher training during the last six (6) months. The monitors indicated during the tour that they are provided with weekly briefings about PREA. This was confirmed by interviews with shift supervisors and daily briefing logs. Most staff interviewed stated they had received the questionnaire for their specific duties before the audit and were prepared for the audit. Two investigative files were reviewed. One was unfounded and one was unsubstantiated.

## **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.

**72. 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
<b>Inmate-on-inmate sexual abuse</b>	1	1	1	1
<b>Staff-on-inmate sexual abuse</b>	1	1	1	1
<b>Total</b>	2	2	2	2

**73. 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	1	0
<b>Staff-on-inmate sexual abuse</b>	0	0	1	0
<b>Total</b>	0	0	2	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

2

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>86. Explain why you were unable to review any sexual harassment investigation files:</b>	There were no sexual harassment allegations in the last 12 months.
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

95. 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

96. 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

97. Who paid you to conduct this audit?

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>GEO Policy 5.1.2-E PREA Investigation Procedure</p> <p>Scranton Local Policy 2019-1 PREA Staffing and Facility Requirements</p> <p>ACA/PREA Facility Oversight List</p> <p>GEO Organizational Chart</p> <p>Scranton Organizational Chart</p> <p>PAQ</p> <p>Interviews</p>

Facility director

GEO PREA coordinator

Facility PREA Compliance Manager

115.211 (a):

The PAQ requires

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

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

GEO policy 5.1.2- A and Scranton Local Policy 2019-1 PREA Staffing and Facility Requirements mandate zero tolerance towards all forms of sexual abuse and sexual harassment in all its facilities. It is the policy of GEO that sexual conduct between employees, volunteers, contractors, and individuals in a GEO facility, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic and/or sexual nature. All employees, contractors, and volunteers are expected to have a clear understanding that GEO strictly prohibits any type of sexual relationship with individuals in Scranton.

These relationships will not be tolerated and shall be considered a serious breach of policies. Engaging in a romantic and/or sexual relationship with individuals in a GEO facility may result in employment termination, termination of the contract or volunteer status, and/or criminal charges. GEO staff must take prudent measures to ensure the safety of employees, contractors, volunteers, and individuals in a GEO facility. All employees, contractors, and volunteers have an affirmative duty to immediately report all allegations or knowledge, suspicion, or information of sexual abuse, sexual harassment, or romantic or sexual contact that takes place within any GEO facility. All cases of alleged sexual conduct shall be thoroughly investigated.

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

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

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

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

115.211 (b):

The PAQ requires that the agency shall employ or designate an upper-level, agencywide 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 facility provided the GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA), and GEO Organizational Chart, and the ACA/PREA Facility Oversight List.

GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level.

The agency's organizational chart depicts the position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO has a team of staff that supports the PREA coordinator's efforts in meeting all PREA standards. The administrative team meets regularly to develop strategies to establish a culture that provides a safe environment for staff and residents. The PREA Coordinator's team is deeply knowledgeable about PREA and best practices to carry out the Agency's approach to prevent, detect, and

	<p>respond to sexual abuse or sexual allegations.</p> <p>The PREA coordinator indicated that he has enough time and dedicated staff to assist. In interview, he indicated the PREA team consists of an oversight team and a PREA specialist. Each of the Oversight teams has investigative oversight for each assigned facility and serves as the main point of contact for all PREA-related questions. The results of the internal audits are thoroughly reviewed during the post-audit workshop, and a corrective action plan is developed. In addition, our internal auditing tools are reviewed/updated annually to include methodologies for maintaining compliance and improving overall quality. In conjunction with the PREA compliance managers, we utilize the PREA Resource Center for the most up-to-date guidance and as a resource for standard interpretation. We also provide the PREA “standards in focus” to the facility PREA Compliance Managers (PCM) as a resource for implementing best practices. Our specialized investigator training format is an interactive (trackable) web-based curriculum that is updated annually. Additionally, he indicated the agency has a web-based specialized investigator refresher training and a PCM orientation guide, which are updated annually as well.</p> <p>GEO ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the PREA efforts. The facility’s organizational chart illustrates the PREA Compliance Manager’s position within the facility. At Scranton RRC, the Facility Director serves as the PREA compliance manager. Scranton RRC provides support staff assisting the PREA compliance manager with their task 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 residents. Throughout the tour, staff and residents knew the PREA compliance manager’s name and role at the facility.</p> <p>Both the GEO Group PREA Coordinator and Facility Compliance Manager advised that they have sufficient time and authority to coordinate efforts to comply with PREA standards. The facility provides additional support for PREA-related investigations, policy reviews, mock audits, and follow-ups to the corporate PREA coordinator’s office with questions or concerns.</p> <p>The PREA compliance manager interviewed indicated she has time to carry out her PREA responsibilities.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence relied upon in making the compliance determinations:

	<p>Scranton Residential Reentry Center Contract</p> <p>Work Statement</p> <p>Statement of Fact</p> <p>Interview</p> <p>PREA Coordinator</p> <p>GEO is a private provider and does not contract for the confinement of its residents; therefore, this standard does not apply to this facility. The contracting statement of work mandates that Scranton Residential Reentry Center remain in full compliance with Scranton, shall ensure that all contracts (as well as current contract renewals) with other entities include the entity's obligation to adopt and comply with the PREA standards.</p> <p>Scranton shall be obligated to comply with applicable PREA standards and this obligation shall be incorporated into their new contract or contract renewal. Contractors shall be monitored to ensure compliance with these PREA standards.</p> <p>In interviewing the PREA coordinator for GEO, he indicated that the agency does not contract any housing.</p>
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115.213	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>PA. DOC Service staffing plan for 60 residents</p> <p>Daily unit logbooks</p> <p>PREA Annual Facility Assessment 2024</p> <p>PREA Annual Facility Assessment 2023</p> <p>PREA Annual Facility Assessment 2022</p> <p>Scranton Policy 2019-1 PREA Staffing and Facility Requirements</p> <p>Scranton Residential Reentry Center Schematics</p> <p>Staffing Requirement</p> <p>Unannounced Rounds Interviews</p>

Facility director

PREA Coordinator

115.213 (a)(b)(c):

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

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

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

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

The facility provided policy 2019-1 and annual assessment for the preceding three years. Scranton RRC Policy 2019-1 requires the facility to review the staffing plans on an annual basis.

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

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

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

	<p>on a population of 96 residents.</p> <p>The center has been provided with all the necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews and rosters. Supervisory and Administrative staff members routinely make unannounced rounds.</p> <p>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 based on interviews with the facility director and PAQ.</p> <p>A comprehensive tour of the facilities was conducted during the audit that included looking for blind spots, reviewing camera coverage, and available staff in areas where residents are assigned. A detailed review of the cameras was conducted by the auditor during the on-site tour. It was determined that the additional cameras and mirrors have enhanced the facility and reduced the blind spots where possible. The facility has made additional funding available to enhance the recruitment of staff.</p> <p>The facility director's interview indicated that each year, the facility undergoes a PREA staffing assessment. In doing the assessment, a team from other facilities reviews all components of the staffing plan and determines the need for additional cameras, staff, or mirrors. The latest staffing plan was in September 2024</p> <p>There has been no deviation from the contracted staffing plan. Staff assigned to a Post must remain until properly relieved. If there were a deviation staff would remain on post and volunteer lay over staff or call-in staff would be used to cover the post.</p> <p>The GEO PREA coordinator interviewed indicated that each facility is required to conduct an annual PREA facility assessment, which requires them to review their staffing plan and all components of the physical plant, to include blind spots and areas where staff and residents can be isolated. Completed assessments are forwarded to me, which include recommendations for equipment, cameras, additional staffing, etc. I review and consult with the appropriate divisional leadership (i.e., secure services and reentry services), and we assess the request. It is either approved or denied, signed, and sent back to the facility.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence relied upon in making the compliance determinations:

Scranton Local Policy Manual 2019-4 Resident Searches, Viewing, and Contraband

Video Camera/Housing Unit

Fixed Camera Digital Video Maintenance and Retention

Training Curriculum

Scranton Staff Training

Shift Logs- Announced gender presence, Housing Unit Logbooks

PAQ

Interviews Random Staff Random

115.215 (a):

The PAQ requires facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The facility provided the Scranton RRC Policy 2019.04 and a statement of fact.

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

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

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

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

Staff interviewed indicated that all staff announce their presence when entering the

opposite gender housing units. All staff indicated they had received training on cross gender and transgender searches; however, all staff said they had not conducted a cross-gender search. All staff said that residents can shower by themselves.

Scranton Policy 2019-4 mandates that an instrument or manual body cavity search can be conducted only when there is reason to do so and when authorized by the Facility director or designee. The search will only be conducted by off-site medical professionals in a clinical setting (hospital, infirmary, etc.), and in private.

All security staff receive training on how to conduct cross-gender pat searches and searches of transgender and intersex residents professionally and respectfully. The lesson plan for this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and understanding of the training received. Review of random staff training records and an interview with security staff revealed that staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the residents of the opposite sex, except in exigent circumstances.

115.215 (b):

PAQ indicates the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

The facility houses male residents. Staff interviewed indicated they had received training on cross gender and transgender searches. All staff indicated they had not conducted a cross-gender search.

115.215 (c):

PAQ indicates all staff are required to document all cross-gender strip searches and cross-gender visual body cavity searches. The facility also maintains a log of all strip searches. This log indicates date, time, purpose and resident's gender and gender of persons conducting the strip searches.

The facility provided a statement of fact that there was no cross gender or transgender searches during the last 12 months.

115.215 (d)

PAQ indicates the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

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

Scranton RRC Policy 2019.04 requires all residents shall be required to change their clothes in the resident bathroom area. Facility staff are required to loudly announce their entrance into a dorm housing residents of the opposite gender. Likewise, staff members are prohibited from entering the restroom area in opposite-gender dorms without loudly announcing their presence and gaining verbal assurance that occupants in the area are fully clothed.

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

In the event a staff has observed an opposite-gender resident for any reason, the staff member is responsible for making an immediate report and submitting a written statement describing the circumstances that resulted in the incident. This report must be submitted to the Facility Director before the end of the employees' work shift.

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

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

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

Residents interviewed acknowledged they were allowed to shower, dress, and use the toilet without being viewed by staff of the opposite gender.

