

PREA Facility Audit Report: Final

Name of Facility: Kingman Correctional and Rehabilitation Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 08/01/2024

Date Final Report Submitted: 02/09/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 02/09/2025

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	07/15/2024
End Date of On-Site Audit:	07/17/2024

FACILITY INFORMATION	
Facility name:	Kingman Correctional and Rehabilitation Facility
Facility physical address:	4626 West English Drive, Golden Valley, Arizona - 86413
Facility mailing address:	

Primary Contact

Name:	Daniel Dennis
Email Address:	ddennis@geogroup.com
Telephone Number:	9285652460 X1123

Warden/Jail Administrator/Sheriff/Director	
Name:	Johnny Choate
Email Address:	jchoate@geogroup.com
Telephone Number:	928-565-2460 X2115

Facility PREA Compliance Manager	
Name:	Daniel Dennis
Email Address:	ddennis@geogroup.com
Telephone Number:	928-565-2460
Name:	Michael Gentry
Email Address:	mgentry@geogroup.com
Telephone Number:	928 565 2640 ext 110

Facility Health Service Administrator On-site	
Name:	Amanda Thrush
Email Address:	amanda.thrush@geogroup.com
Telephone Number:	928-565-2460 X2308

Facility Characteristics	
Designed facility capacity:	3500
Current population of facility:	3315
Average daily population for the past 12 months:	3374

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-84
Facility security levels/inmate custody levels:	Cerbat: Level 2, Huachuca: Level 3
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	521
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	71
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	47

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

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

Agency-Wide PREA Coordinator Information			
Name:	Manny Alvarez	Email Address:	Manuel.Alvarez@geogroup.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 115.31 - Employee training
Number of standards met:	
44	
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:

2024-07-15

2. End date of the onsite portion of the audit:

2024-07-17

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?

Yes

No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:

JDI and KAAP

AUDITED FACILITY INFORMATION

14. Designated facility capacity:

3500

15. Average daily population for the past 12 months:

3374

16. Number of inmate/resident/detainee housing units:

39

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?

Yes

No

Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	3193
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	16
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	38
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	10
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	14
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	404
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	101

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>10</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility does not track those who disclose prior sexual victimization on the risk screening. They only track those deemed at high risk due to the risk screening. A zero placeholder was indicated above due to this reason. The auditor interviewed and identified six incarcerated individuals who disclosed prior sexual victimization during the risk screening.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>521</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>47</p>

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	93
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	25
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees (random and targeted). Incarcerated individuals were interviewed from both units. The following incarcerated individuals were selected from the housing units: seven from one, six from two, six from three, ten from four, eight from five, four from six, three from seven, two from eight, two from nine, one from ten and one from segregated housing.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>46 of the incarcerated individuals interviewed (random and targeted) were male and four were transgender female. Five of the incarcerated individuals interviewed were black, 20 were white, 20 were Hispanic and five were another race/ethnicity. With regard to age, five were between eighteen and 25, thirteen were 26-35, thirteen were 36-45, eleven were 46-55 and eight were over the age of 56. 26 of the incarcerated individuals were at the facility less than a year, fifteen were at the facility between a year and five years and nine were at the facility between six years and ten years.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>25</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>5</p>

<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>4</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>5</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>5</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed housing for high risk incarcerated individuals and those who reported sexual abuse.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>Race, gender and ethnicity</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Staff interviews were conducted in accordance with the PREA auditor handbook. Security staff mainly make up three shifts, first shift works from 6am-2pm, second shift works from 2pm-10pm and third shift works from 10pm-6am. Staff from both units were interviewed. Seven staff were interviewed from first shift, five were interviewed from second shift and four were interviewed from third shift. With regard to the demographics of the random staff interviewed, thirteen were male and three were female. One staff member was black, ten were white, four were Hispanic and one was another race/ethnicity. Twelve staff were Correctional Officers, two were Sergeants and two were Lieutenants.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>27</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>58. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

59. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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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.

