PREA Facility Audit Report: Final

Name of Facility: Arizona State Prison Phoenix West
Facility Type: Prison / Jail
Date Interim Report Submitted: N/A
Date Final Report Submitted: 03/30/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	X
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	X
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.	X
Auditor Full Name as Signed: Brian D. Bivens	**Date of Signature:** 03-30-26

AUDITOR INFORMATION	
Auditor name:	Brian D. Bivens
Email:	briandbivens@gmail.com
Start Date of On-Site Audit:	06/02/2025
End Date of On-Site Audit:	06/04/2025

FACILITY INFORMATION	
Facility name:	Phoenix West Correctional and Rehabilitation Facility
Facility physical address:	3402 West Cocopah Street, Phoenix, Arizona - 85009
Facility mailing address:	3402 West Cocopah Street, Phoenix, Arizona - 85009

Primary Contact	
Name:	Blanca Ochoa
Email Address:	bochoa@geogroup.com

Telephone Number:	602-352-0350

Warden/Jail Administrator/Sheriff/Director	
Name:	Blanca Ochoa
Email Address:	bochoa@geogroup.com
Telephone Number:	602-352-0350

Facility PREA Compliance Manager	
Name:	Cynthia Dominguez
Email Address:	cynthia.dominguez@geogroup.com
Telephone Number:	602-352-0350 ext. 126

Facility Health Service Administrator On-site	
Name:	Cari Stone
Email Address:	cari.stone@geogroup.com
Telephone Number:	602-352-0350 ext. 231

Facility Characteristics	
Designed facility capacity:	400
Current population of facility:	355
Average daily population for the past 12 months:	350
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Minimum Custody Males
Age range of population:	20-75 years
Facility security levels/inmate custody levels:	Minimum custody
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	88
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	20

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

Agency Chief Executive Officer Information:	
Name:	David Donahue
Email Address:	donahue@geogroupcom
Telephone Number:	561-999-7401

Agency-Wide PREA Coordinator Information			
Name:	Manny Alvarez	**Email Address:**	manuel.alvarez.com

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:	
3	115.15, 115.64, 115.31
Number of standards met:	
42	
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:	June 2, 2025
2. End date of the onsite portion of the audit:	June 5, 2025

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?	No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	RAINN

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	400
15. Average daily population for the past 12 months:	350
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	NO

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	355
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. 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:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. 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:	4
43. 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:	3
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. 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:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. 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):	All targeted residents identified were interviewed during th onsite portion of the audit. .
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. 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:	88
50. 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:	20

51. 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:	5
52. 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:	The staff were very professional.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	Age Race Ethnicity (e.g., Hispanic, Non-Hispanic) Length of time in the facility Housing assignment Program Assignment

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interview selections were based on: - Housing location - Program assignment - Age Range - Race - Gender (All Male Facility) - Length of Stay in the Program
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	Yes
57. 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):	The auditor interviewed 28 total residents (12 general population and 15 targeted.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15

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".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	N/A
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The identification of targeted residents was identified by the Facility Administration.
61. 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:	3
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	N/A
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The identification of targeted residents was identified by the Facility Administration.
62. 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:	4

63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	The 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 residents.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The identification of targeted residents was identified by the Facility Administration.
64. 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:	4
65. 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:	1
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	The 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 residents.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The identification of targeted residents was identified by the Facility Administration.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers in conducting resident interviews. All interviews were conducted in a private setting.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	14
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	Hire Date Shift assignment Work assignment Rank Gender
If "Other," describe:	N/A
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	Yes

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Staff interviews were conducted in accordance with the PREA auditor handbook.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
76. Were you able to interview the Agency Head?	Yes /Designee
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	Yes
78. Were you able to interview the PREA Coordinator?	Yes
79. Were you able to interview the PREA Compliance Manager?	Yes

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below:	Human Resource Staff Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment Medical staff Mental health staff Sexual Assault Forensic Examiner (SAFE) Investigative staff responsible for conducting administrative investigations Investigative staff responsible for conducting criminal investigations Staff who perform screening for risk of victimization and abusiveness Segregation Staff 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 Training Staff Grievance Person
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	Yes
a. Enter the total number of VOLUNTEERS who were interviewed:	1

b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below:	Education/programming
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	Yes
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	Work Crew Supervisor
83. Provide any additional comments regarding selecting or interviewing specialized staff.	All specialized staff interviews were conducted in a private setting.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	Yes
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	Yes
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	Yes
88. Informal conversations with staff during the site review (encouraged, not required)?	Yes

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

The auditor toured the following areas:

- **Intake**
- **Game Room**
- **Medical**
- **Dental**
- **Administrative Areas**
- **Classrooms (8 total)**
- **All Housing Units**
- **Outdoor recreation**
- **Visitation Area**

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.

90. 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

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor reviewed the following files: PREA Investigations 3 Resident Files 10 Staff HR Files 10 Staff Training Records 10 Volunteer Training/HR 2 Contract Employee File 1

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.

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

	Pending	Unfounded	Unsubstantiated	Substantiated
Resident on Resident	0	0	1	0
Staff on Resident	0	0	0	1
Total	0	0	1	1

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

	Pending	Unfounded	Unsubstantiated	Substantiated
Resident on Resident	0	1	1	0
Staff on Resident	0	0	0	0
Total	0	1	1	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.

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

Ongoing 0

Referred for Prosecution 0

Indicted/Court Case 0

Filed Convicted/Adjudicated Acquitted 0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit: Ongoing Unfounded

	Pending	Unfounded	Unsubstantiated	Substantiated
Resident on Resident	0	1	1	0
Staff on Resident	0	0	0	0
Total	0	1	1	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.

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

Ongoing 0

Referred for Prosecution 0

Indicted 0

Convicted/Adjudicated Acquitted 0

97.

	Pending	Unfounded	Unsubstantiated	Substantiated
Resident on Resident	0	1	1	0
Staff on Resident	0	0	0	0
Total	0	1	1	0

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	Yes

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	N/A
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	N/A

Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	Yes
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	N/A
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
a. Explain why you were unable to review any sexual harassment investigation files:	N/A

107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	Yes
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	Yes
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	Yes
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	Yes
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	Yes
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility had a total of three reported allegations in the past twelve months. The auditor reviewed all three investigation files.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. 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.	No

Non-certified Support Staff

116. 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.	No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	The audited facility or its parent agency

Standards

Auditor Overall Determination Definitions

Exceeds Standard
(Substantially exceeds requirement of standard)

Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)

Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A systematic review of evidence, including the aggregations and analyzing the following, was completed during the pre-side, on-site and post-site of the audit:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure
2. Organizational Chart
3. ADCRR DO 125 Sexual Offense Reporting
4. Statement of Fact