Twelve residents were interviewed. Two residents indicated that staff do not announce their presence when entering their living unit.

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

	<p>115.215 (e):</p> <p>PAQ requires that the facility have a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p> <p>Scranton Policy 2019.04 addresses searches of transgender and intersex residents. Facilities shall not search or physically examine a transgender or intersex resident solely to determine their genital status. If the genital status is unknown, it may be determined during a private conversation with the individual, by reviewing medical records, or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. At the time of the onsite audit, no resident disclosed being transgender or intersex.</p> <p>Staff interviews: All staff have received training in conducting cross gender and transgender pat searches in the last 12 months. All were aware that their agency prohibits the search of a transgender or intersex resident to determine their sexual gender.</p> <p>115.215 (f):</p> <p>The PAQ indicates the agency shall train security staff in how to conduct cross gender pat-down searches, and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. All staff at Scranton RRC receive training on how to conduct cross-gender pat searches and searches of transgender and intersex residents professionally and respectfully. Staff receive Limits to Cross Gender Viewing &amp; Searches training during basic PREA training.</p> <p>Reviews of random staff training records and interviews with staff revealed that staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the residents of a different sex, except in exigent circumstances.</p> <p>Site Review:</p> <p>During the review all staff announce their presence when entering the housing units. There were shower curtains and partitions in all bathroom areas. A review of the camera did not reveal any camera that provided view of residents in showers or toilets.</p> <p>General interviews with female staff indicated they are mindful of shower times and avoid being in the shower area if at all possible.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English</b>
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	proficient
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>Scranton Local Policy 2019-2 PREA Intake and Orientation</p> <p>PREA Posters English and Spanish,</p> <p>PREA Video Script Statement of Fact Resident Handbook Resident PREA Brochure TTY Tablet</p> <p>Contract with Big Language Solutions PAQ</p> <p>Interviews</p> <p>Random Staff Intake staff</p> <p>115.216 (a):</p> <p>PAQ requires that the agency establish procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The facility provided policy 1300.04 Prison Rape Elimination Act, PREA Posters, PREA Video Script, Resident Handbook, Resident PREA Brochure, and Contract with Big Language Solutions.</p> <p>Scranton RRC Policy 2019-2 mandates that the facility shall not discriminate against residents with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services by the Americans with Disabilities Act and the provisions established in this policy. The facility has several bilingual staff at the facility, and interviews with residents and staff indicated they knew staff members who were bilingual and utilized their services in communicating with the resident population. Through policy and practice, the facility staff ensures that residents 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.</p> <p>115.216 (b)(c):</p> <p>The PAQ requires that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The facility provided Policy 2019-2</p>

	<p>Policy mandates that the agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations.</p> <p>Brochures and handouts are available in English and Spanish. The facility has access to translation services and written access in other languages. Staff may also read information to residents when necessary. Agency and facility policies prohibit residents from being relied on as readers or any type of assistant, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the residents' safety. The facility maintains a list of staff who are bilingual. During the onsite interviews, there were no residents who were identified as vision impaired, deaf, LEP, or with cognitive dysfunction.</p> <p>All staff interviewed indicated they would not use residents to make any allegations or provide any training to other residents. Eight of the staff interviewed indicated they would utilize other staff. four were bilingual. Eight of the staff interviewed knew about the language line, however, had not utilized the system.</p> <p>Site Review</p> <p>All posters were found to be in English and Spanish. While touring the center, the auditor asked staff to provide how they would utilize the language lines to assist a resident in making a call or report. The staff were able to articulate the information on how to make a language line call, however indicated they did not know the code and would have to get the code to make the call as it is not posted in the living areas.</p> <p>The agency head indicated that in all of GEO's facilities, we have developed PREA education materials in various formats to ensure that those 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., as well as access to language lines and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on residents for any translation services.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>

Evidence relied upon in making the compliance determinations

GEO Policy 5.1.2-A Sexual Abusive Behavior Prevention and Interventions Program (PREA)

Scranton Policy 2019-1 PREA Staffing and Facility Requirements

GEO online application form

PREA annual review

PREA promotional

Background Checks for contractors with contact with residents, Promotion Letter, PREA Promotion Disclosure Waiver, Personnel Records

Accurate Background Checks

115.217 (a)(b):

The PAQ requires agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Agency policy 5.1.2-A Sexual Abusive Behavior Prevention and Interventions Program requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The Agency Policy 5.1.2-A Sexual Abusive Behavior Prevention and Interventions does not allow hiring, promotions, or contracting of anyone who has been convicted of sexual abuse in prison/jail or in the community. Background checks are done on all employees, contractors, and volunteers. Background checks (FCIC/NCIC) are conducted on all new hires. The department is connected as a level II employer, and any arrest is provided to the department upon entry into the system. All volunteer and contract re-checks are completed annually and are up to date.

Interview with the Human Resource Manager and review of random employee, contractor, and volunteer files were used to verify compliance with this standard. Prior to transfer to the facility or promotions, employees' background review is conducted utilizing the Accurate Background Checks and answering the following questions. These same questions are asked by each member of staff during the annual in-service training.

1. Have you engaged in sexual abuse in a prison, jail, lockup, community

confinement facility, Juvenile facility, or other institution? (Please note that sexual abuse in this setting includes sexual acts with the consent of the resident, etc..).

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

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

Scranton policy 2019-1 Mandate the following:

a. Scranton is prohibited from hiring or promoting anyone (who may have contact with prisoners) 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. Scranton shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with prisoners.

c. Scranton shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse, harassment, or any resignation pending investigation of an allegation of sexual abuse or harassment, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years.

d. Scranton shall ask all applicants and employees who may have contact with prisoners directly about previous sexual misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees. Scranton RRC shall also impose upon employees a continuing affirmative duty to disclose any such conduct.

e. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

f. Unless prohibited by law, Scranton shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

115.217 (c):

PAQ requires agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks, and consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The agency requires that all applicants and employees who may have contact with residents have a criminal background check. Criminal background checks for all potential employees are completed through the PA. DOC Services and through a contract with Accurate Background Checks. For those considered for promotions or who transfer from another facility, an internal GEO PREA verification and a background check through Accurate are completed. If an applicant answers on their application, they are a prior institutional employee, information from prior institutional employers shall be requested. According to the PAQ, in the past 12 months, there were 10 background checks completed.

115.217 (d):

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

The facility performs criminal background checks through the PA. DOC Background Services before enlisting the services of any contractor. In the information provided on the Pre-Audit Questionnaire, in the past 12 months there was no background check for a contractor.

115.217 (e):

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

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

115.217 (f):

PAQ requires Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

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

115.217 (g):

PAQ requires Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Scranton RRC Policy 2019-6 mandates that Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

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

Interview with Human Resources: All persons applying for employment with Scranton Residential Reentry Center must apply through the GEO online application. The application asks the question, as noted in the questionnaire.

We utilize "accurate" to conduct background checks that include past work history, prior incidents of sexual abuse or harassment, domestic violence, and NCIC. We then applied to the PA DOC to conduct a similar background check. The PA. DOC notifies the facility when they have completed a background check, and the person is approved to hire.

When a person applies for a promotion, the applicant must submit an affidavit with the PREA questionnaire. The human resources staff also indicated they would administer the annual PREA questionnaire during the annual performance review. We find that this is a good way of making sure the annual training and questionnaire are completed.

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

115.217 (h):

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

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

The human resource staff indicated in interview that if a person applies to work at another facility, we complete a form for the applicant or agency to send to my office or cooperate office. The cooperate office maintains our investigative database and they will respond to the request. I am pretty sure the person making the application must sign a statement to release this information.

	<p>Exceed compliance was determined by pre-audit documentation, the PAQ, interviews with the human resources director, and review of teen random staff files, including new hires, promotions, and contractor files. I've made a note of all required information using the PREA Employee/Contractor worksheet and reviewed personnel files.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>GEO Policy 5.1.2-A Sexual Abusive Behavior Prevention and Interventions Program (PREA)</p> <p>Scranton Policy 2019-1 PREA Staffing and Facility Requirements</p> <p>Facility Camera System</p> <p>Annual PREA Assessment</p> <p>Statement of Fact</p> <p>Interview with</p> <p>Agency Head</p> <p>Facility Director</p> <p>There have been no additional modifications or expansions to Scranton during the last audit period. The facility has not made any upgrades to the camera system. The facility had a major upgrade in 2020, utilizing advanced cameras and monitoring programs. Compliance was determined by review of facility camera coverage and interviews with the agency head designee and facility director.</p> <p>In an interview with the Vice President, (agency head designee) he stated that the agency uses technology to assist the facilities in keeping residents safe from sexual abuse. If new facilities are designed or there are modifications to existing facilities, the agency's PREA Coordinator works closely with the Corporate Project Development Team.</p> <p>The facility director indicated that the facility conducts yearly assessment of staffing and camera coverage. There were no additional cameras requested in the last facility assessment.</p>

	Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>MOU with Geisinger Community Medical Center</p> <p>MOU with Pa. Department of Corrections and Pa. State Police</p> <p>MOU with Women’s Resource Center Inc.</p> <p>GEO Policy 5.1.2-E PREA Investigations</p> <p>Scranton Local Policy 2019-6 Sexual Abusive Behavior Prevention and Interventions Program (PREA)</p> <p>Statement of Fact</p> <p>MOU with Scranton Police</p> <p>Interviews:</p> <p>PREA compliance manager</p> <p>Facility investigator</p> <p>Staff from Geisinger Community Medical Center</p> <p>Staff from Women’s Resource Center</p> <p>PAQ</p> <p>115.221 (a):</p> <p>The PAQ requires</p> <p>The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>The facility provided Policy 29019-6 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. At</p>

Scranton, Policy mandates the facility shall report all allegations of Sexual Abuse and Sexual Harassment to the PA DOC and/or local law enforcement for investigation. d. For allegations of sexually abusive behavior in which an employee is the alleged abuser, only the Facility Director, GEO-OPR, Reentry Services Divisional PREA Coordinator, Corporate PREA Director, and PA DOC shall be provided internal notified of the specifics of the allegation.

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.

Scranton RRC 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.

PA. DOC is responsible for conducting criminal and administrative sexual abuse investigations and sexual harassment allegations. Scranton has trained investigators who will assist in investigations if requested by PA. DOC.