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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68. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

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

The on-site portion of the audit was conducted on July 15-17, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected incarcerated individuals and staff for interview as well as documents to review. The auditor conducted a tour of the facility on July 16, 2024. The tour included all areas associated with the facility to include: housing units, laundry, warehouse, intake, visitation, chapel, education, vocation, maintenance, food service, health services, recreation, industries, commissary, administration and outside buildings. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for incarcerated individuals in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility via the No Mean No Poster, the Zero Tolerance Poster, Attachment A, Attachment B, Attachment E, the Speaking Up Poster, the Victim Advocacy Poster and the Third Party Poster. Posted information was observed on letter size paper in English and Spanish. Information was posted on bulletin boards (housing units) and on walls (common areas). In addition to the posters, the PREA hotline number was observed stenciled above the phones in each housing unit. Additionally, the auditor observed the Handbook, the Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) PREA policy (DO 125) and an ADCRR PREA Poster on the incarcerated individual tablet system. Informal conversation with staff and incarcerated individuals confirmed that the PREA information had been posted for a while.

The auditor observed PREA information posted in visitation and the front entrance. The posted information included the Zero

Tolerance Poster, the No Means No Poster and the Third Party Poster. Posted information was observed in English and Spanish on letter size paper.

During the tour the auditor confirmed the facility follows a staffing plan. There were at least two security staff and one non-security staff assigned to each housing building. Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor did not observe any blind spots and confirmed that the physical plant of the housing units provided an adequate line of sight with staff rounds and video monitoring technology. The auditor observed staff conducting rounds and official duties. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every 30 minutes and supervisors make rounds at least once a shift. Informal conversation with incarcerated individuals also confirmed that Correctional Officer make rounds at least once an hour and they see a supervisor at least once a day.

During the tour the auditor observed cameras in housings units and some common areas. The auditor verified that the cameras assisted with supervision and monitoring through coverage of blind spots and high traffic areas. Cameras are monitored by housing unit officers (can only view their own housing unit) and the control room (can monitor all cameras). Additionally, Captains and higher have access to remotely monitor/view cameras. Cameras are utilized as a supplement to staffing and do not replace the minimum number of required staff, per the staffing plan.

With regard to cross gender viewing, the auditor observed that showers provided privacy through curtain, half walls and metal doors. Toilets had privacy via half walls and front barriers. The auditor did observe cross gender viewing issues in two cells in the medical observation area. The strip search areas provided privacy via a solid door or a door with a small security window (covered with paper/paint/tint). A review of the cameras confirmed there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each of the housing units. Informal conversation with staff indicated the opposite gender announcement is completed in the morning at shift change and anytime female staff enter the bathroom/shower areas. Informal conversation with incarcerated individuals produced inconsistent information related to the opposite gender announcement.

Incarcerated individual risk screening records and medical and mental health records are paper and electronic. Paper risk screening records are maintained in the Correctional Officer III's office with limited access. Electronic risk screening records are maintained by the facility PCM on the compliance drive with limited access. Medical and mental health paper records are stored in medical records which is staffed Monday through Friday 7am-3pm. Medical and mental health care staff are the only ones with access to medical records after hours. Electronic medical and mental health records are maintained in a database which is only accessible to medical and mental health care staff. Information related to sexual abuse allegations is maintained in investigative files located in the PCM's office. Additionally, information is entered into the electronic

PREA Portal database. This database has very limited access, including investigators and administrative staff.

During the tour the auditor observed that incarcerated individuals can place outgoing mail in the locked boxes located in common areas of the facility. The mailroom staff indicated that outgoing mail is collected from the boxes and they open/inspect a percentage of the mail. The mail is received seal, they unseal it and conduct a search. Legal mail is brought to the staff unsealed. The staff ensure the mail does not contain any contraband and the incarcerated individual seals the mail in front of the staff. Incoming mail is picked up from the Post Office and is reviewed to determine if there is any conflict with target lists (sex offenders cannot correspond with their victim). Incoming mail is opened, inspected and read. Legal incoming mail is not opened. The incarcerated individual is advised via Jpay they have legal mail. Legal mail is taken to the housing unit and opened in front of the incarcerated individual. The mailroom staff indicated they were unsure how mail to the external reporting entity and the local rape crisis center would be treated.