B. Interviews

1. PREA Coordinator
2. Random Inmates
3. Random Staff
4. PREA Managers

C. Other

1. Auditor Observations on-site
2. Review of PREA signage in the facility

115.11 (a) The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and

Intervention Procedure staff follows the agency's PREA Policy Chapter 05 5.1.2-A section A. Policy Statement which mandates zero tolerance for all forms of sexual abuse and sexual harassment. This policy outlines the agency's approach to preventing, detecting, and responding to such conduct. This was evident during the onsite tour, and both formal and informal interviews with Inmates and staff. Random staff and random inmates stated they were aware of PREA and the agency's zero tolerance. The auditor observed PREA information posted in each housing unit and in many common areas. Inmates are given PREA information upon intake at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.11 (b) and (c) The agency employs an upper-level, agency-wide PREA Coordinator. The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA policy outlines the responsibilities of the PREA Coordinator. Manny Alvarez is the agency PREA Coordinator for GEO. The facility provided the auditor with the organizational chart showing the PREA Coordinator position as an upper-level agency-wide position. The PREA Coordinator is knowledgeable of the PREA standards and actively assists the facility with compliance. Mr. Alvarez has the authority to develop, implement, and oversee PREA compliance. He updates the agency's facilities when new FAQs are published on the PREA Resource Center website. During an interview with the PREA Coordinator, he indicated that he had sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. The facility has four PREA Managers. The PREA Managers report directly to Assistant Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.12	**Contracting with other entities for the confinement of inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

. A systematic review of evidence, including the aggregations and analyzing the following, was completed during the pre-side, on-site and post-site of the audit:

A. Documentation

1. Information provided in the Online Audit System

B. Interviews

1. Warden

C. Other

1. Auditor Observations on-site

115.212 Based on the documentation provided: as well as an interview with the Site Director, it was determined that GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure does not contract with other facilities to house Inmates assigned to their custody. Therefore, this standard was found to be in compliance during this audit.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A systematic review of evidence, including the aggregations and analyzing the following, was completed during the pre-side, on-site and post-site of the audit:

A. Documentation

1. Annual PREA Facility Assessment – Adult Prisons & Jails

2. Statement of Fact

3. Staffing Plan

4. GEO Policy Chapter 5 Oversight – Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure Section C

5. ADCRR DO Policy 703 Security Facility Inspections

6. Facility Tour Reports (Unannounced Rounds)

B. Interviews

1. PREA Manager

2. Random Staff

3. Random Inmates

C. Other

1. Auditor Observations on-site

115.213 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure Confinement Standards PREA Annual PREA Facility Assessment – Adult Prisons & Jails outlines the PREA Coordinators staffing plan for the facility. The facility has documented and made its best efforts to comply regularly with a staffing plan that provides for adequate levels of staffing as described and required by this standard. The established staffing plan uses the criteria found in standard 115.213 to include the physical layout of the facility, composition of the inmates housed, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors identified. ADCRR DO Policy 703 Security Facility Inspections policy mandates video monitoring be deployed to assist with the protection of offenders against sexual abuse at this facility. The staffing levels are monitored daily by a review of shift rosters. According to the PREA Manager, there have not been any judicial findings of inadequacy in the past twelve months. During the onsite portion of the audit, the auditor did observe:

- the number of staff, contractors, and volunteers present (including security and non-security staff) and staffing patterns during every shift

- staff line of sight and assess whether there are blind spots

- areas where persons confined in the facility are not allowed to determine whether movement in and out of that space is monitored

- indirect supervision practices, including camera placement

No concerns were noted during the tour. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (b) The facility has procedures in place to ensure all deviations are covered by overtime or notification must be documented on the staff roster and submitted to the PREA Manager outlining the reason(s) for the deviation. When staff shortages occur, the Facility Leadership will:

1. Ask the on-duty shift if they want to work over,

2. Call off duty employees to see if they want to come in and work.

3. Mandate on-duty employees to work over. (Mandatory Overtime)

There has not been any deviation reported where the staffing plan had not been complied with in the past twelve months, as confirmed by written documentation and during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (c) The staffing plan is reviewed annually by Warden. The last Annual Staffing Plan assessment was completed in January 2025. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (d) ADCRR Policy 703 Security Facility Inspections requires that intermediate-level or higher-level staff conduct unannounced rounds. These rounds are documented on the Facility Tour Reports

(Unannounced Rounds). The auditor observed several Facility Tour Reports. Two supervisors were interviewed, both stated they make daily unannounced rounds, and they change their routine to ensure staff and inmates are not made aware of their rounds. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard
	A systematic review of evidence, including the aggregations and analyzing the following, was completed during the pre-side, on-site and post-site of the audit: A. Documentation 1. Statement of non-applicability B. Interviews 1. PREA Manager C. Other 1. Auditor Observations on-site 115.214 (a) Phoenix West Correctional and Rehabilitation is an audit only facility. This was confirmed by the PREA Manager and by the auditor's observation during the onsite portion of the audit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.15	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

2. ADCRR Department Order 125 Sexual Offense Reporting

3. Training Roster and Certificates

B. Interviews

1. PREA Manager

2. Random Staff

3. Random Inmates

4. Targeted Inmates

C. Other

1. Auditor Observations on-site

115.215 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure outlines offender searches including searches of transgender and intersex offenders. The review of training curriculums and staff interviews revealed that cross-gender strip searches are prohibited except in exigent circumstances and must be documented when conducted. There have been no documented cross-gender visual body cavities or strip searches reported in the past twelve months. This was reiterated during an interview with the PREA Coordinator. During the tour, the auditor observed areas used to conduct strip searches, visual body cavity searches, and pat-down searches and assess whether opposite-gender staff-conducted informal conversations with staff and persons confined in the facility regarding search procedures The auditor did not notate any issues during the tour. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (b) Phoenix West Correctional and Rehabilitation is an all-male facility. This was confirmed by the PREA Manager and the auditor's observations during the onsite portion of the audit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (c) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy prohibits frisk/pat searches of female Inmates by male staff and requires that all cross-

gender searches in exigent circumstances be documented. The facility is an all-male inmate facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (d) ADCRR Department Order 125 Sexual Offense Reporting outlines that Inmates shall be permitted to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. The Inmates confirmed during interviews they have privacy when showering, using the toilets and while changing their clothes. ADCRR Department Order 125 Sexual Offense Reporting and GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure also requires staff of the opposite gender to announce their presence prior to entering the housing units. Signs are posted at the entrance of each housing unit to remind staff to announce. Inmate and staff interviews revealed that opposite gender announcements were common practice at this facility. Therefore, the facility exceeds the standard.