115.221 (b):

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

Per interview with the PCM, Scranton Residential Reentry Center does not house youthful offenders. The center does not conduct any investigations.

115.221 (c):

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

An MOU with Geisinger Community Medical Center to provide for SANEs at the medical center. The center has SANE staff on call and utilizes the Women's Resource Center for victim advocacy. According to the information reported on the Pre-Audit Questionnaire, in the last 12 months, no SANE exams were performed.

115.221 (d):

The PAQ requires

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 makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. 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 as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. Scranton has an MOU with the Women's Resource Center for victim advocate services.

Residents are made aware of the victim Advocacy support services available to them and how to access them in the Resident Handbook and on PREA posters displayed throughout the facility in English and Spanish.

Women's Resource Center's interviews indicated that the center does have trained victim advocates and a working relationship with the medical center to provide victim advocates.

115.221 (e):

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

The terms of the MOU require an advocate to accompany and support the victim through the forensic medical exam process and the investigatory process, and provide additional emotional support services. The SANE staff indicated they include a victim advocate to meet with the victim before the examination.

15.221 (f):

The PAQ requires 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.

Based on the contracting authority, the Pennsylvania Department of Corrections conducts all investigations at the facility.

The Facility director and facility compliance manager indicated during the interview that they have a working relationship with the Pennsylvania DOC. The DOC investigator provides the investigator's contact information and provides timely

	<p>information on all investigations.</p> <p>115.221 (h)</p> <p>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.</p> <p>The Women's Resource Center is part of the PA. Coalition Against Sexual Violence and receive 80 hours of training in order to provide victim advocacy and emotional support services.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperative Policy 5.1.2-E Investigative Procedures.</p> <p>Scranton Policy 2019-6 Prison Rape Elimination Act</p> <p>GEO Website Monthly PREA tracking report.</p> <p>Interviews with</p> <p>Agency head,</p> <p>Facility investigator</p> <p>115.222 (a):</p> <p>PAQ requires the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Scranton RRC Policy 2013-6 establishes responsibility for investigations. The facility refers to the PA DOC. Facility staff are required to preserve the crime scene until the investigator arrives to process and collect the evidence. The DOC and facility investigator will process the evidence from the crime scene. Facility investigators are trained in conducting sexual assault investigations in confined settings/such as prisons.</p>

The facility provided Policy 29019-6 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. At Scranton, Policy 2019- 6 mandates that the facility shall report all allegations of Sexual Abuse and Sexual Harassment to the PA DOC and/or local law enforcement for investigation. For allegations of sexually abusive behavior in which an employee is the alleged abuser, only the Facility Director, GEO-OPR, Reentry Services Divisional PREA Coordinator, Corporate PREA Director, and PA DOC shall be provided internal notified of the specifics of the allegation.

A review of documentation and investigation staff interviews 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 Scranton 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.

115.222 (b):

The PAQ requires;

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

GEO policy 5.1.2 E and Scranton policy 2019-6 ensure that allegations of sexual abuse or sexual harassment that appear to be criminal are referred for investigation to an agency that has the legal authority to conduct criminal investigations. Based on the statement of fact by the Scranton RRC facility director, Scranton RRC refers all allegations of sexual abuse or harassment to PA. DOC. The facility documents all referrals of allegations of sexual abuse or sexual harassment. All allegations are documented and tracked on the PREA Case Tracking Log. An interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <https://www.geogroup.com/> PREA.

115.222 (c):

The PAQ requires:

	<p>If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperative Policy 5.1.2-A</p> <p>Training and roll call meetings.</p> <p>Annual Refresher Training</p> <p>GEO Pre-Service training Power Point Training Power Point Presentation Curriculum Staff Interviews Staff Acknowledgements</p> <p>115.231 (a):</p> <p>The PAQ requires The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>The facility provided the following.</p> <p>All staff are provided training that includes all areas of PREA training and protocol</p>

for sexual abuse prevention, intervention, reporting, and protecting the residents and preserving the possible crime scene. Staff go through pre-service training at the facility before having any contact with residents.

The preservice and annual training includes:

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

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

Twelve random staff members were interviewed. All staff attended pre-service and annual in-service training based on interviews and review of their training files.

115.231 (b):

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

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

115.231 (c):

The PAQ requires:

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

The facility provided: The center conducts training on an annual basis.

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

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

Training Posters are displayed in various locations throughout the facility.

115.231(d):

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

The facility provided:

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

A sample of staff training files was reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. The extensive training provided and the staff's knowledge of PREA requirements confirmed that the facility is compliant with this standard. 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.

115.232	Volunteer and contractor training
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1193 376">Evidence relied upon in making the compliance determinations:</p> <p data-bbox="279 409 700 443">GEO Cooperate Policy 5.1.2-A</p> <p data-bbox="279 488 1066 521">Documentation of Contractor Training Acknowledgment</p> <p data-bbox="279 555 456 589">115.232 (a):</p> <p data-bbox="279 622 533 656">The PAQ requires:</p> <p data-bbox="279 701 1481 813">All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p data-bbox="279 857 568 891">The facility provided</p> <p data-bbox="279 925 1461 1126">GEO Cooperate Policy 5.1.2-A mandates that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The center has not had a contractor or volunteer to undergo training in the last 12 months.</p> <p data-bbox="279 1160 494 1193">115.232 (b)(c):</p> <p data-bbox="279 1238 533 1272">The PAQ requires:</p> <p data-bbox="279 1305 1449 1384">The level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with residents.</p> <p data-bbox="279 1417 1321 1496">The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="279 1529 579 1563">The facility provided:</p> <p data-bbox="279 1608 1477 1686">All contractors receive the same PREA training as employees before assignment and sign a PREA Basic Acknowledgement Form.</p> <p data-bbox="279 1720 1477 2011">The volunteer training curriculum was provided for review. The training included the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents. Volunteers receive this training annually and sign a Documentation of Volunteer Training Form. Volunteer and contractor training is maintained in the volunteer electronic files.</p> <p data-bbox="279 2045 1469 2123">Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>Scranton RRC Policy 2019-6 Prison Rape Elimination</p> <p>Resident Handbook:</p> <p>Receipt of training for new arrivals</p> <p>Receipt of training for transfers,</p> <p>Resident PREA Brochure</p> <p>Facility PREA Postings</p> <p>Resident Receipt of PREA Brochure</p> <p>Resident Receipt of PREA Comprehensive Education</p> <p>Resident Orientation resident</p> <p>Training files reviewed.</p> <p>115.233 (a):</p> <p>The PAQ requires:</p> <p>During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>The facility provided</p> <p>GEO Cooperate Policy 5.1.2.A and Scranton Policy 2019-6 mandates all resident receive information at time of intake and if transferred from another facility about the zero- tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency/facility policies and procedures for responding to such incidents. In an interview with intake staff, on the day of arrival, residents receive a Resident Handbook, a Sexual Assault Prevention and Reporting Resident information brochure, and sign a Receipt for Adult Resident Handbook. This was observed by the audit during the intake of a resident. Also, during the intake, residents were watching a PREA video that included the same information.</p> <p>Scranton Policy 2019-6 The facility shall provide written materials to every offender</p>

in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

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

115.233 (b):

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

The facility provided:

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

Resident in Prison Rape Elimination Act (PREA) Resident Education Program acknowledgement form acknowledging receipt of PREA education. The curriculum provided to residents was for review. When entering the Intake area, all residents are provided with a poster that includes all required orientation requirements. The resident watches the PREA information video during the intake process. They are provided with a brochure and handbook during the intake process.

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

The intake staff interviewed and provided the process for new arrivals. They indicated that the video is in the holding room and continuously plays during the intake process. The intake staff indicated that the residents are provided with a brochure in the language they prefer and are given a handbook during this process. The intake staff indicated they work with mental health staff if they feel the resident is not comprehending the information they are being provided, to determine if they need to read the information to the residents. The intake staff indicated that, usually, mental health will conduct the orientation of cognitive disabled residents.

115.233 (c):

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

The facility provided:

All PREA education provided to residents is in formats accessible to all residents,

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

115.233 (d):

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

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

In review of 12 random resident files, all had the documentation of receipt of written PREA education material. Additionally, during the informal tour of the center, 14 residents were informally interviewed and stated they had received orientation training and PREA handbooks as well as comprehensive training when they arrived at the facility.

115.233 (e):

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

The facility provided posters, including Sexual Assault Prevention and Reporting Posters.

GEO Zero Tolerance Posters, end the Silence Posters. and Victim Advocacy Services. These posters were informative and included telephone numbers and addresses. Also Notice of Audit was posted throughout the facility.

Signage language is clear, easy to understand, and at an appropriate reading level for the persons confined in the facility.

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, and should be provided at an age-appropriate

reading level.

Signage was provided in English and translated for the other languages most commonly spoken in the facility.

The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.

The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage (e.g., part of the signage is ripped off that included the sexual abuse reporting hotline, a person drew a picture over the words which makes them illegible).

The information on the signage is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone number(s)).

Signage is placed in the facility to assess whether the signage is accessible to staff and/or those confined in the facility, and other people who may need the information or services provided.

Is key PREA information continuously and readily available and observed throughout the facility (e.g., posters, handbooks, brochures, or other written formats)?

All residents interviewed formally and informally during the tour and subsequent visits to the recreation area confirmed that staff talk to them on a daily basis about PREA.

Compliance was determined by review of the agency policies, training curriculum, posters, resident files, and interviews with staff and residents.

Per interviews with the PREA Compliance Manager and case manager, they stated PREA education provided to residents is in formats accessible to all residents, including those who are limited English proficient or have limited reading skills. The facility has PREA pamphlets, posters, handbooks, and forms available in both English and Spanish. The facility has bilingual staff that is used as interpreters. A contract with Language Line Services provides translation into any other language. The limited English proficient offenders interviewed acknowledged that the information was provided in formats that could be understood.

According to information reported on the PAQ, there were 262 residents admitted to the facility in the past 12 months, and 100% of the offenders were given PREA information at intake.

Eighteen residents were formally interviewed by the auditor. All residents indicated they had received training when they first arrived at the facility. The interviewed residents indicated they watched a video and were given information. Seven of the residents indicated they did not read the information. All other residents indicated they read and understood the information they received when they arrived.