The auditor observed the intake process through a demonstration. Initial education and comprehensive PREA education are done on the day of arrival. Education is completed in intake through the PREA Speaking Up video. A rolling tv (approximately 26 inches) is placed in front of the incarcerated individuals and is played. The auditor observed that the one unit, the tv was placed in the holding cell door and was not visible to more than a few of the incarcerated individuals. Additionally, at both units, the auditor noted that if other activities are going on in intake, it is difficult to hear the video. Both units education was not structured and did not include any facility specific information. The video was available in English and Spanish. All incarcerated

individuals are provided the Handbook upon arrival as well as the Victim Advocacy Poster and a PREA pamphlet. Documents are available in English and Spanish. After education staff conduct the risk screening and verbally advise the incarcerated individuals to report any information to staff or through the hotline.

The auditor was provided a demonstration of the initial risk assessment process. The initial risk assessment is completed one-on-one in a private office setting. Staff utilize the PREA Risk Assessment form. Staff ask questions from the form including if the incarcerated individual has ever been a victim of sexual abuse. Staff also review file information for the incarcerated individual to complete some of the questions on the form. The reassessment is completed via a separate form which asks about activities since they first arrived. The reassessment is completed one-on-one in a private office setting.

The auditor tested the internal reporting mechanisms during the on-site portion of the audit. The auditor had assistance from an incarcerated individual with reporting in writing via the tablet system. The incarcerated individual sent a letter to staff via the tablet with language provided by the auditor to serve as a test. The auditor received confirmation on the same day the electronic letter was sent (July 16, 2024) confirming staff received the report and would take immediate action if the allegation was a sexual abuse or sexual harassment incident. The auditor also tested the PREA hotline during the on-site portion of the audit. The auditor had an incarcerated individual assist with calling the PREA hotline. The hotline did not require a pin. When incarcerated individuals pick up the phone they are prompted to press one for English or two for Spanish. A recording then advises them if they want to report an incident of sexual abuse they can dial 9-1-7732. The auditor left

a message on the PREA hotline and received confirmation the same day (July 16, 2024) that the call was received.

The auditor tested the external reporting mechanism via a letter to the Arizona Department of Juvenile Corrections (ADJC). The auditor obtained an envelope and filled out the information as outlined in Attachment E. The auditor was not required to provide any return address information. The letter was sent on July 16, 2024. At the issuance of the interim report the auditor had not been provided confirmation that the letter was received.

Additionally during the tour, the auditor asked staff to demonstrate how they document verbal reports. Staff advised they complete an incident report, which can be done electronically or via paper. The paper forms are in the office. Staff fill out the necessary information and provide the report to the supervisor.

The auditor was unable to test access to emotional support services. The facility indicated that services are provided via mail mainly and that the hotline is only accessible through a Case Manager. Conversation with incarcerated individuals and Case Managers indicated neither were aware of this process.

The auditor tested the third party reporting mechanism by sending an email to the provided email address on the website on June 20, 2024. The auditor received confirmation on the same date that the email was received by the agency PREA Coordinator. He advised if the allegation was sexual abuse or sexual harassment the information would be processed for investigation.

During incarcerated individual interviews the auditor utilized staff to provide translation. Numerous staff were available to provide

	Spanish translation. Additionally, the agency has a language services that can be utilized over the phone. The auditor tested the access to this service at a prior GEO audit.
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Documentation Sampling

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

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

- Yes
- No

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

During the audit the auditor requested personnel and training files of staff, detainee files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed a random sample of 57 personnel and/or training files that included seven individuals hired within the previous twelve months, two contractors hired in the previous twelve months, seven staff employed longer than five years and four staff promoted within the previous twelve months. The review included eight total contractor files, five volunteer files and ten medical and mental health care staff files.