115.15 (e) Based on ADCRR Department Order 125 Sexual Offense Reporting, training curriculum provided, and staff interviews the facility prohibits staff from physically examining transgender or intersex Inmates for the sole purpose of determining genital status. If the inmate's genital status is unknown, it is determined during conversations with the inmate, 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. One transgender inmate was interview, the inmates stated they had not experienced any negative behavior from other inmates of from the staff.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (f) Based on GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA policies, training curriculum provided, staff training file reviews, and staff interviews the facility trains security staff to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Training Rosters and Certificates were reviewed by the auditor. There were transgenders or intersex inmates housed in the facility during the onsite portion of the audit. According to the PREA Manager, there were also no complaints filed by transgender Inmates in the past twelve months related to searches. One transgender inmate was interview, the inmates stated they had not experienced any negative behavior from other inmates of from the staff.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Language Line Contract

2. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

3. Memorandum for the Warden

4. ADCRR DO 704 Inmate Regulations

5. ADCRR Department Order 108 Americans with Disability Act Compliance

6. Inmate Handbook (English and Spanish)

7. Department Order 125

8. Statement of Fact

B. Interviews

1. PREA Manager

2. Random Staff

3. Random Inmates

4. Targeted Inmates

C. Other

1. Auditor Observations on-site

2. Test of Interpreter Services

115.216 (a) The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure, Memo – ADA Inmates and PREA, ADCRR DO 704 Inmate Regulations, and ADCRR Department Order 108 Americans with Disability Act Compliance requires the facility to take appropriate steps to ensure Inmates with disabilities (including, for example, Inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. PREA handouts, PREA postings, and the inmate handbook are provided in both English and Spanish. methods that ensure effective communication with clients with disabilities, including clients who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

During the onsite portion of the audit, the auditor:

- Tested the facility's process for securing interpretation services

- Determined if Inmates must self-identify to gain the services

- Assessed the availability of interpretation services

- Observed the location of interpretation services

There were no issues noted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (b) Department Order 125 requires the facility take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to Inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively accurately and impartially. The Language Line and/or staff interpreters are used to translate at this facility. The agency maintains a contract with Language Line. There was one Spanish-speaking Inmates interviewed during the on-site visit, and they confirmed during interviews receiving all written PREA information. The inmates and staff also confirmed that interpretive services are available when needed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (c) A Statement of Fact from Warden stated the agency does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. This was confirmed during interviews with random staff, the PREA Manager, and the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

2. Accurate Background Checks

3. ADCRR Department Order 602 Background Investigations

4. GEO Employment Questionnaire

5. 5-Year Background Accurate Checks

B. Interviews

1. Human Resources

115.217 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy and the ADCRR Department Order 602 Background Investigations Policy mandates that the agency does not hire or promote anyone who may have contact with Inmates and does not enlist the services of any contractor or volunteer who may have contact with Inmates, who has engaged in sexual abuse in a prison, , lockup, community confinement facility, juvenile facility, or other institution, 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 has been civilly or administratively adjudicated to have engaged in the activity described above. The facility completes a background check on all applicants. This practice was confirmed during interviews with the Site Director.

Accurate Background checks consist of:

- Driver's License History
- Drug Screening
- Education Ver
- Employment Reports
- Federal Criminal National Checks
- Multiple Jurisdiction Index Search
- Sex Offender Registry
- Global Search

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (b) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy requires the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer, who may have contact with Inmates. This was confirmed during file reviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (c)-1 GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure requires a criminal background records check be completed before hiring any new employee. The agency utilizes the Accurate Background check which consists of the following:

- Driver's License History
- Drug Screening
- Education Ver
- Employment Reports
- Federal Criminal National Checks
- Multiple Jurisdiction Index Search
- Sex Offender Registry
- Global Search

Ten out of ten Human Resource files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

(c)-2 GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegations of sexual abuse. A review of Human Resource files illustrated this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (d) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure requires a criminal background record check to be completed before enlisting the services of any contractor who may have contact with the Inmates. File reviews confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (e) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure completes background checks on all employees every five years, file review confirmed this practice. This was confirmed during file reviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (f) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA policy requires staff to disclose any and all misconduct on or off duty. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (g) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy mandates that material omissions regarding sexual misconduct, and the provision of materially giving false information, are grounds for termination as required by this standard. The PREA Coordinator stated there had been a termination of a contract employee for this circumstance in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (h) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA policy requires that the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The PREA Coordinator stated the agency has not received such a request in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.18	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Interviews

1. PREA Manager

2. Warden

B. Other

1. Auditor Observations on-site

C. Documentation

1. The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure

115.218 (a) The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure requires when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect Inmates from sexual abuse. During this audit cycle, there have been no expansions or significant modifications to this facility. This was confirmed by the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.218 (b) The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect Inmates from sexual abuse. During this audit cycle, there have been minimal enhancements to the video technology at this facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit. This was confirmed by the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.21	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Review of PREA Investigation Files

2. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

3 Agreement with RAINN (Rape, Abuse, and Incest National Network)

4. Phoenix West Checklist

5. Statement of Fact

6. ADCRR Department Order 125

7. PREA Zero Tolerance Posters

8. GEO Policy 10.3.1.4 Security and Control Title Inmate Sexual Assault

9. ADCRR Department Order 608 Criminal Investigations

B. Interviews

1. PREA Manager

3. Investigator

4. Targeted Inmates

115.221 (a) and (b) ADCRR Department Order 608 Criminal Investigations comply with all elements of this standard. The facility does not house anyone under the age of 18. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The ADCRR Department Order 608 Criminal Investigations requires the facility investigates all PREA complaints for potential criminal activity and maintains a close working relationship with the local attorney' general's Office. ADCRR Criminal Investigations Unit staff conduct sexual abuse allegations. The agency utilizes the Phoenix West PREA Incident Checklist for every sexual abuse allegation/response. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (c) ADCRR Department Order 125 requires the facility to offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Exams would be conducted at Scottsdale Osborn Hospital if necessary. Such examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. During the past twelve months, there was no inmate who alleged sexual abuse that constituted the need for a SANE exam. This was confirmed by the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (d) The West Phoenix Correctional and Rehabilitation Facility has entered into a agreement with RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK that agrees to provide outside victim advocacy services to the Inmates. The services of these victim advocates have been requested or used by the Inmates during this audit cycle. The facility also has a trained victim advocate on staff. The facility provided the auditor with his training records. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (e) The West Phoenix Correctional and Rehabilitation Facility has entered into an agreement with an outside agency (RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK) which agrees to provide outside victim advocacy services to the inmates upon request. RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK telephone number and address is available to the inmate population. The facility also makes available to the victim a qualified agency staff member, upon request by the victim, who will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as warranted.

RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK has advocates available 24/7. Advocates can be a support through a moment of crisis or even advocate a survivor through the medical and/or legal system. This line is a free and confidential line that anyone can contact at any time for support.

SANE/SAFE exams would be conducted at either Scottsdale Osborn Hospital.

115.221 (f) ADCRR Criminal Investigation Unit is responsible for administrative investigations and criminal investigators. This was confirmed during an interview with the PREA Manager and during the review of all PREA investigation files from the past twelve months. ADCRR Department Order 608 Criminal Investigations Therefore, this part of the standard is not applicable to this facility.