Based on this analysis, the facility is substantially compliant with this provision, and

	corrective action is not required.
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>Investigative Training Curriculum</p> <p>Statement of Fact</p> <p>115.234 (a):</p> <p>The PAQ requires, in addition to the general training provided to all employees under § 115.31, that the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The facility provided</p> <p>At Scranton, Policy 2019- 6 mandates that the facility shall report all allegations of Sexual Abuse and Sexual Harassment to the PA DOC and/or local law enforcement for investigation. For allegations of sexually abusive behavior in which an employee is the alleged abuser, only the Facility Director, GEO-OPR, Reentry Services Divisional PREA Coordinator, Corporate PREA Director, and PA DOC shall be provided internal notified of the specifics of the allegation.</p> <p>The Pennsylvania Department of Corrections conducts all investigations at the Scranton residential program. The center does have a trained investigator who can be utilized to assist DOC in gathering information and securing the scene.</p> <p>According to the facility director, who is a trained investigator, GEO does utilize investigators to conduct administrative investigations in other States and Federal programs operated by GEO in Pa. The PAQ indicated that GEO has one facility based investigator and one regional trained investigator.</p> <p>115.234 (b):</p> <p>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.</p> <p>The facility provided:</p>

	<p>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.</p> <p>115.234 (c):</p> <p>The PAQ requires that the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>The facility provided: The facility has one specialized, trained investigator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.235	Specialized training: Medical and mental health care
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Based on the PAQ and interviews with the center director, Scranton Residential Reentry program does not have any medical staff who work part-time or volunteer at the center.

115.241	Screening for risk of victimization and abusiveness
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>PAQ</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Completed Scranton RRC Victim/Aggressor Classification screening form</p> <p>Mental health referrals.</p> <p>Mental Health Evaluations</p>

Scranton Policy Manual 2019-3 PREA Screening/Admission

115.241 (a):

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

The facility provided

GEO policy 5.1.2-A states, 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.

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

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

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

According to information provided in the PAQ, in the past 12 months, 262 residents who entered the facility were assessed for their risk of victimization or abusiveness upon arrival. Random sampling of resident files and resident interviews confirm residents were typically screened within 24 hours of arrival.

There were eighteen residents interviewed during the onsite audit. All residents interviewed indicated they had received the screening within the first two days of being at the facility. Fourteen of the residents had been at the facility for more than 30 days, and all indicated they had been asked the same or similar questions at least once again.

115.241 (b):

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

The facility provided: Intake screening takes place within 24 hours of the residents' arrival at the facility. The process that is utilized includes part of the initial intake. Once the resident is searched, they receive PREA pamphlets and handbooks. During

that time, the case manager or staff assigned to conduct the screening review the resident's file and meet with the resident. During this meeting staff introduced PREA to the residents and explained the purpose of the screening with the residents. The resident is then asked to sign to acknowledge they have received the screening. If the resident has a history of victimization or predator behavior, or if the resident admits to being transgender, the screening staff completes a referral that is sent to the mental health staff to set up an interview with the resident.

115.241 (c):

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

The facility provided:

The PREA/Sexual Abuse and Assault Prevention and Intervention (SAPPI) Risk Assessment is an objective and standardized screening instrument that is conducted by a trained classification/intake staff member. A review of the screening instrument provides confirmation that it is an objective screening instrument.

115.241 (d)(e):

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

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

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

It contains:

- Whether the resident has a mental, physical, or developmental disability?
- The age of the resident?
- The physical build of the resident?
- Whether the resident previously been incarcerated?

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

115.241 (f):

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

The facility provided policy 2019-3, which requires that within a set time, not to exceed 30 days of a resident's arrival at the facility, residents are reassessed by their assigned

Case Manager for their risk of victimization and abusiveness using the Follow-up, PREA Vulnerability Reassessment Questionnaire. In the information provided on the Pre-Audit Questionnaire, 262 residents were reassessed within 30 days of arrival.

There were seventeen residents that were interviewed. Fourteen of these residents had been at the facility more than thirty days. Each of the residents indicated they had been reassessed within the first thirty days.

The center maintains a computerized spreadsheet that provides the date of arrival, date of initial, and date of reassessments.

115.241 (g):

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

The facility provided policy 2019-3, which requires that a resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Annually, during annual classification review assessments, residents are reassessed for risk of victimization or abuse using the PREA Vulnerability Reassessment Questionnaire. Transgender residents

are reassessed within the first 30 days and a minimum of every six months.

115.241(h):

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

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

The facility provided Policy 2019-3, which mandates that residents are not disciplined for refusing to answer any questions or for not disclosing complete information.

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

115.241 (i):

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

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

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

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

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

During the on-site assessment, the resident files were reviewed. They were locked in a sliding cabinet in the records office and can only be accessed by going into the office and unlocking the sliding cabinet. The facility director, assistant director and case managers maintain a computer database that includes dates and copies of the screening instruments. Access to this database is password protected. In touring the center, there were no computers that were not locked or off.

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

	<p>the facility.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.242	Use of screening information
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>Risk assessment log</p> <p>Scranton Policy Manual 2019-3 PREA Screening/Admission</p> <p>GEO Policy 5.1.2-A</p> <p>Transgender Care Committee</p> <p>Resident Interview with</p> <p>PREA Compliance Manager</p> <p>Staff who conduct screening</p> <p>115.242 (a):</p> <p>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 with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The facility provided:</p> <p>GEO policy 5.1.2-A and Scranton RRC Policy 2019-3 explain the use of PREA screening information. The agency uses the information from the risk screening form to make housing, bed, work, education, and program assignments to separate residents at high risk of being sexually victimized from residents those at high risk of being sexually abusive. The facility maintains a Bed Location chart that determines the at-risk residents and possible predator residents. The classification and PREA 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 residents. This same information is utilized in programming and work assignments for residents.</p> <p>115.242 (b):</p>

The PAQ requires that the agency shall make individualized determinations about how to ensure the safety of each resident.

The facility provided policy 2019-3, which states individualized determinations are made about how to ensure the safety of each offender. Residents who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Residents have the option of refusing these services.

The facility does not have any specialized housing based on sexual orientation. It does have a housing plan for housing residents based on risk assessment.

115.242 (c):

The PAQ requires In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The facility provided:

GEO policy mandates that when making housing and programming assignments for transgender or intersex residents, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Residents who self-disclose being gay, bisexual, transgender, or intersex are tracked on an LGBTI List that is maintained by the PREA Compliance Manager. Transgender and intersex residents are housed after meeting with the Transgender Care Committee (TCC). The Facility director, and/or Assistant Facility director, PREA Compliance Manager, Chief of Security, Classification Supervisor, and Health Services Director make up the TCC. The TCC would meet with the resident, complete a GEO Statement of Search/Shower/Pronoun Preference Form, and document the meeting on the Transgender Care Committee Summary. At the time of the on-site audit visit, no resident self-disclosed being transgender or intersex assigned to the facility. Based on interviews with intake staff, residents are asked about their safety during the intake process and again during the meeting with the TCC.

115.242 (d) – (f)

The PAQ requires

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

A transgender or intersex resident's views concerning his or her safety shall be given serious consideration.

Transgender and intersex residents shall be allowed to shower separately from other residents.

	<p>The facility provided: Scranton RRC Policy 2019-3 requires that a transgender or intersex resident's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the offender. Transgender and intersex resident placement and programming are reviewed as needed, but at least every six months. A transgender or intersex resident's views of their safety are taken into consideration. When the TCC meets with transgender or intersex residents, they are allowed to express their views. In conversation with the TCC committee, each member indicated that the agency and facility would house residents based on his/ her views unless it would jeopardize the safety and security of the facility.</p> <p>Transgender and intersex residents are offered the opportunity to shower separately from other residents as indicated in their Statement of Search/Shower/Pronoun Preference Form.</p> <p>GEO does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on such identification.</p> <p>PREA compliance manager interview: We have a Transgender care committee that meets with residents who indicate they are transgender or intersex upon arrival at the facility. The team and resident review their housing options and their view on their housing options.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>PAQ</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Scranton Policy 2019-2 PREA Intake and Orientation</p> <p>Scranton Policy 2019-6 PREA</p> <p>Sexual Assault Awareness Program Brochure (English; Spanish)</p> <p>Break the Silence (English, Spanish)</p> <p>PREA Reporting Posters (English, Spanish)</p> <p>PREA hotline reporting posters (English, Spanish)</p>

Resident Handbook (English, Spanish)

GEO website

115.251 (a):

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

The facility provided Scranton RRC policy 2019-6 and GEO policy 5.1.2-A mandate that facilities provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, provide numerous internal ways for residents to privately report retaliation by other residents or staff for reporting sexual abuse and sexual harassment, provide multiple internal ways for residents 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 resident reports of sexual abuse and sexual harassment to agency officials and that the private entity or office allow the resident to remain anonymous upon request.

Residents are informed in the Resident Handbook and on posters located throughout the facility and by almost all resident telephones.

Scranton RRC provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are provided with the Sexual Assault Awareness Program brochure, the resident handbook. Various PREA posters and notifications posted on all phones provide reporting options. Interviews with residents verified that residents knew of multiple internal ways to report.

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

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

A call to the RAINN National Hotline Network was transferred to the Women's Resource Center as an emotional support program.

At the time of the audit the phone that is available for residents to call RAINN Network was not operational. However, the center had notified residents that they

could notify staff, and they would be allowed to call from one of the offices. Residents can purchase phone and are provided with free phones when they first arrive at the center.

115.251 (b):

The PAQ requires the agency shall also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

The facility provided the following response:

The facility also provides multiple external ways for residents to report allegations to a public or private agency that is not part of Scranton Residential Center. The resident can write the Pa. DOC PREA coordinator. Resident can call the Rape Crisis Center or the local police department.

In interviews with residents, eight indicated that if they needed to make a report, they would call the local police since they work and only spend the night at the center.

Signage regarding reporting was observed throughout the facility. It was printed in an easily readable font, provided in both English and Spanish, and consistent throughout the facility.

Signage outlined multiple ways for residents to make reports.

These include a GEO and facility Brochure that resident receive during intake that provides telephone numbers and multiple ways to report.

There is a poster that includes ways to report it located throughout the facility. These include Brochures that resident receives during intake that provide reporting options by telling staff, telling medical or mental health staff, telling PCM, filing a grievance, or calling the Pa. PREA Coordinator hotline.

The facility has a poster that provides contact information on how to report to the local consultant office and how to contact the PA. DOC Services.