Incarcerated Individual Files. A total of 60 incarcerated individual files were reviewed. 33 files were of those that arrived within the previous twelve months, seven were LEP, seven were disabled, five were transgender or intersex, six were identified with prior sexual victimization and four had a history of prior abusiveness.

Medical and Mental Health Records. During the previous twelve months, there were ten allegations of sexual abuse or sexual harassment, two of which were determined to be consensual sexual activity. The auditor reviewed medical and mental health records of the incarcerated individual victims as well as mental health documents for the six incarcerated individuals who disclosed victimization during the risk screening and the four identified with prior sexual abusiveness.

Grievances. There were zero sexual abuser grievances filed during the previous twelve months.

Incident Reports. The auditor reviewed the incident reports for the ten allegations,

including two that were determined to be consensual.

Investigation Files. During the previous twelve months, there were ten allegations reported at the facility. Two of the allegations were determined to be consensual. The eight allegations were referred to ADCRR for investigation. All eight had a criminal investigation initiated. Three were still ongoing at the issuance of the audit report. None of the criminal investigations were referred for prosecution. None of the allegations had an administrative investigation completed.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	2	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
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<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
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<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: 1

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

Yes

No

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

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

Yes

No

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

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

All closed investigations during the previous twelve months were reviewed. Available documentation for the three open investigations was reviewed. There were zero administrative investigations completed. This was addressed during the corrective action period.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Yes

No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 1. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 - Sexual Offense Reporting 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 703 - Security/Facility Inspections 5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 704 - Inmate Regulations

6. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 708 – Searches
7. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 608 – Criminal Investigations
8. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 810 – Management of LGBTI Inmates
9. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 811 – Individual Inmate Assessments and Reviews
10. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 916 – Staff – Inmate Communication
11. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 802 – Inmate Grievance Procedure
12. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 914 – Inmate Mail
13. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 915 – Inmate Phone Calls
14. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 601– Administrative Investigations and Employee Discipline
15. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 801- Inmate Classification
16. The GEO Group Organizational Chart
17. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassments and the policy outlines how it will implement the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment. The PAQ further indicated that

the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The agency is required under their contract to adhere to their client's policies and procedures (Arizona Department of Corrections Rehabilitation and Reentry). The agency has a policy outlining their strategies in preventing, detecting and responding to sexual abuse. 5.1.2-A, page 1 states each facility is required to have a current policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining GEO's approach to preventing, detecting, and responding to such conduct. Due to client contract requirements, some facilities may be required to follow specific client PREA policies. If the client's policy is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA standards shall prevail, and the facility shall develop a site-specific supplemental policy. The client has a policy outlining their approach to sexual abuse and sexual harassment, ADCRR Department Order 125. ADCRR Department Order 125 (page 1) states the agency/facility has a zero tolerance policy for abuse and sexual harassment. ADCRR Department Order 125, Glossary of Terms (pages 106-108) notes the definitions of prohibited behaviors regarding sexual abuse and sexual harassment and pages 2-3 and 14 describe sanctions for those found to have participated in prohibited behaviors. In addition to the main policies, the client and agency have other policies that address certain components of the standards including: GEO Policy 5.1.2-E and ADCRR Department Orders 703, 704, 708, 810, 108, 608, 811, 916, 802, 914, 915, 601 and 801. The policies outline the strategies on preventing, detecting and responding to such sexual abuse and sexual harassment. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, incarcerated individual education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and incarcerated individuals, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency/facility's approach to sexual safety.