115.22	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Review of PREA Investigation Files

2. GEO Policy Chapter 5 Oversight Title 5.1.2-E PREA Investigation Procedures

3. ADCRR Department Order 608 Criminal Investigations

4. SIR PREA Complaint Investigation Report

5. ADCRR Department Order 125 Sexual Offense Reporting

6. ADCRR Department 601 Administrative Investigations and Employee Discipline

B. Interviews

1. PREA Manager

2. Investigative Staff

4. Random Inmates

C. Other

1. Auditor Observations on-site

2. Review of the Agency's Website

115.222 (a) ADCRR Department Order 608 Criminal Investigations and GEO Policy Chapter 5 Oversight Title 5.1.2-E PREA Investigation Procedures requires the agency to investigate ALL PREA complaints received at this facility. All potential criminal activity is referred to ADCRR Criminal Investigations Unit for investigation. This was confirmed during file review. During the past twelve months, the facility has referred to allegations for criminal investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (b) ADCRR Department Order 125 Sexual Offense Reporting and ADCRR Department 601 Administrative Investigations and Employee Discipline Policy requires all PREA allegations be investigated. If it is determined that the allegation involves potential criminal activity, it is referred to ADCRR Criminal Investigations Unit staff for criminal investigation and prosecution as warranted. This policy is published on the agency website as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (c) The West Phoenix Correctional and Rehabilitation Facility refers all criminal allegations for an investigation to the designated ADCRR Criminal Investigations Unit staff. The facility has not had any PREA allegations in the past twelve months. This was confirmed by the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.31	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. ADCRR Department Order 509 Employee Training and Education

2. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

3. ADCRR PREA Training Curriculum (56 pages)

4. PREA Training Acknowledgement Forms

5. ADCRR Department Order 106 Contract Beds

6. Training Curriculum and Records

B. Interviews

1. PREA Manager

2. Random Staff

3. Training Staff

115.231 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy and ADCRR Department Order 509 Employee Training and Education mandates the agency to train all their employees who have contact with Inmates on:

(1) Its zero-tolerance policy for sexual abuse and sexual harassment;
(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting,
(3) Inmates' right to be free from sexual abuse and sexual harassment;
(4) The right of Inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
(5) The dynamics of sexual abuse and sexual harassment in confinement;
(6) The common reactions of sexual abuse and sexual harassment victims;
(7) How to detect and respond to signs of threatened and actual sexual abuse;
(8) How to avoid inappropriate relationships with Inmates;
(9) How to communicate effectively and professionally with Inmates, including lesbian, gay, bisexual, transgender, intersex,
(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

During random staff interviews, it was determined that staff are well-trained on the agency policy for PREA. Staff receive PREA training during the first week of orientation with the agency. The facility utilizes a 56-page curriculum for PREA training. Each year, staff complete PREA refresher training. File review confirmed this process. Employees sign a PREA training acknowledgement to indicate they have received and understood the PREA Training. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.231 (b) The training is tailored to the male gender (male only facility) at GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure. Each employee attends two PREA in-service classes a year. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.231 (c) The training staff provided a report containing all staff that had been PREA trained which confirmed the requirements needed to meet the standard and proved that all current staff were trained within

one year of the effective date of the PREA standards. All staff receive annual refresher PREA training during staff. Interviews with random staff confirmed this process. Therefore, the facility meets this part of the standard during this audit.

115.231 (d) The facility requires employees to sign a PREA training acknowledgement to indicate they have received and understood the PREA Training. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Review of Training Records

2. ADCRR PREA Training Guide for the Non-Employee (4 pages)

B. Interviews

1. PREA Manager

2. Volunteers

115.232 (a) The West Phoenix Correctional and Rehabilitation Facility ensures all volunteers and contractors who have contact with Inmates have been trained on their responsibilities under ADCRR guidelines of sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All contractors and volunteers receive trains on the ADCRR PREA Training Guide for the Non-Employee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (b) The level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of West Phoenix Correctional and Rehabilitation Facility's zero-tolerance policy regarding sexual abuse and sexual harassment and their requirements to report such incidents. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (c) The facility documents that volunteers and contractors understand the PREA training they have received. Records review confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Inmate Handbook (English and Spanish)

2. PREA Intake Orientation Documents

3. NIC Lesson Plan for Inmates (10 pages)

4. ADCRR Department Order 704 Inmate Regulations

B. Interviews

1. Intake Staff

2. Random Inmates

3. Targeted Inmates

C. Other

1. Auditor Observations on-site

2. Review of PREA signage in the facility

3. Test of the Interpreter Service

4. Test of the TTY Phone

115.233 (a) During the intake process, inmates receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates sign the Intake Orientation Form signifying they have received the PREA information. During the onsite portion of the audit, the auditor did:

- How the facility provides the necessary PREA information to all Inmates
- Confirm who is responsible for conducting the intake process
- Confirm interpreter services, including location and how to access the service
- Reviewed the PREA education deployment methods for Inmates with disabilities
- Held informal conversations with staff and Inmates concerning the PREA education process

PREA information is available on posters throughout the facility, as well as Inmate Handbooks, and tablets that can be accessed in each housing unit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (b) Within 30 days of intake, the facility provides a comprehensive education to the Inmates, administered by video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This was confirmed during random interviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (c) The facility provided such education within one year of the effective date of the PREA standards to all its inmates and provides education to inmates upon transfer as required by this standard. The facility utilizes a National Institute of Corrections (NIC) lesson Plan for inmates. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (d) ADCRR Department Order 704 Inmate Regulations provides inmate education in formats accessible to all Inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Inmates who have limited reading skills. The facility has a TTY phone to assist inmates with these disabilities. The auditor interviewed three LEP, zero hard of hearing, one low vison, and one with physical impairment. All four targeted Inmates displayed a working knowledge of the agency's zero tolerance policy against sexual abuse and how to report sexual abuse. All five residents stated they felt safe in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (e) There was documentation provided of inmates' participation in PREA educational sessions as required by this part of the standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (f) The West Phoenix Correctional and Rehabilitation Facility does provide the inmates with posters and an inmate handbook in English and Spanish outlining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The auditor observed PREA Posters in all Housing Units and common areas. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. ADCRR CIU Training Curriculum

B. Interviews

1. PREA Manager

115.34 (a) All PREA allegations (administrative and criminal) are referred by the West Phoenix Correctional and Rehabilitation Facility to the external entity - ADCRR Criminal Investigation Unit. The ADCRR Investigation Training Curriculum consists of 111 pages. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.1.2-A Sexually Abusive Behavior and Intervention Procedure

2. Medical and Mental Health PREA Basic Training

3. Certificates of Specialized Training

4. Specialized Medical and Mental Health PREA Training Curriculum

B. Interviews

1. Medical and Mental Health Staff

115.35 (a) The PREA specialized medical/mental GEO training certificates provided, and training file lesson plan reviews and staff interviews revealed the agency has provided specialized training to all its medical and mental health staff on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment. GEO Policy 5.1.2-A Sexually Abusive Behavior and Intervention Procedure requires such training. This was confirmed during interviews with both medical and mental health staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.35 (b) The medical staff at this facility do not conduct forensic exams. This was confirmed by the medical and mental health staff. Therefore, this part of the standard is not applicable to this facility.