115. 251(c):

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

GEO policy 5.1.2-A and Scranton RRC policy 2019-6 require employees to accept reports made verbally, in writing, anonymously, and from third parties, and verbal reports shall be promptly documented.

Staff interviewed were aware of the requirement to accept reports made verbally,

	<p>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.</p> <p>115.251 (d):</p> <p>The PAQ requires that the agency establish procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>A GEO corporate phone number is provided to staff to report privately any sexual abuse or sexual harassment of residents. The GEO website provides the following PREA information: GEO employees may report sexual abuse or sexual harassment information to the Chief of Security or facility management privately if requested. They may also report sexual abuse or sexual harassment directly to the employee hotline or Internet at <a href="http://www.reportlineweb.com/geogroup">www.reportlineweb.com/geogroup</a> or the toll-free phone number (561) 999-5827. Staff were aware of how they could report and felt, if necessary, they would feel comfortable reporting.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.252	Exhaustion of administrative remedies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>Scranton RRC Policy 2019-5 Grievance Process</p> <p>Statement of Fact</p> <p>Scranton RRC Resident Handbook</p> <p>Scranton RRC Resident Request Form</p> <p>Scranton RRC Grievance Log</p> <p>Interview with</p>

Grievance Officer

PREA Compliance Manager

115.252 (a)

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

GEO policy 5.1.2-A and Scranton RRC Policy 2019-5 provide a procedure in place for residents to submit grievances regarding sexual abuse, and the agency has procedures for dealing with these grievances. Posters located throughout the facility advise residents that they may file a grievance. The resident handbook explains the process of filing a grievance. Any grievance that alleges sexual abuse, sexual

Scranton RRC Policy 2019-5 provides that upon admission to the facility, each resident will be provided a copy of the grievance procedures. In addition, each new admission to the facility will receive an orientation to the grievance procedures. The orientation will explain the process in clear, simple terms that the resident understands; cover methods of filing grievances (steps, one, two), appropriate forms to be used, where forms can be obtained, and time limitations. Residents will be informed at this orientation that they have the right to submit a grievance directly to the Pennsylvania Department of Corrections.

115.252 (b):

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

The facility is provided.

Scranton RRC Policy 2019-5 provides There is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance may be submitted directly to the Pennsylvania Department of Corrections, GEO PREA Compliance Manager and/or GEO PREA Director.

GEO does not impose a time limit on any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed

by a resident 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. In the interview with the PREA Compliance Manager and information provided on the Preaudit Questionnaire, in the past 12 months, there were no PREA-related grievances filed. Policy also provides that the agency policy requires a resident does not have to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

115.252 (c):

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

The facility provided:

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

115.252 (d):

The PAQ requires 1) The agency issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90 days does not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond of up to 70 days, if the normal period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

The facility provided:

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

115.252 (e):

The PAQ requires Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to

assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.

The facility provided:

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

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

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

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

In an interview with the PREA 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.

115.252 (g):

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

The facility provided

GEO policy 5.1.2-A, Scranton RRC Policy 2019-5, provides that a resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith.

The Grievance officer was interviewed. They indicated the officer retrieves grievance daily. If any grievance pertains to a PREA allegation, the grievance officer takes them to the facility director and PREA compliance manager immediately.

Site Review:

There were grievance boxes located in each of the housing units. There were also

	<p>grievance forms located in the same area. The facility allows residents to have paper and pencils, as noted by conversations with residents during the initial tour.</p> <p>The auditor placed a mock grievance in a grievance box during the onsite tour. The PCM responded and provided their response on the second day of the on-site audit.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A</p> <p>Scranton RRC Policy 2019-6- Prison Rape Elimination Act</p> <p>Acknowledgement of Receipt of the Orientation Resident PREA Handbook</p> <p>Acknowledgement of Receipt of Handbook Victim Advocate Posters</p> <p>Scranton RRC PREA Pamphlets</p> <p>MOU between GEO/Scranton RRC and Women’s Resource Center. -Support for Victims of Domestic Violence and Sexual Assault.</p> <p>115.253 (a)</p> <p>The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>The facility provided</p> <p>Scranton Residential Reentry Center (SRRC) Policy 2019-6 – Prison Rape Elimination Act addresses the agency/ facility’s policies on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between the residents and these agencies in a confidential manner. The residents are informed by the facility, and according to interviews with the Women’s Resource Center staff at the center, the extent to which communications will be monitored. According to the PREA compliance manager and Women’s Resource Center, the facility would monitor only to the extent to which reports of abuse would be forwarded to authorities by</p>

mandatory reporting laws.

The center also provides a Poster that includes the RAINN National Hotline Network Program. When the number for RIANN'S was contacted, the program forwarded the call to the Women's Resource Center. In interviews with the Women's Resource Center indicated that they are a member of the RAINN National Hotline Network.

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

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

In interviews with the Women's Resource Center, the staff indicated they have an MOU with SRRC, and they do provide emotional support at the center and are available by calling a dedicated hotline that does not require a PIN to contact them for emotional support.

The auditor called the hotline number and spoke with an emotional support staff at the center. They were very familiar with the facility and the MOU with the facility.

115.253 (b):

The PAQ requires that the facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting law

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

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 are able to provide residents with emotional support services related to sexual abuse.

The facility provided the following information: As required by corporate policy 5.1.2-A, the SRRC maintains an MOU with Women's Resource Center (WRC). The requirements of the MOU include not only access by residents to the center via the resident telephone system, but also an agreement to respond to requests from the SRRC to provide in-person advocacy and support to survivors of sexual assault.

Seventeen residents were interviewed. All of the residents knew about the Victim Emotional Support program, and most provided a card that is the phone number of the victim advocate who comes to the center regularly. All of them knew the phone

	<p>call was free and the information was available on the walls, in the handbook, and a brochure. All indicated that no one would listen to their calls, and the calls were private.</p> <p>The PREA compliance manager indicated that it is part of the MOU that the center has to have been trained to provide advocacy services and emotional support.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required..</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>GEO Third Party Reporting Options Posters</p> <p>Third Party Reporting GEO website</p> <p>115.254 (a):</p> <p>The PAQ requires the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>The facility provided;</p> <p>Reporting Posters are visible in the visitation room, lobby, and are found in the resident handbook. GEO provides a Reporting system on the GEO Website <a href="http://www.geogroup.com/PREA">http://www.geogroup.com/PREA</a> (Social Responsibility-PREA Certification Section) provides information on ways for third-party reporting, including anonymous reporting.</p> <p>Third party grievance forms are available on the website and are sent to the facility's Warden. Residents can accomplish third- party reporting by having a friend or family member contact the PA. DOC service, facility director or Cooperate PREA coordinator.</p> <p>Residents can accomplish third-party reporting by having a friend or family member call the PREA hotline or email the GEO coordinator's office at <a href="mailto:PREAinfo@geogroup.com">PREAinfo@geogroup.com</a>. Interviews with residents demonstrated they knew how third-party reporting could be accomplished.</p>

	<p>Family and friends can contact the facility director or PREA compliance managers, or file a grievance on behalf of the resident. This information is posted in areas visible to staff and visitors. Poster include anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the Facility director's Office in the facility where the alleged incident occurred or where the individual is housed. The visitation room had a resident reporting poster displayed for visitors.</p> <p>The outside reporting to the GEO cooperate office was tested by the auditor. A member of the GEO PREA staff answered the call and indicated they would notify the PREA coordinator for the Scranton residential program.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required..</p>
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115.261	Staff and agency reporting duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>Scranton RRC Policy 2019-6- Prison Rape Elimination Act</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>Staff training</p> <p>Mandatory reporting</p> <p>Survey of Vulnerable Persons</p> <p>GEO PREA Lesson Plan</p> <p>Statement of Fact</p> <p>Staff Report Interviews</p> <p>Facility director,</p> <p>PREA coordinator,</p> <p>PAQ</p> <p>115.261 (a):</p> <p>PAQ requires the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an</p>

incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.

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

The center does not employ medical staff. The facility provided a statement of fact that there have been no allegations by vulnerable people in the last 12 months.

Random Staff interview that they would accept any allegation of abuse or harassment, would document the allegation as soon as possible, and notify the shift supervisor and, PREA 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 interviewed also noted that if the allegation was sexual abuse, they would implement the response plan.

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

115.261 (b):

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

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

115.261 (c)(d):

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

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

The facility does not house residents under the age of 18.

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.

115.261 (e):

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

The facility provided in an interview with the facility director and his executive team, the Scranton RRC reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to PA. DOC There are staff reporting posters located throughout the facility. Staff carry a PREA card with this information for easy reference in making reports.

According to 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 shift supervisor and PREA compliance manager who is also the facility investigator.

The facility director's interview indicated she expects that staff report all allegations of sexual abuse or sexual harassment immediately to their shift supervisor.

Site Review: During the tour of the facility, staff were asked how they would make a report of abuse or harassment. All indicated they would report to their immediate supervisor. Some indicated they would also report to the PREA Compliance Manager. They are posting posters throughout the facility, including the staff roster room and break room. Staff were also aware of the GEO hotline for staff to make anonymous reports.