115.11 (b): The PAQ stated the agency employs or designates an upper-level, agency wide PREA Coordinator that has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ further provided information on the client's PC, however further communication clarified that the position of PREA Coordinator within the agency (GEO) is Senior Director of Compliance. 5.1.2-A, page 2 states GEO shall designate a PREA coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee GEO's efforts to comply with the PREA standards in all its facilities. PREA coordinator duties include: PREA oversight for U.S. Secure Services, and Reentry Services facilities; Developing the corporate PREA policy to comply with

standard requirements; Work with Contract Compliance (CC) on the refinement of the PREA audit tools; Work with facilities if an incident occurs; Review the results of every investigation of sexual abuse and harassment; Compile annual reports on findings and corrective actions for GEO; Develop and implement best practices in training, identification, treatment, and reporting; and Supervise the corporate CC PREA team. The agency's organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the PREA Director and the position reports to the Vice President of Contract Compliance. The organizational chart reflects that the PREA Director has four additional staff that serve as PREA Coordinators, three for Secure Services and one for Re-entry Services. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated the corporate PREA team consists of four agency PREA Compliance Managers and a PREA Compliance Specialist. He indicated there are also two project management managers on the PREA team that assist with many PREA related functions. The PC advised each GEO site has a designated PREA Compliance Manager and each PCM has investigative oversight for each facility and serve as the main point of contact for all PREA related questions. The PC stated there are 76 facility PREA Compliance Managers that report to him. Further, the PC stated that the agency conducts internal audits to identify any issues with compliance on an annual basis. He advised the results of the internal audits are thoroughly reviewed during the post audit workshop and if an issue is identified they create a corrective action plan. He also stated that in conjunction with the PREA Compliance Managers, the agency utilizes the PRC for the most up-to-date guidance regarding the standards.

115.11 (c): The PAQ stated that the facility has designated a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ provided the name of the PCM and name of supervisor. 5.1.2-A, page 3 states each facility administrator shall appoint a local PREA compliance manager for each U.S. Secure Services facility with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. PREA compliance manager duties include: Gathering of facility statistics and reports on incidents of sexual activity and sexual abuse; Assist with development/revision of any site specific PREA policies; Assist with PREA training initiatives; Assist with PREA facility assessments; Prepare an annual report on findings and corrective actions for the facility; and Monitoring for retaliation in accordance with Section N (2) of this policy. The facility's organizational chart notes that the PCM reports to the Deputy Facility Administrator. The interview with the PREA Compliance Manager indicated he has enough time to manage his PREA related responsibilities. He advised he coordinates compliance through training, education, rounds and tracking of the intake process. The PC stated if he identifies an issue complying with a standard he discusses it with the Warden and Deputy Warden. He then will push out information to the units once a resolution is determined.

Based on a review of the PAQ, 5.1.2-A, 5.1.2-E, ADCRR Department Order 125, 5.1.2-A, GEO Policy 10.3.1.4 and ADCRR Department Orders 703, 704, 708, 810, 108,

	608, 811, 916, 802, 914, 915, 601 and 801, the agency’s organization chart, the facility’s organizational chart and information from the interviews with the PC and PCM, this standard appears to be compliant.
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Findings (By Provision):</p> <p>115.12 (a): The PAQ and further communication with the PCM confirmed that this standard is not applicable as the agency does not contract for the confinement of its incarcerated individuals. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s incarcerated individuals and does not contract with other entities for the confinement of incarcerated individuals in their care.</p> <p>115.12 (b): The PAQ and further communication with the PCM confirmed that this standard is not applicable as the agency does not contract for the confinement of its incarcerated individuals. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s incarcerated individuals and does not contract with other entities for the confinement of incarcerated individuals in their care. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its incarcerated individuals and as such an interview was not conducted.</p> <p>Based on the review of the PAQ, this standard appears to be not applicable and as such compliant.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 703 – Security/Facility Inspections
4. The Staffing Plan
5. Annual PREA Facility Assessment – Attachment A
6. Daily Staffing Rosters
7. Information Reports
8. Documentation of Unannounced Rounds
9. Camera Listings/Locations