115.35 (c) The agency maintains documentation that all medical and mental health practitioners have received specialized training from GEO. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.35 (d) Medical and mental health care practitioners also receive the annual training mandated for all employees, contractors, and volunteers. This was confirmed during file review and during interviews with medical and mental health staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO SAAPI Risk Assessment

2. ADCRR Department Order 811 Individual Inmate Assessments and Reviews

3. Sample of Inmate Risk Assessments

4. Sample of Inmate Risk Reassessments

B. Interviews

1. Screening Staff

2. Random Inmates

3. Targeted Inmates

4. PREA Manager

C. Other

1. Review of how potential victims and potential predators are separated.

2. Review of how PREA Screening information is secured in KOMS

115.41 (a) ADCRR Department Order 811 Individual Inmate Assessments and Reviews requires that all inmates are assessed during intake and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. During the onsite portion of the audit, the auditor:

- confirmed that screening staff are responsible for risk screenings
- assessed whether the screening process occurs in a setting that ensures as much privacy as possible
- assessed whether screening staff asked screening questions in a manner that fosters comfort and elicits responses
- held informal conversations with staff conducting the risk screening

This was confirmed by the screening staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (b) The West Phoenix Correctional and Rehabilitation Facility provided documentation proving compliance with the standard that all inmates are screened for their risk of being sexually abused by other Inmates or being sexually abusive toward other Inmates normally upon intake but no later than 72 hours of arrival at the facility. The GEO PREA SAAPI Risk Assessment is an objective screening tool. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (c) Based on the documentation provided and inmate file reviews the facility utilizes an objective screening instrument that covers all aspects of this standard. The GEO PREA SAAPI Risk Assessment is an objective screening tool. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (d) The GEO PREA SAAPI Risk Assessment is an objective screening tool. used considers, at a minimum, the following criteria to assess Inmates for risk of sexual victimization:

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

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (e) The GEO PREA SAAPI Risk Assessment is an objective screening tool considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility screening staff. This was confirmed during an interview with the Screening Staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (f) The agency's PREA policy states within 30 days from the inmate's arrival, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by screening staff since the initial risk assessment that was conducted upon intake. Reassessments are documented on the GEO PREA Vulnerability Reassessment Questionnaire. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (g) The West Phoenix Correctional and Rehabilitation Facility will reassess a inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. This was confirmed by the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (h) The West Phoenix Correctional and Rehabilitation Facility does not discipline Inmates for refusing to answer screening questions or not disclosing complete information. This was confirmed by the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (i) The West Phoenix Correctional and Rehabilitation Facility implements appropriate controls on the dissemination of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other Inmates. Based on policy review, interviews with the PREA Manager, and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument is restricted to staff making housing, work and program assignments. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. LGBTI Log

2. Phoenix West At Risk Log

3. ADCRR Department Order 704 Inmate Regulations

4. ADCRR Department Order 811 Individual Inmate Assessments and Reviews

5. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

6. Statement of Fact

B. Interviews

1. PREA Manager

2. Screening Staff

3. Targeted Inmates

C. Other

1. Review the showering process for transgender inmates

115.242 (a) The Phoenix West Correctional and Rehabilitation Facility uses information from risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping those Inmates separate at high risk of being sexually victimized from those at high risk of being sexually abusive. The following policies mandate this requirement:

ADCRR Department Order 704 Inmate Regulations

ADCRR Department Order 811 Individual Inmate Assessments and Reviews

GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

The facility maintains an LBGTI Log and a At Risk Log. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (b) The West Phoenix Correctional and Rehabilitation Facility makes individualized determinations about how to ensure the safety of each inmate. The following policies mandate this requirement:

ADCRR Department Order 704 Inmate Regulations

ADCRR Department Order 811 Individual Inmate Assessments and Reviews

GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

115.242 (c) ADCRR Department Order 811 Individual Inmate Assessments and Reviews and the GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure outlines the procedures to be followed in deciding whether to assign a transgender inmate to a facility for male or female Inmates, and the process for making housing and programming assignments, on a case-by-case basis as required by this standard. There were no transgender or intersex Inmates housed at the facility during the onsite portion of the audit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (d) ADCRR Department Order 811 Individual Inmate Assessments and Reviews and the GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure outlines the procedures for placement and programming assignments of each transgender or intersex inmate being reassessed every 30 days to review any threats to safety experienced by the inmate as required by this standard. There were no transgender or intersex Inmates housed at the faculty during the onsite portion of the audit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (e) ADCRR Department Order 811 Individual Inmate Assessments and Reviews and the GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure requires that transgender and intersex Inmates' own views regarding their own safety be given serious consideration. There were no transgender or intersex Inmates housed at the faculty during the onsite portion of the audit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (f) ADCRR Department Order 811 Individual Inmate Assessments and Reviews and the GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure requires that transgender and intersex Inmates be given the opportunity to shower separately from other Inmates. The decision for housing and

program placement for a transgender inmate is documented. The PREA Manager stated transgender inmates would be allowed to shower in a separate area if requested. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (g) The West Phoenix Correctional and Rehabilitation Facility does not place lesbian, gay, bisexual, transgender, or intersex Inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such Inmates. This was confirmed by the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. ADCRR Department Order 125 Sexual Offense Reporting

2. ADCRR Department Oder 805 Protective Custody

3. ADCRR Department Oder 804 Inmate Behavior Control

B. Interviews

1. Random Staff

2. Targeted Inmates

3. Site Director

C. Other

1. Auditor Observations on-site

115.43 (a) Based on ADCRR Department Order 125 Sexual Offense Reporting, inmates at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. ADCRR Department Order 125 Sexual Offense Reporting outlines the procedures to

ensure compliance with this standard. The PREA Manager advised the facility has not place an inmate in segregation in the past twelve months for this purpose. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.43 (b) Based on an interview with the PREA Manager, inmates placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If West Phoenix Correctional and Rehabilitation Facility restricts access to programs, privileges, education, or work opportunities, the facility documents the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations. According to the PREA Manager, there have not been an such involuntary segregation in the facility during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.43 (c), (d), (c) The Phoenix West Correctional and Rehabilitation Facility assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment does not ordinarily exceed a period of 30 days. According to the PREA Manager, there have not been an such involuntary segregation in the facility during the past twelve months. The following policies govern this practice:

ADCRR Department Order 125 Sexual Offense Reporting

ADCRR Department Oder 805 Protective Custody

ADCRR Department Oder 804 Inmate Behavior Control

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

2. Signage

B. Interviews

1. Random Staff

2. Random Inmates

3. Site Director

C. Other

1. Auditor Observations on-site (signage)

2. Tested Reporting Mechanisms

3. Review of the Inmate Mail Process

115.251 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure provides multiple internal ways for Inmates to report incidents of abuse or harassment. They can report verbally, in writing, by dialing the hotline provided and/or through the report of a third party.