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

115.262	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>Scranton Policy 2019-6- Prison Rape Elimination Act</p> <p>Statement of Fact</p> <p>Interviews with</p> <p>Agency Head</p> <p>Facility Director</p> <p>Random Staff</p> <p>115.262 (a):</p> <p>The PAQ indicates that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.</p> <p>The facility provided: GEO Cooperate Policy 5.1.2-A and Scranton RRC Policy 2019-6, which mandates that when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled confidentially, and conversations with the victim are sensitive, supportive, and nonjudgmental.</p> <p>The PAQ indicated that in the past 12 months, there were no times it was necessary for the facility to take immediate action regarding a resident being at substantial risk of sexual abuse. The facility director stated that if it was suspected that a resident was at substantial risk of sexual abuse, he would immediately separate the abuser or victim and investigate. Staff interviewed were aware of their responsibilities if they felt a resident was at risk of sexual abuse.</p> <p>Random staff and shift supervisor indicated that the resident that was in imminent danger would be separated from the accuser. The staff presented several options to include moving the victim to medical, intake or to the supervisor's office.</p> <p>All random staff indicated they would take immediate action to protect the victim.</p> <p>The facility director indicated staff will take immediate action to protect the resident from further harm and make necessary referrals to medical and mental health as appropriate.</p> <p>The facility agency head indicated that GEO takes immediate action to protect the</p>

	<p>victim from further harm and refers him or her for necessary services (medical, mental health, etc.).</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>Scranton RRC Policy 2019-6– Prison Rape Elimination Act</p> <p>PAQ</p> <p>Interviews</p> <p>Agency head</p> <p>Facility director</p> <p>115.263 (a)-(c):</p> <p>PAQ requires that the agency have a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the agency or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>The agency shall document that it has provided such notification.</p> <p>The facility provided policy 2019-6– Prison Rape Elimination Act- Reporting to Other Confinement Facilities.</p> <p>If a resident alleges that sexual abuse or sexual harassment occurred while confined at another facility, the facility shall document those allegations, and the facility director or in his/her absence, the assistant facility director where the allegation was made, shall contact the facility director or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.</p> <p>The facility shall maintain documentation that it has provided such notification and</p>

	<p>all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA compliance manager and corporate PREA manager Coordinator.</p> <p>115.263 (d)</p> <p>The PAQ requires the agency or facility's policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards</p> <p>The facility provided Policy 2019-6 requires that when the facility receives notification of alleged abuse or harassment, it is required to ensure that the allegation is investigated by the PREA standards. At Scranton RRC, the facility director would immediately notify the PA. DOC as this agency is responsible for conducting all investigations at Scranton.</p> <p>In an interview with the agency head, all reports received will be reported to the sending facility director by the housing facility director within 72 hours. The agency head indicated that the administrator cannot designate staff to conduct this notification</p> <p>The facility director interviewed indicated they are aware of that responsibility. They indicated they would make notification to the sending facility and facility or local law enforcement investigator to investigate the allegation. During the last 12 months there has been one allegation that an incident occurred at a sending facility.</p> <p>According to the PAQ and statement of fact, there has been one allegation by a receiving resident that they had been sexually abused or harassed. This occurred in June 2023.</p> <p>According to an interview with the PREA compliance manager there have been one reports from another facility that a resident made an allegation that occurred as Scranton Residential Reentry Center in June 2023.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>PAQ</p> <p>Scranton RRC Policy 2019-6</p>

PREA lesson plan

PREA Responder pocket card

Coordinated Response Plan

Investigative Reports Log

Interview

Random Staff

115.264 (a):

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

The facility provided Policy 2019-6, which states that upon receipt of a report that a prisoner was sexually abused or sexually harassed, or if the employee sees abuse, the first 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 important that all contact with the alleged victim be sensitive, supportive, and non-judgmental.

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

115.264 (b):

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

Based on the PAQ, there was no first responder who was not a correctional staff member.

There was one allegation of sexual abuse that was made to a direct care staff member.

Policy 2019-6 requires that non correctional staff who are first responders are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

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

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

Based on the PAQ during the last 12 months, there were no allegations of sexual abuse made to a non-direct care staff member.

All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. 100% of staff reported that they would immediately separate the residents, keep the victims safe, do what they could to preserve a crime scene, and advise involved residents not to wash, shower, change clothing, brush teeth, eat, drink, or use the toilet. They all said they would also immediately call a supervisor and remain on the scene until relieved by responding personnel. All staff are trained as first responders and were issued a pocket card that lists the steps to take when responding to an allegation that a resident was sexually abused.

Based on this analysis, the facility is substantially compliant with this provision and

	corrective action is not required.
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Corporate Policy 5.1.2-A.</p> <p>Scranton RRC Policy 2019-6- Prison Rape Elimination Act</p> <p>GEO Corporate Policy 5.1.2-A -</p> <p>Scranton PREA Coordinated Response Plan</p> <p>PREA Incident Checklist for Incidents of Sexual Abuse and Harassment PREA Cards</p> <p>Interview</p> <p>Facility director</p> <p>115.265 (a):</p> <p>The PAQ requires facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility provided: GEO Corporate Policy 5.1.2-A and Scranton RRC Policy 2019-6 mandates that facilities have a coordinated response plan. The Scranton RRC Coordinated Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are conducted, and proper notifications are made. The Coordinated Response Plan includes:</p> <p>The Scranton RRC is a comprehensive plan that includes</p> <p>Section I, Actions required after report of sexual abuse, the initial response, shift supervisor responsibilities, facility crime scene, and notifications required.</p> <p>Section II involves evidence protocol – medical responsibilities, Section III outlines mental health responsibilities.</p> <p>Section IV covers responsibilities when sexual harassment is alleged, and Section V addresses responsibilities when sexual activity is alleged.</p>

	<p>Section VI involves investigator responsibilities</p> <p>Each of the above responses includes but not limited to staff, contractors, victim advocates, and GEO PREA coordinator.</p> <p>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.</p> <p>The Facility director indicated they the facility has a coordinated response plan that is updated yearly and is part of staff annual training.</p> <p>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.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>GEO Corporate Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior and Evidence Collection.</p> <p>Scranton Policy 2019-6</p> <p>Interview with</p> <p>Agency Head</p> <p>115.266 (a)(b)</p> <p>The PAQ requires that Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements</p>

	<p>are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no- contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The facility provided GEO Policy 5.1.2-A and 5.1.2-E states, "GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged Employee sexual abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." The policies also state, "In every case where the alleged abuser is an Employee, Contractor, or Volunteer, there shall be no contact with the resident pending the outcome of an investigation</p> <p>In interview with the center director and Statement of Fact, Scranton Residential Reentry Center does not have a collective bargaining agreements.</p> <p>The agency head indicated that GEO would not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged Employee sexual abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The facility director indicated she has the ability to remove a staff member pending an investigation or place employee in no contact status pending investigation.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Scranton RRC Policy 2019-6 - Prison Rape Elimination Act</p> <p>Protection from Retaliation Logs</p> <p>PAQ</p> <p>115.267 (a):</p> <p>PAQ requires that the agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse</p>

or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation.

The facility provided policies GEO Policy 5.1.2-A and Scranton Policy 2019-6

GEO Policy 5.1.2-A require the facility to implement procedures to protect residents and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by residents or employees. The policies also state the Facility PREA compliance manager shall be responsible for monitoring retaliation of residents in the facility. Scranton RRC the PREA Compliance manager is responsible for monitoring retaliation.

15.267 (b):

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

The facility provided:

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

The PREA compliance manager serves as part of the retaliation monitoring team. She indicated that as part of the initial meeting as soon as possible after being informed of an allegation the resident is offered a chance to contact the Women's Resource Center.

115.267 (c):

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

The facility provided:

Residents who allege sexual abuse will be monitored by the PREA Compliance Manager or mental health 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 reported staff misconduct or employee witnesses who cooperate with these investigations every 30 days for 90 days.

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

There were no residents that were retaliated against during the last 12 months. There was one resident that was placed on a retaliation protocol and began monitoring. The resident was moved to another facility by Pa. DOC.

115.267 (d):

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

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

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

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

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

115.267 (e):

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

The facility provided: Policy 2019-6 indicates that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. In the interview with the retaliation monitor, the PREA compliance manager and the Human Resource Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there was no incident of retaliation that occurred.

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

115.271	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determination</p> <p>Policy 5.1.2-E- PREA Investigation Procedure</p> <p>Investigations Investigative files</p> <p>PREA Investigation Closure</p> <p>Pennsylvania Department of Corrections DC ADM 008 PREA</p> <p>Interviews</p> <p>Facility director</p> <p>PREA coordinator</p> <p>PREA compliance manager</p> <p>Facility Investigator</p> <p>115.271 (a):</p> <p>The PAQ requires the agency/facility to have a policy related to criminal and administrative agency investigations.</p> <p>The facility provided GEO Corporate Policy 5.1.2-E and Pennsylvania Department of Corrections DC ADM 008 PREA</p> <p>Under a contract agreement with the Pennsylvania Department of Corrections, Pa. DOC conducts all PREA investigations at Scranton. Scranton will document all referrals.</p> <p>At Scranton, Policy 2019- 6 mandates that the facility shall report all allegations of Sexual Abuse and Sexual Harassment to the PA DOC and/or local law enforcement for investigation. For allegations of sexually abusive behavior in which an employee is the alleged abuser, only the Facility Director, GEO-OPR, Reentry Services Divisional PREA Coordinator, Corporate PREA Director, and PA DOC shall be provided internal notified of the specifics of the allegation.</p> <p>At Scranton, Policy 2019- 6 mandates that the facility shall report all allegations of Sexual Abuse and Sexual Harassment to the PA DOC and/or local law enforcement for investigation. For allegations of sexually abusive behavior in which an employee is the alleged abuser, only the Facility Director, GEO-OPR, Reentry Services Divisional PREA Coordinator, Corporate PREA Director, and PA DOC shall be provided internal notified of the specifics of the allegation.</p>

In the interview with the facility director, there are no internal investigators assigned to the Scranton RRC. All allegations of sexual abuse and sexual harassment are reported to the Pennsylvania Department of Corrections. If criminal investigations appear to be criminal in nature, they are referred to the Pennsylvania State Police to investigate.

115.271 (b):

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

The facility provided GEO Corporate Policy 5.1.2-E and Scranton RRC policy 2019-6

GEO Corporate Policy 5.1.2-E requests that where the facility does not conduct sexual abuse investigations and an outside agency is responsible for investigating these type incidents, the facility shall request documentation from the agency that it has provided such training to its investigators who conduct such investigations.

The auditor reviewed the Investigator Training curriculum and found it to be very comprehensive. Documentation was provided to the auditor that confirmed the investigator had received the specialized training.

115.271 (c):

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

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

15.271 (d):

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

The facility does not conduct criminal investigations. GEO Corporate Policy 5.1.2-E requires that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

115.271 (e):

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

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

115.271 (f):

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

115.271 (g):

The PAQ requires 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 PA. DOC investigative unit. Allegations will be tracked on the PREA Tracking Log.

The facility director indicated they have a good working relationship with PA. DOC and are able to 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. During an investigation, the facility will request periodic updates regarding the status of the investigation. In the past, agencies have been responsive to those requests and provided updates.

115.271 (h):

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

GEO Corporate Policy 5.1.2-E mandates substantiated allegations of conduct that appear to be criminal shall be referred for criminal prosecution.

According to information reported on the Pre-Audit Questionnaire since the last PREA audit there was one allegations of sexual abuse referred for prosecution.