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.13 (a): The PAQ stated that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. 5.1.2-A, page 3 states that each facility

shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect individuals in a GEO facility or program against sexual abuse. The PAQ indicated that the current staffing is based on 3374 incarcerated individuals, which is the average daily population. The facility employs 521 staff. A review of the staffing plan indicates that the facility has over 40 security supervisors and 260 Correctional Officers. These staff are distributed appropriately among the three shifts. In addition to security staff, the facility has executive staff, business support staff, food service staff, education and program staff and health service staff. Security staff are assigned to housing units, kitchen, perimeter, yard, medical and control. The staffing plan narrative memo advises that the current staffing plan exceeds the ADCRR staffing requirements and that the elements under this provision were considered in the development and review of the staffing plan. During the tour the auditor confirmed the facility follows a staffing plan. There were at least two security staff and one non-security staff assigned to each housing building. Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor did not observe any blind spots and confirmed that the physical plant of the housing units provided an adequate line of sight with staff rounds and video monitoring technology. The auditor observed staff conducting rounds and official duties. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every 30 minutes and supervisors make rounds at least once a shift. Informal conversation with incarcerated individuals also confirmed that Correctional Officer make rounds at least once an hour and they see a supervisor at least once a day. During the tour the auditor observed cameras in housings units and some common areas. The auditor verified that the cameras assisted with supervision and monitoring through coverage of blind spots and high traffic areas. Cameras are monitored by housing unit officers (can only view their own housing unit) and the control room (can monitor all cameras). Additionally, Captains and higher have access to remotely monitor/view cameras. Cameras are utilized as a supplement to staffing and do not replace the minimum number of required staff, per the staffing plan. The interview with the Warden confirmed that the facility has a staffing plan and the plan is adequate to protect incarcerated individuals from sexual abuse. He advised the plan is reviewed by GEO and is approved by ADCRR. The Warden further confirmed that video monitoring is part of the staffing plan and the staffing plan is documented. He advised the elements under this provision are considered in the staffing plan and they want to ensure as much direct supervision as possible. He indicated they pay close attention to physical plant and facility design when staffing and that they try to ensure they cover all blind spots through staffing and video monitoring technology. He further stated that he asks for additional cameras each year to supplement staffing. The Warden noted that he checks for compliance with the staffing plan through roster reviews. He advised ADCRR also checks for compliance via roster reviews. The PCM advised that all components under this provision are considered in the staffing plan. He stated staffing levels are governed by policy and by the contract with the client. The PCM noted that they utilize ACA and PREA standards to help drive

staffing. He further indicated that they utilize overtime to ensure staffing is adequate.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from that staffing plan. The PAQ further stated that staff shortage is the most common reason for deviations. 5.1.2-A, page 3 states that in circumstances where the staffing plan is not complied with the facility shall document and justify all deviations from the plan. The interview with the Warden confirmed that any deviations from the staffing plan would be documented, however they do not deviate from the staffing plan as they utilize overtime to cover posts. A review of documentation indicated that deviations are documented on the daily staffing plan as well as an information report. The examples provided illustrated that deviations, including date, time and reason were documented in the information report.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 5.1.2-A, page 3 states that facilities shall assess, determine and document no less frequently than once each year, whether adjustments are needed to: the staffing plan; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. Policy further indicates that the staffing plan, to include all deviations and the Annual PREA Facility Assessment, shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA Coordinator annually as determined by each division. The staffing plan was most recently reviewed on September 20, 2023 by the PCM, Facility Administrator, and supervisors. It was further reviewed on October 16, 2023 by the agency PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. An additional review of prior staffing plan reviews indicated they were completed on October 21, 2022 and September 10, 2021. The interview with the PREA Coordinator confirmed the staffing plan is reviewed annually and that he is consulted regarding any necessary adjustments. He stated each facility is required to conduct an annual PREA facility assessment which requires them to review their staffing plan and all components of the physical plant to include blind spots and areas where staff and incarcerated individuals can be isolated. He indicated that completed assessments are forwarded to him and he reviews and consults with appropriate divisional leadership related to any of the recommendations for equipment, cameras, additional staffing, etc. The PC stated that the staffing plan is then either approved or denied, signed, and sent back to the facility.