During the onsite portion of the audit, the auditor did:

- How the facility provides the necessary PREA information to all Inmates
- Confirm who is responsible for conducting the intake process
- Confirm interpreter services, including location and how to access the service
- Reviewed the PREA education deployment methods for Inmates with disabilities
- Held informal conversations with staff and Inmates concerning the PREA education process

There were no issues noted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (b) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure provides at least one way for Inmates to report abuse or harassment to a public or private entity or office that is not part of GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

During the onsite portion of the audit, the auditor did:

- Review how the facility provides the necessary PREA information to all Inmates in the facility
- Confirm who is responsible for conducting the intake process
- Confirm interpreter services, including location and how to access the service
- Reviewed the PREA education deployment methods for Inmates with disabilities
- Held informal conversations with staff and Inmates concerning the PREA education process

There were no issues noted.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (c) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy requires all staff to accept reports made verbally, in writing, anonymously and from third parties. All allegations shall be promptly documented in an incident report and reported to the supervisor.

During the onsite portion of the audit, the auditor:

- Assessed the accessibility of writing instruments
- Reviewed how mail moves through the facility
- Accesses the security of written communications
- Held informal conversations with staff responsible for sending and receiving inmate mail
- Held informal conversations with staff concerning external reporting methods
- Accessed how reports can be anonymous
- Accessed inmate access to phones, kiosks, and tablets
- Tested both internal and external reporting procedures.

No significant issues were noted. Indigent Inmates receive free paper, pencil, envelopes, and stamps. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (d) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure staff may privately report sexual abuse and sexual harassment to the Site Director, RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK, or the PREA external telephone number. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

Documentation:

1. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

2. (ADCRR) Department Order 802 – Inmate Grievance Procedure

3. Intervention Procedure Policy 609.4 Grievances

Interviews:

1. PREA Coordinator

115.52 (a) The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy states:

(a) The agency has administrative procedures to address client grievances. However, grievances involving sexual abuse will not follow this procedure. In those situations, staff should accept the client's grievance and immediately contact a supervisor to begin the investigation. See Section 3. A grievance related to sexual abuse or harassment must be followed using this policy, NOT the general grievance policy.

115.52 (b) The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure does not impose a time limit on when offenders/detainees may submit a grievance regarding an allegation of sexual abuse. The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure has not received any grievance concerning sexual abuse in the past twelve months. An interview with the PREA Coordinator confirms this practice. Grievances are submitted electronically on the inmate tablets. Therefore, the agency complies with this section of the standard.

115.52 (c) The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure Policy 609.4 Grievances states the agency will ensure that offenders/detainees alleging sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Grievances are submitted electronically on the inmate tablets. During the past twelve months, the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure has not received a grievance concerning sexual abuse. This was confirmed by the PREA Coordinator. Therefore, the agency is in compliance with this section of the standard.

115.52 (d) According to the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure Policy 609.4 Grievances, the agency will investigate the matter and render a determination within 90 days. An extension of up to 70 days to issue a determination may be taken if the facts and circumstances require it, and the complainant is notified in writing of the extension and the date that a determination will be made. At any level of the administrative process, including the final level, if the complainant does not receive a response within the time allotted for the reply, including any properly noticed extension, the offenders/detainee complainant may consider the absence of a response to be a denial at this level. During the past twelve months, the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure has not had a grievance concerning sexual abuse. Interview with the PREA Coordinator reiterates this process; therefore, the agency is found to comply with this section of the standard.

115.52 (e) The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure Policy 609.4 Inmate Grievances states third parties including fellow offenders/detainees, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders/detainees in filing requests for administrative remedies related to allegations of sexual abuse and shall also be permitted to file such requests on behalf of offenders/detainees. If the offenders/detainees decline to have the request processed on his or her behalf, the agency shall document the offenders/detainees' decision. During the past twelve months, the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure has not received a grievance concerning sexual abuse. The PREA Coordinator confirmed this process. Therefore, the agency compiles with this section of the standard.

115.52 (f) The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure Policy 609.4 Inmate Grievances, states when an offender/detainee is subject to a substantial risk of imminent threat of sexual abuse, the offender/detainee may file a grievance through the grievance process on the kiosk system and the grievance will be considered an emergency grievance. The initial response to the grievance must be made within 48 hours and the final determination must be made within 5 calendar days, except in circumstances of county holidays and significant events. The agency's immediate focus must be to take action to prevent potential sexual abuse. Corrective and protective action must be pursued promptly The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure mandates that staff must treat the information as confidential, only to be revealed to their supervisors in the chain-of-command to ensure prompt action is taken. During the past twelve months, the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure has not received a grievance concerning sexual abuse. The grievance/PREA investigation file was reviewed by the auditor. Interview with the PREA Coordinator confirms this practice; therefore, the agency complies with this standard.

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

Documents:

1. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

2. ADCRR Department Order 125 – Sexual Offense Reporting

3. ADCRR Department Order 914 – Inmate Mail 5.

4. Zero Tolerance Signs/Poster

5. Memorandum of Understanding with RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK

Interviews:

1. Interview with Random Inmates

2. PREA Coordinator

Other:

1. Auditor Observations

2. Review of the mail process

3. Review of inmate access to writing materials.

115.253 (a) The agency has entered into a Memorandum of Understanding with an outside agency to provide confidential outside victim advocacy services to the Inmates at GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure. The mailing address and telephone number for this agency are made available to all inmates at the facility. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure enables reasonable communication between Inmates and these organizations and agencies, in as confidential a manner as possible. The services of these victim advocates have been utilized by an inmate during the past twelve months. The inmate filed a sexual abuse allegation against a staff member. Based on file review, the allegation was determined to be unfounded based on camera footage. During an interview with the inmate, he did confirm a representative from RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK came to the facility to see him.

During the onsite portion of the audit, the auditor:

- Assessed the accessibility of writing instruments
- Reviewed how mail moves through the facility (including Indigent Inmates)
- Accesses the security of written communications
- Held informal conversations with staff responsible for sending and receiving inmate mail
- Held informal conversations with staff concerning external reporting methods
- Accessed how reports can be anonymous
- Accessed inmate access to phones and tablets
- Tested both internal and external reporting procedures.

No significant issues were noted. Mail must be in a sealed envelope before it is given to staff for mailing. The facility did not receive a PREA allegation in the past twelve months.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (b) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure informs Inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK telephone number and address are available to inmates in PREA Brochure. All calls to the external agency are not recorded. During the onsite portion of the audit, the auditor also:

- observed whether signage throughout the facility can be easily read/accessed by persons in the facility

- observed if the signage was clear and easy to understand

- observed if the signage was in multiple languages

- observed the text size, formatting, and physical placement of the signage

- observed if the signage was obscured or unreadable due to damage or graffiti

-observed whether the information on the signage was accurate and consistent throughout the facility

- held informal conversations with staff and Inmates concerning the signage

There were no significant issues noted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (c) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure maintains a Memorandum of Understanding with RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK for victim advocacy services. The first prompt on the inmates "Press 1 to make a PREA Report". RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK holds counselling sessions frequently in the facility. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documents:

1. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

B. Interviews

1. Random Staff

2. Random Inmates

3. Warden

C. Other

1. Auditor Observations on-site (signage)

2. Review of the Agency's Website

3. Test Third Party Reporting Method

115.254 (a) The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure provides multiple methods for receiving third-party reports of sexual abuse and sexual harassment on the agency website. The information available on the website explains how to report sexual abuse and sexual harassment on behalf of an inmate. The auditor tested the reporting system. Based on file review, there has not been a third-party report of a PREA allegation in the past twelve months. This was confirmed by the Warden. The facility takes all reports seriously no matter how they are received and investigates each reported incident.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