115.271 (i):

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

The facility provided GEO Corporate Policy 5.1.2-E which requires that the agency retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.271 (j):

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

The facility provided GEO Corporate Policy 5.1.2-E 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 director indicated in an interview she would work with local law enforcement to gather any information that was not previously gathered such as statements. The facility will continue the investigation if the previous staff member refuses to cooperate with the investigation. If it is a resident, they would contact the receiving facility investigator to aid in the investigation.

115.271 (l)

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

GEO Corporate Policy 5.1.2-E requires when outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, he reported that facilities are required to check in with outside investigators at a minimum of every 14 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required. The facility director indicated the facility has a close relationship with the Pa. Department of Corrections.

There were two allegations of sexual abuse or sexual harassment in the last 12 months.

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

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate Policy 5.1.2-E.</p> <p>Scranton RRC Policy 2019-6</p> <p>Report on Investigation</p> <p>Investigator training curriculum</p> <p>115.272 (a):</p> <p>The PAQ requires the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The facility provided</p> <p>GEO Corporate Policy 5.1.2-E and Scranton RRC policy 2019-6</p> <p>GEO Corporate Policy 5.1.2-E and Scranton RRC policy 2019-6 and Investigator training the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Based on a review of the training curriculum provided a finding of standard of proof meets the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all the evidence that is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding, and to support a finding of sexual abuse or harassment by a preponderance of evidence. Investigators must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.</p> <p>The auditor reviewed two investigative reports that were completed and noted each report included the findings based on the preponderance of the evidence.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>

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

**Auditor Discussion**

Evidence relied upon in making the compliance determinations

GEO Corporate Policy 5.1.2-A

GEO Corporate Policy 5.1.2-E

Scranton RRC Policy 2019-6

115.273 (a):

The PAQ requires following an investigation into an resident's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The facility provided:

GEO policy 5.1.2-E, and Scranton RRC Policy 2019-6

GEO policy 5.1.2-E, and Scranton RRC Policy 2019-6 indicate that following an investigation of sexual abuse of a resident, the resident shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The resident receives a copy of the form; a copy is placed in the investigative file and a copy is forwarded to the PREA Coordinator office. According to the PREA Compliance Manager (PCM) and a review of the investigative files confirmed there was notification provided to a resident. There was one notification to residents found in the investigative files. The notification included residents that left the facility and did not provide mailing addresses or other ways of contacting the resident.

115.273 (b):

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

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

According to policy and 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 resident.

115.273 (c):

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

GEO Policy 5.1.2-E and Scranton RRC policy 2019-6 require following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation. The resident is to be informed if the staff member is no longer posted within the resident's unit, if the staff member has been indicted 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. There were no substantiated allegations of sexual abuse that resulted in the termination of a staff member.

117.273 (d):

The PAQ requires Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted 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 following a resident's allegation that he has been sexually abused by another resident, the agency will inform the alleged victim if the alleged abuser has been indicated 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.

There was one allegation of sexual abuse during the last 12 months. The one allegation that was unsubstantiated during the 12 months notification was found in the investigative files. The resident was transferred and had discharged when the finding was approved by Pa. DOC.

115.273 (e):

The PAQ requires all Notification of Outcome of Allegations or attempted notifications are documented and filed in the corresponding investigative file.

In interviews with the PREA compliance manager they meet with the resident and explain the outcome of the investigation. This helps residents know what an unsubstantiated allegation means in layman terms. There were no notifications to a resident located in the investigative file for the previous 12 months.

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

115.276	Disciplinary sanctions for staff
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Scranton RRC Policy 2019-6</p> <p>Investigative Files Interview with Facility Director</p> <p>PREA compliance manager</p> <p>115.276 (a):</p> <p>PAQ requires that Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A and Scranton RRC Policy 2019-6</p> <p>GEO corporate policy 5.1.2-E, and Scranton RRC policy 2019-6 outline disciplinary action and the employee disciplinary sanctions. Discipline up to and including termination can be imposed for substantiated violations. Based on interview and statement of fact provided by the Center Director, Scranton RRC has not imposed any employee discipline during this audit period.</p> <p>115.276 (b):</p> <p>PAQ requires termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A and SCRANTON RRC Policy 2019-6</p> <p>Based on GEO policy 5.1.2-A and Scranton RRC Policy 2019-6 requires termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.276 (c):</p> <p>The 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.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A and Scranton RRC Policy 2019-6</p> <p>GEO Corporate Policy 5.1.2-A and Scranton RRC Policy 2019-6 mandate that all</p>

	<p>terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. In the interview with the facility director, the information and information provided by the facility investigator no staff resigned during the investigation, which is considered a presumptive termination when the allegation is substantiated. There was one staff member who resigned before an investigation that was later substantiated.</p> <p>115.76 (d):</p> <p>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</p> <p>The facility provided GEO Corporate Policy 5.1.2-A and SCRANTON RRC Policy 2019-6</p> <p>Both policies require that all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. The staff at the Scranton RRC were aware of disciplinary sanctions pursuant to substantiated allegations of sexual abuse and sexual harassment</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.277	Corrective action for contractors and volunteers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>PREA training curriculum</p> <p>Statement of fact</p> <p>PAQ</p> <p>115.277 (a):</p> <p>FAQ requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement</p>

	<p>agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A and GEO Corporate Policy 5.1.2-E GEO Corporate Policy 5.1.2-A and GEO Corporate Policy 5.1.2-EThe mandates that any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/ certifying bodies unless the activity was clearly not criminal in nature. Any contractor or volunteer who engages in sexual abuse, even though it was not criminal will be reported to professional licensing/certifying bodies.</p> <p>115.277 (b):</p> <p>The PAQ requires the facility to take appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A</p> <p>GEO Corporate Policy 5.1.2-A mandates in cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with residents.</p> <p>During the previous year, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at Scranton RRC.</p> <p>The facility director's interview indicated she would take immediate action to remove the contractor or volunteer from contact with residents. If it were a contractor, the administrator indicated he would notify the contractor's supervisor immediately so the contractor's supervisor could provide a replacement staff for the task they were assigned.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.278	Disciplinary sanctions for residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>Resident Handbook</p>

PREA Posters of Zero Tolerance

Statement of Fact

Resident Handbook

PREA Posters of Zero Tolerance

Statement of Fact

115.278 (a):

The PAQ requires that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

The facility provided GEO Corporate Policy 5.1.2-E and the resident handbook.

Corporate policy 5.1.2-E and the resident handbook outline discipline and prosecution related to disciplinary sanctions for residents. The Scranton RRC resident handbook outlines that a first-level resident discipline (greatest category offense) involves assaulting any person (including sexual assault). There was no substantiated administrative report on resident sexual abuse cases in the previous 12 months at the Scranton RRC.

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

115.278 (b):

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

The facility provided GEO Corporate Policy 5.1.2-E.

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

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

115.278 (c):

The PAQ requires that the disciplinary process shall consider whether a resident's

mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

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

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

115.278 (d):

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

The facility provided GEO Corporate Policy 5.1.2-

The Scranton RRC facility does provide mental health interventions for its residents. These services are contracted through a local vendor or the Women's Resource Center Advocacy program.

115.278 (e):

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

GEO Corporate Policy 5.1.2-E prohibits disciplining a resident for sexual contact with an employee unless it is found that the employee did not consent to the contact. There were no reports of sexual abuse by a resident or staff in the past 12 months at SRRC.

115.278 (f):

The PAQ requires, for 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 GEO Corporate Policy 5.1.2-E, which states that a report made in good faith, even if the incident is not substantiated, will not be construed as a false report or lying, as outlined in both corporate and local policy.

115.278 (g):

The PAQ requires that an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

	<p>The facility provided GEO Corporate Policy 5.1.2-E.</p> <p>The agency and SRRC have a zero-tolerance policy for sexual abuse and sexual harassment, and both policies, 5.1.2-E, and facility PREA posters, videos, education, and training, outline the potential sanctions for sexual abuse and sexual harassment.</p> <p>The facility director and agency provided a statement of fact that no resident has been disciplined for a PREA allegation during the last 12 months.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Scranton RRC Policy 2019-6</p> <p>Coordinated Response Plan</p> <p>MOU with Geisinger Community Medical Center</p> <p>Statement of Fact</p> <p>Interviews with First Responders</p> <p>115.282 (a): PAQ requires that Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>The facility provided Policy Scranton RRC Policy 2019-6 and GEO Corporate Policy 5.1.2-A, and interviews with Women's Resource Center.</p> <p>GEO policy 5.1.2-A states that victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. Reentry Community Confinement Facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available.</p> <p>Scranton RRC Policy 2019-6 requires that the supervisor shall arrange for</p>

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

115.282 (b):

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

The facility provided Scranton RRC Policy 2019-6 and first responder interviews.

All staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health practitioners. Both security and non-security staff interviewed knew their first responder duties.

115.282 (c)(d):

The PAQ requires that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, by professionally accepted standards of care, where medically appropriate.

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

The facility provided GEO Corporate Policy 5.1.2-A

Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, by professionally accepted standards of care, where medically appropriate. All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility director indicated that the MOU with Geisinger Community Medical Center includes emergencies and aftercare treatment of residents who have been sexually abused.

An MOU with the Women's Resource Center. was established to provide crisis intervention services. All services are provided at no cost to residents regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

	Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Scranton RRC Policy 2019-6</p> <p>MOU with Women’s Resource Center</p> <p>MOU with Geisinger Community Medical Center</p> <p>115.283(a):</p> <p>The PAQ requires that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>The facility provided Scranton RRC Policy 2019-6, which outlines ongoing action after reports of sexual abuse. Medical and mental health evaluations, and treatment where appropriate, will be provided to all victims of sexual abuse that occur in any prison, jail, lockup, or juvenile facility.</p> <p>According to interviews with medical and mental health staff. Scranton RRC will offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile Facility.</p> <p>The center MOU with the Hospital and advocacy services includes stipulations that the victim advocate and hospital will provide a SAFE and/or SANE provider and Counseling Support, Individual Therapy, Groups for victims</p> <p>115.283 (b) (c)(d)(f)(g)(h):</p> <p>The PAQ requires 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.</p> <p>The PAQ requires that the facility provide such victims with medical and mental health services consistent with the community level of care.</p> <p>The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or released</p>

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

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

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

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

The PAQ requires the facility to attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

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

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

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

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

e. The Facility shall attempt to conduct a mental health evaluation on all known inmate-on-inmate or resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health

Practitioners. Note: "known abusers" are those inmates or resident abusers in which a PREA investigation determined either administratively substantiated or substantiated by outside law enforcement.