115.13 (d): 5.1.2-A, page 3 states that the facilities shall implement a policy and practice requiring higher-level supervisors and intermediate-level supervisor to conduct and document unannounced PREA rounds in all areas and on all shifts to identify and deter employee sexual abuse and sexual harassment. Such policy and practice shall be implemented no less than once per week for U.S. Secure Services and no less than once per month for Reentry Services on all shifts. Policy further states that employees are prohibited from alerting other employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. ADCRR Department Order 703, page 1 states that this Department order ensures that security responsibilities at Department institutions and private prisons include regular inspections of security devices to ensure that they remain in good working condition and that supervisory and other management personnel conduct regular inspections and tours. Page 2 states that Wardens, Deputy Wardens, Associate Deputy Wardens, Majors, Chiefs of Security and Correctional Officer IVs shall conduct frequent formal inspections and that inspections shall not be restricted to certain hours or routines; they shall be unscheduled and unannounced. Policy further states that staff members are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of the PAQ supplemental documentation showed examples of unannounced rounds being made across the three shifts by Shift Supervisors. Interviews with intermediate-level or higher-level supervisors confirmed they make unannounced rounds and they document the rounds in the log book. Further they both advised they also complete a weekly unannounced PREA rounds form. Both staff stated they do not conduct rounds in a pattern to prevent staff from notifying one another of the rounds. An additional review of documentation for six randomly selected weeks confirmed that unannounced rounds are made at least weekly by intermediate or higher level supervisors in each housing unit across all shifts.

Based on a review of the PAQ, 5.1.2-A, ADCRR Department Order 703, the staffing plan, daily rosters, incident reports, the Annual PREA Facility Assessment, documentation of unannounced rounds, camera listings, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

Recommendation

During the tour the auditor identified areas that would benefit from video monitoring technology, including: warehouse, education, vocation, maintenance, industries and the multipurpose building.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Statement of Fact 3. Population Age Report <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ and the Statement of Fact indicated that no youthful incarcerated individuals are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p>115.14 (b): The PAQ and the Statement of Fact indicated that no youthful incarcerated individuals are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p>115.14 (c): The PAQ and the Statement of Fact indicated that no youthful incarcerated individuals are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p>Based on a review of the PAQ, Statement of Fact, and population age report, this standard appears to be not applicable and as such compliant.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125- Sexual Offense Reporting
4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 704 – Inmate Regulations
5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 708 – Searches
6. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 810 – Management of LGBTI Inmate
7. Prison Rape Elimination Act (PREA) Training Curriculum
8. Staff Training Records
9. Photos of Bathroom and Shower Areas

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Interviews:

1. Interviews with Random Staff
2. Interviews with Random Incarcerated Individuals
3. Interviews with Transgender and Intersex Incarcerated Individuals

Site Review Observations:

1. Observations of Privacy in Bathrooms and Showers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of incarcerated individuals and that there have been zero searches of this kind in the previous twelve months. 5.1.2-A, page 12 states cross-gender strip searches are prohibited except in exigent circumstances or when performed by medical practitioners. Additionally, it states cross-gender visual body cavity searches are prohibited except in exigent

circumstances and shall only be performed by offsite medical practitioners. Page 13 further states unless client mandates dictate otherwise, searches of transgender and intersex individuals shall be performed in one of three ways as determined by the facility administrator: Searches only conducted by medical staff; Searches conducted only by female staff; or asking the individual to identify the gender of staff, they would feel most comfortable conducting the search. ADCRR Department Order 708, page 7 states that strip searches shall be performed by a staff member of the same gender and performed in areas designated by the Warden, Deputy Warden or Administrator.