Documents:

1. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

2. ADCRR Department Order 125 – Sexual Offense Reporting

Interviews:

1. Random Staff

2. Medical and Mental Health Staff

115.261 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure retaliation against Inmates 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 was confirmed by Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (b) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure requires apart from reporting to designated supervisors or officials, staff do not reveal 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. This was confirmed by the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (c) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure does not have any medical or mental health staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure reports the allegation to the designated state or local services agency. This was confirmed by the Medical and Mental Health Staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (e) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the PREA investigator as required. The Warden is also the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.62	**Agency Protection Duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

B. Interviews

1. Random Staff

2. Warden

115.262 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy. and staff training requires all staff to take immediate action and staff acknowledged during the interviews the requirement of all staff to protect Inmates when it is learned that an inmate at the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure is subject to a substantial risk of imminent sexual abuse. During an interview with random staff and the PREA Warden, it was determined there had not been a situation in the past twelve months where someone was at substantial risk of sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.63	**Reporting to Other Confinement Facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

B. Interviews

1. Warden

115.263 (a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. This process is documented. The Warden stated there has not been an example of this type of allegation made in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (b) and (c) Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. The Warden stated there has not been an example of this type of allegation made in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.64	**Staff First Responder Duties**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

2. Investigation Files

3. Review of First Responder Cards

B. Interviews

1. Random Staff

2. Warden

115.64 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy outlines the responsibilities of all staff members receiving an allegation of sexual abuse to follow these guidelines:

(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.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.64 (b) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. All employees carry a PREA Response First Responder Card on their person while on duty. The auditor confirmed compliance based on random staff interviews with and training records of non-security staff.

Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.65	**Coordinated Response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

B. Interviews

1. First Responders

2. Random Staff

3. Warden

115.65 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure has a very comprehensive Sexual Assault Action Plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, investigators and facility leadership. The plan clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. Random staff, and Potential First Responders that were interviewed, had a clear understanding of their responsibilities in responding to a sexual abuse allegation. The facility has a multiple page response plan that outlines the responsibilities of each area. Interviews with potential first responders/random staff confirmed their knowledge of the response plan. Therefore, the agency meets compliance with this standard.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Interviews

1. Warden

B. Documentation

1. 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure

115.66 (a) Employees are subject to disciplinary sanctions up to termination for violating GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure policies on sexual abuse and sexual harassment. The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure has not entered into any collective bargaining agreements during this audit cycle. This was confirmed during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.67	**Agency Protection against Retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

2. Retaliation Monitoring Documents

B. Interviews

1. Retaliation Monitors

2. Warden

115.267 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA policy mandates the protection of all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other Inmates or staff and designates which staff members or departments are charged with monitoring retaliation. According to the Warden, there have not been any incident requiring retaliation monitoring in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (b) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure has multiple protection measures, such as housing changes or transfers for Inmates, victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for Inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. According to the Warden, there have not been any incident requiring retaliation monitoring in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (c) For at least 90 days following a report of sexual abuse, GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure monitors the conduct and treatment of Inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by Inmates or staff, and act promptly to remedy any such retaliation. There is periodic status checks performed and documented. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure's monitoring includes any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Such monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. According to the Warden, there have not been any incident requiring retaliation monitoring in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (d) If any other individual who cooperates with an investigation expresses a fear of retaliation, GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure takes appropriate measures to protect that individual against retaliation. According to the Warden, there have not been any incident requiring retaliation monitoring in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.68	**Post-allegation Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

2. Involuntary Segregation Logs

B. Interviews

1. Segregation Staff

2. Segregated Inmates

3. PREA Coordinator

115.68 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure Policy 606 prohibits offenders who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing is used, the same provisions as outlined in policy would apply. Interviews with the PREA Coordinator, and segregation staff revealed that involuntary segregation has not been used for this purpose in the past twelve months. The facility administration stated that if the separation was required to protect the offender, they would be placed in segregation for no longer than 72 hours. This was confirmed by the PREA Coordinator and Segregation Staff. There were no segregated inmates to interview. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71	**Criminal and Administrative Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

2. PREA Investigation Files (3)

B. Interviews

1. Investigation Staff

2. Warden

C. Other

1. Auditor Observations on-site (Electronic Storage)

115.271 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA investigator conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment. The investigative files were reviewed, and it appeared that the investigations were conducted promptly, documented thoroughly, and objectively for all allegations, including third-party, and anonymous reports. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (b) Based on training certificates from Department of Corrections provided, investigators' training file review, and investigative staff interviews, it was evident the facility provided, in addition to the general training received by all employees, specialized training to all its investigators. This training included 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (c) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. If needed, the agency criminal detective division would collect DNA type evidence. The ADCRR Criminal Investigators conducts all potential criminal investigations. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (d) When the quality of evidence appears to support a criminal prosecution, GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure refers the case to the ADCRR Criminal Investigator for the criminal investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (e) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as an inmate or staff. The inmate who alleges sexual abuse is not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. This was confirmed during investigative file revies and during an interview with one of the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (f) The agency's PREA policy states GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are 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 has not received a substantiated or unsubstantiated sexual assault allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (g) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure criminal investigations are documented by the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Investigator in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The facility has not received a substantiated or unsubstantiated sexual abuse allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (h) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure refers all allegations to the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Investigator for investigation and prosecution when warranted. The facility has not received a substantiated or unsubstantiated sexual abuse allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (i) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure retains all written reports for as long as the alleged abuser is incarcerated or employed by GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure, plus five years. This was confirmed by the PREA Coordinator. The facility has not received a substantiated or unsubstantiated sexual abuse allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (j) The departure of the alleged abuser or victim from employment or control of the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure or agency does not provide a basis for terminating an investigation. The facility has not received a substantiated or unsubstantiated sexual abuse allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (k) The PREA Investigator conducts criminal sexual abuse investigations pursuant to the requirements of this standard. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Policy outlines the requirements of the criminal investigation and complies with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (l) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure refers to all criminal cases to the ADCRR and cooperates with their investigators during the entire investigation. The facility remains informed of the progress of the investigation through communication between the facility investigator and the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Investigator agent handling the case. The facility has not received a substantiated or unsubstantiated sexual abuse allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.72	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

B. Interviews

1. Investigation Staff

115.72 Based on the facility's PREA policy, GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed during an interview with a PREA Investigator. The facility has not had a substantiated or unsubstantiated sexual abuse finding in the past twelve months. The facility has a document in place if need for notification purposes. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73	**Reporting to Residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

2. Notification Documentation

B. Interviews

1. Investigation Staff

2. Warden

115.273 (a) Based on GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA policy it was confirmed that following an investigation into an inmate's allegation he/she suffered sexual abuse in the facility, the inmate was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The facility has not received a PREA allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (b) The agency does request all relevant information from the criminal investigation conducted by the Department of Probation and Parole in order to inform the inmate as required by this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (c) Based on GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure practice and documentation provided, it was confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