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

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

The facility provides victims with medical and mental health care consistent with the community level of care, which was confirmed by interviewing the victim advocacy and the Geisinger emergency room.

	Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making compliance determinations,</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Scranton RRC Policy 2019-6</p> <p>Report on Investigation</p> <p>Incident Review Committee (After Action Report)</p> <p>PAQ</p> <p>1 15.286 (a):</p> <p>The PAQ requires that the facility shall conduct a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A, Scranton RRC Policy 2019-6 and Incident Review Committee review.</p> <p>GEO policy 5.1.2-A and SCRANTON RRC Policy 2019- 4 require 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 onsite audit, there was two investigation 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.</p> <p>115.286 (b)</p> <p>The PAQ requires that the review be conducted within 30 days of the conclusion of the investigation.</p> <p>GEO Corporate Policy 5.1.2-A, Scranton RRC Policy 2019-6 mandates that the review is conducted within 30 days of the conclusion of the investigation.</p> <p>A review of all the Incident Review Committee reports found that they were completed within 30 days after the completed investigation.</p>

115.286 (c):

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

The facility provided GEO Corporate Policy 5.1.2-A, Scranton RRC Policy 2019-6, and after action report which included sign in sheet for participants.

The Incident Review Committee consists of the facility director, assistant director, PREA compliance manager, and chief of security. The PREA corporate coordinator or his staff may attend via telephone or in person.

115.286 (d):

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

The facility provided GEO Corporate Policy 5.1.2-A, Scranton RRC Policy 2019-6, and incident review team reports (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, 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 under 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. There was one after-action report completed during the last 12 months.

115.286 (e):

	<p>The PAQ requires that the facility implement the recommendations for improvement or document its reasons for not doing so.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A, Scranton RRC Policy 2019-6, and an after-action report.</p> <p>In interviews with the facility director and PREA compliance manager. As part of the after-action report, the facility submits the report to the corporate office for approval.</p> <p>The facility then develops and after-action report the Corrective Action Plan that is also submitted to the corporate office. The facility completes the corrective action plan and submits the completed documentation to the corporate office.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.287	Data collection
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making compliance determinations,</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Scranton RRC Annual Assessment</p> <p>GEO Group Annual Reports (2012-2024)</p> <p>GEO Annual Tracking</p> <p>115.287 (a):</p> <p>The PAQ requires the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A and the GEO Corporate Annual Report.</p> <p>GEO policy 5.1.2-A mandates that all facilities under the GEO umbrella collect uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to utilize a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p>

115.287 (b):

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

The facility provided the GEO Group Annual Reports

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 the data is compiled and forwarded to the PREA Coordinator.

In addition to submitting the Monthly PREA Incident Tracking Log to Pa. DOC, 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.

115.287 (c)(d):

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

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

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

Policy 5.1.2-A mandates the data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). A review of the annual report codified this requirement. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

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

115.287 (e):

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

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

	<p>115.287 (f):</p> <p>Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>According to an interview with the PREA coordinator, upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. The facility provided a copy of the monthly log and annual log for review. The log contained all elements required by policy.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.288	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determinations.</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>GEO Annual PREA Data Report 2021</p> <p>GEO Annual PREA Data Report 2022</p> <p>GEO Annual PREA Data Report 2023:</p> <p>PREA assessments.</p> <p>115.288 (a):</p> <p>The PAQ requires that the agency shall review data collected and aggregated under§ 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>The facility provided GEO Corporate PREA Procedure 5.1.2, GEO Annual PREA Data Report 2021, through GEO Annual PREA Data Report 2023</p> <p>GEO Policy 5.1.2-A states, “GEO shall review all data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis, and 3. Preparing an annual report of its</p>

findings and corrective actions for each facility, as well as the agency as a whole.

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

The agency head's interview 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 reviewed data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training?

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

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

The agency reviews data collected and aggregated under §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. (115.88)

115.288 (b):

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 facility provided GEO Corporate PREA Procedure 5.1.2, GEO Annual PREA Data Report 2022, and GEO Annual PREA Data Report 2023

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

115.288 (c):

	<p>The PAQ requires that the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.</p> <p>The facility provided GEO Corporate PREA Procedure 5.1.2, GEO Annual PREA Data Report 2022, and GEO Annual PREA Data Report 2023</p> <p>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 <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>.</p> <p>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.</p> <p>A review of the annual reports verified the information provided by these interviews.</p> <p>115.288 (d):</p> <p>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.</p> <p>The facility provided GEO Corporate PREA Procedure 5.1.2, GEO Annual PREA Data Report 2022, and GEO Annual PREA Data Report 2023</p> <p>Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report.</p> <p>The PREA coordinator interviewed indicated that GEO only reports statistical data and incident types, excluding personally identifiable information, for confidentiality purposes.</p> <p>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</p> <p>at PREA in action in GEO facilities.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence relied upon in making the compliance determinations

GEO Corporate Policy 5.1.2-A

GEO Annual PREA Data Report

Interviews with

PREA compliance manager

PREA Coordinator

115.289 a):

The PAQ requires that the agency shall ensure that data collected pursuant to § 115.87 is securely retained.

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

GEO Corporate Policy 5.1.2-A mandates all case records associated with claims of sexual abuse are maintained and filed in a secure file cabinet in the PREA compliance manager's office. During the tour of the facility, the auditor noted that the PREA compliance office was locked in each visit by her office.

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

The agency head interviewed indicated that GEO has a secure PREA portal with restricted access to retain all the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually.115.289 (b):

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

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

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

115.289 (c):

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

	<p>The facility provided GEO Corporate PREA Procedure 5.1.2-A and an interview with the Corporate PREA coordinator.</p> <p>Before making aggregated sexual abuse data public, GEO removes all personal identifiers. This was confirmed by reviewing past audits and the GEO annual reports.</p> <p>The PREA coordinator interviewed indicated that GEO only reports statistical data and incident types, excluding personally identifiable information, for confidentiality purposes</p> <p>115.289 (d):</p> <p>The PAQ requires that the agency shall maintain sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>The facility provided GEO Corporate PREA Procedure 5.1.2-A.</p> <p>Corporate Policy: 5.1.2-A mandates that data collected pursuant to this procedure shall be securely retained by the Facility or Corporate office for at least 10 years or longer if required by state statute. Before making aggregated Sexual Abuse data publicly available, all personal identifiers shall be removed. All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, are retained in accordance with Federal and State statutes and guidelines specified by contract authority. Confinement Facilities ensure that data collected is securely retained for at least 10 years.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
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115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making the compliance determinations</p> <p>GEO policy 5.1.2-A</p> <p>SRRC Policy 2019-6</p> <p>115.401 (a):</p> <p>The PAQ requires 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</p>

audited at least once.

The facility provided GEO policy 5.1.2-A

GEO policy 5.1.2-a states, "During the three years starting on August 20, 2013, and each three years thereafter, GEO's Contract Compliance Department shall ensure that each Facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice." GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. This is the fourth PREA audit of Scranton Residential Reentry Center. The initial PREA audit of Scranton Residential Reentry Center was conducted by a DOJ-certified PREA auditor in September 2015, while the facility was under the ownership of the Community Education Centers. This second audit was conducted in July 2019, and the third audit was conducted in June 2022. This is the fourth audit of the Scranton Residential Reentry Center. All audits were conducted by DOJ DOJ-certified PREA auditor. According to GEO's PREA Coordinator and the annual PREA report, during the three years beginning on August 20, 2013, GEO ensured that each of its facilities was audited at least once and continues to ensure that its facilities are audited every three years.

115.401 (b):

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

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

115.401 (h):

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

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

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

auditor unfettered access to talk to staff and residents privately.

115.401 (i):

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

I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to conduct the requirements of the audit process. The facility allowed the audit to review personnel files and mark documents needed from each of the files reviewed. The facility uploaded these files to the OAS portal. All other documentation required was provided to the auditor promptly.

115.401 (m):

The PAQ requires that the auditor shall be permitted to conduct private interviews with residents.

I interviewed specialized staff, random staff, random residents, and targeted residents during the onsite audit. Interviews were conducted in a private office and classroom area of the facility.

115.401 (n):

The PAQ requires that residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Residents were notified a minimum of six weeks before the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to the Auditor. Interviews with residents stated they have seen a posting. The posting was completed on March 20, 2025. No residents contacted the Auditor before or during the audit.

The facility substantially exceeded the requirements of this standard. Documents were either provided to the auditor or uploaded to OAS in an extremely timely manner. The PREA compliance manager was instrumental and had identified staff available with limited down time for the auditor. Files reviewed contain all information required and have been organized for the PREA auditor's review. Staff interviewed were open and forthcoming without hesitation or coercion.

The agency had uploaded the PAQ in the OAS system prior to the onsite audit. The agency then had to provide hard copies of PAQ and related documents, including any updated documents, to the auditor. Then the agency had to upload updated documents in the OAS system to coincide with the hard copies provided to the auditor. The center exceeded the expectations of all of the information they provided on several occasions.

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

115.403	Audit contents and findings
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1174 376">Evidence relied upon in making the compliance determinations</p> <p data-bbox="279 409 611 443">PREA audit report 2022</p> <p data-bbox="279 488 611 521">PREA audit report 2019</p> <p data-bbox="279 566 611 600">PREA audit report 2015</p> <p data-bbox="279 633 448 667">115.403 (f):</p> <p data-bbox="279 678 1385 790">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.</p> <p data-bbox="279 835 1465 947">Per agency policy and standard requirements, GEO assures me that this final report will be published on their website at (<a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>) to be available to the public.</p> <p data-bbox="279 992 1449 1104">According to interviews with the PREA coordinator, the audit reports are posted on the website within the 90-day requirement. The postings from 2017 until the present are posted on the GEO website.</p> <p data-bbox="279 1149 1449 1305">The agency maintains all PREA related Policies on its website including third party reporting, staff reporting, investigation of allegations and all previous PREA audits. The auditor reviewed the report for 2022, 2019 and 2015 on the GEO Group Website.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	na

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

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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