(1) The staff member is no longer posted within the inmate's unit;

(2) The staff member is no longer employed at the facility;

The facility has not received a PREA allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (d) Following an inmate's allegation they had been sexually abused by another inmate, GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure subsequently informs the alleged victim whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (e) All such notifications or attempted notifications are documented. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (f) Policy outlines the agency's obligation to report under this standard terminates if the inmate is released from GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure's custody. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.76	**Disciplinary Sanctions for Staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

2. PREA Investigation Files (None)

B. Interviews

1. Warden

2. PREA Investigator

115.276 (a) and (b) Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Warden stated the agency had not had to discipline or terminate a staff member during the past twelve months due to a PREA incident. This was confirmed during file review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than, engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
The PREA Investigator stated the agency had not had to discipline or terminate a staff member during the past twelve months due to a PREA incident. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (d) 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, are reported to law enforcement unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden stated the agency had not had to discipline or terminate a staff member during the past twelve months due to a PREA incident. Therefore, the facility demonstrated compliance with this part of the standard \during this audit.

115.77	**Corrective Action for Volunteers and Contract Employees**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

2. PREA Investigation Files (None)

B. Interviews

1. Investigation Staff

2. Warden

115.277 (a) Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and are reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies. This was confirmed by the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.277 (b) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure takes appropriate remedial measures and considers whether to prohibit further contact with Inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This was confirmed by the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78	**Disciplinary Sanctions for Inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

2. PREA Investigation Files (3)

3. Inmate Handbook

B. Interviews

1. Investigation Staff

2. PREA Coordinator

115.278 (a) Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (b) Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other Inmates with similar histories. Information is located in the Inmate Handbook. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (c) The disciplinary process considers whether a inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction if any, should be imposed. The facility does not house diagnosed mental health Inmates. However, the facility does provide internal or external counseling if needed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (d) The facility does not house diagnosed mental health Inmates. However, the facility does provide internal or external counseling if needed. Therefore, the facility demonstrated compliance with this part of the standard during this audit. 115.278 (e) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure disciplines a inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure prohibits all sexual activity between Inmates and may discipline Inmates for such activity. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.81	**Medical and mental health screenings: history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

B. Interviews

1. Targeted Inmates

2. Warden

C. Other

1. Auditor Observations on-site (Storage)

115.81 (a) and (b) The facility is a and is exempt from these two sections of the standard.

115.81 (c) If the screening indicates the inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the screening staff at the GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure ensures the inmate is offered a follow-up meeting with the medical and/or mental health staff within 14 days of the intake screening as required by this part of the standard.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.81 (d) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure requires that any information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.81 (e) The facility does not house juvenile inmates. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.82	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Memorandum of Understanding with RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK

2. GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention

B. Interviews

1. Targeted Inmates

2. Warden

3. Medical Staff

115.282 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure has an agreement with RAINN to treat inmate victims of sexual abuse. The facility also has medical and mental health staff at the facility ensuring Inmates receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The agency has a MOU with RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK for victim advocacy services. One inmate who reported sexual abuse was interviewed; he stated a member from RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK came to the facility to see him after his allegation was made. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (b) The agency has a MOU with RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK for victim advocacy services. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (c) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure ensures inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This was confirmed during an interview with Medical Staff.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (d) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure requires that all treatment services provided to the victim are without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was confirmed during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83	**Ongoing medical and mental health services for sexual abuse and abusers**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

B. Interviews

1. Targeted Inmates

2. Warden

115.283 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure offers medical and mental health evaluations and, as appropriate, treatment to all Inmates who have been victimized by sexual abuse in any facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (b) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure mandates that the evaluations 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. This was confirmed during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (c) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure requires that medical and mental health staff provide all victims with medical and mental health services consistent with the community level of care. This was confirmed during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (d and e) Based on GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure is an all-male facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (f) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure requires that medical and mental health staff provide inmate victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. This was confirmed during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (g) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure requires that medical and mental health staff provide treatment services 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. This was confirmed during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (h) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within

60 days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners. This was confirmed during an interview with Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.86	**Sexual Abuse Incident Reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

2. Incident Review Documentation

B. Interviews

1. Incident Review Team Members

2. PREA Coordinator

115.286 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The facility has not received a PREA allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (b) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure ensures that these reviews occur within 30 days of the conclusion of the investigation and documents the review on the "Sexual Abuse Incident Report". The facility has not received a substantiated or unsubstantiated sexual abuse allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (c) The review team consists of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (d) The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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; and they examine the area in GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The agency has deployed an excellent PREA after-action review form that addresses all elements of the standard. Therefore, the facility exceeds the intent of this part of the standard.

115.286 (e) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure shall implement the recommendations for improvement or shall document its reasons for not doing so. The facility has not received a substantiated or unsubstantiated sexual abuse allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.87	**Data Collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Annual Report

2. GEO Policy 5.11.2-A Sexually Abusive Behavior and Intervention Procedure

B. Interviews

1. Warden

115.287 (a), (b) and (c) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.287 (d) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. This was confirmed during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.287 (e) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure does not contract its Inmates to other facilities. This was confirmed during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.287 (f) Upon request, GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure provides all such data from the previous calendar year to the Department of Justice no later than June 30 when required. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.88	**Data Review for Corrective Action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Annual Report

B. Interviews

1. Warden

C. Other

1. Review of the Agency's Website

115.288 (a) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure as a whole. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.288 (b) Such reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure's progress in addressing sexual abuse. This was confirmed during an interview with the Warden and review of the agency's website (www.transitionsky.org). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.288 (c) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure's report is approved by the Warden and made readily available to the public through its website. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.288 (d) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. This was confirmed during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.89	**Data Storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Annual Report

B. Interviews

1. Warden

C. Other

1. Auditor Observations on-site (Storage)

2. Review of the Agency's Website

115.89 (a) through (d) GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Coordinator makes all aggregated sexual abuse data, readily available to the public at least annually through the agency website. This was confirmed by the auditor's review of the site. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or Local law requires otherwise. This was confirmed during an interview with the Warden. PREA reports are stored electronically. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401	Frequency and Scope of Audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.401 (a) and (b)The GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure did not have a PREA audit during the first audit cycle. The agency did have their first audit in 2022. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (h) The auditor has full access to all locations/areas of each GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (i) The auditor did obtain all necessary copies of audit items (excluding NCIC printouts). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (m) The auditor was allowed to interview inmates in a private setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (n) The auditor did receive any correspondence from any GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure inmates; the inmate had been released prior to the onsite portion of the audit. Audit notices were observed in every housing unit; as well as all common area

115.403	Data Storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.403 GEO Policy Chapter 5 Oversight Title 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure has had a PREA audit in 2022; the final report is posted on the agency's website. Therefore, the facility demonstrated compliance with this part of the standard during this audit.