115.15 (b): The PAQ noted that the facility does not house female inmates and as such this provision is not applicable. 5.1.2-A, page 12 states facilities shall not permit cross-gender pat-down searches of female individuals in a GEO facility, absent exigent circumstances. It further states that facilities shall not restrict female individuals in a GEO facility access to regularly available programming or other outside opportunities in order to comply with this provision. Page 13 further states unless client mandates dictate otherwise, searches of transgender and intersex individuals shall be performed in one of three ways as determined by the facility administrator: Searches only conducted by medical staff; Searches conducted only by female staff; or asking the individual to identify the gender of staff, they would feel most comfortable conducting the search. ADCRR Department Order 708, page 5 states that pat searches shall be performed by staff of the same gender as the subject being searched. Exceptions for incarcerated individual searches in listed in section 2.0. Section 2.0 (page 9) indicates that male correctional officers shall not pat search female incarcerated individuals, except in emergency situations. Pat searches of female incarcerated individuals by male offices shall be documented in the Correctional Service Log, and shall include the searching officer(s) name and badge number, the incarcerated individual(s) name and number, and the reason for the cross gender pat search. Page 7 states that strip searches shall be performed by a staff member of the same gender and performed in areas designated by the Warden, Deputy Warden or Administrator.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. The PAQ notes that the facility does not house female incarcerated individuals. 5.1.2-A, page 12 states that facilities shall document and justify all cross-gender pat-down searches of female individuals in a GEO facility. It further states that facilities shall document and justify all cross gender strip searches and cross gender visual body cavity searches of individuals in a GEO facility. Interviews with the transgender incarcerated individual indicated they are searched by male staff. Interviews with random staff further confirmed that transgender incarcerated individuals are searched by male staff as they are housed at the facility and ADCRR policy notes that all incarcerated individuals at the facility are considered male because that is the gender of the facility.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable incarcerated individuals to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 5.1.2-A, page 12 states each facility shall implement policies and procedures which allow individuals in a GEO facility to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks. Policy further states that facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any area where individuals are likely to be showering, performing bodily functions or changing clothes. ADCRR Department Order 704, page 5 states that incarcerated individuals shall be dressed in gym shorts/pants/sweat pant and a shirt, or an appropriate fastened jumpsuit at all times when out of the cell or cubicle. It also states that when in the run or cell, incarcerated individuals shall not be in any state of undress, unless preparing for bed or immediately upon return from the shower. A review of the PREA Training Curriculum confirms that slides 7-8 discuss the requirement for allowing incarcerated individuals to shower, change clothes, and perform bodily functions without nonmedical staff of the opposite gender viewing them and the opposite gender announcement. With regard to cross gender viewing, the auditor confirmed that showers provided privacy through curtain, half walls and metal doors. Toilets had privacy via half walls and front barriers. The auditor did observe cross gender viewing issues in two cells in the medical observation area. The strip search areas provided privacy via a solid door or a door with a small security window (covered with paper/paint/tint). A review of the cameras confirmed there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each of the housing units. Informal conversation with staff indicated the opposite gender announcement is completed in the morning at shift change and anytime female staff enter the bathroom/shower areas. Informal conversation with incarcerated individuals produced inconsistent information related to the opposite gender announcement. Interviews with 50 incarcerated individuals indicated 45 have privacy when showering, using the restroom and changing their clothes. All sixteen staff interviewed confirmed that incarcerated individuals have privacy when showering, using the restroom and changing their clothes. Additionally, all sixteen staff indicated that staff of the opposite gender announce prior to entering the housing unit. A few of the staff advised the announcement is made at the beginning of the shift. 24 of the 50 incarcerated individuals stated that female staff announce prior to entering the housing areas.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status and

that no searches of this nature have occurred within the previous twelve months. 5.1.2-A, page 13 states facilities shall not search or physically examine a transgender or intersex individual in a GEO facility solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. ADCRR Department Order 810, page 2 states that staff shall not search or physically examine a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status. Policy further states that if the incarcerated individual's genital status is unknown, it may be determined during conversations with the incarcerated individual, by reviewing medical records, or, if necessary, learning that information as part of a broader medical examinations conducted in private by a medical practitioner. Interviews with sixteen staff indicated thirteen were aware of a policy prohibiting searching a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individuals' genital status. Interviews with transgender incarcerated individuals confirmed none were searched for the sole purpose of determining their genital status.

115.15 (f): The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex incarcerated individuals. 5.1.2-A, page 13 states security staff shall be trained to conduct cross-gender pat-down searches and searches of transgender and intersex individuals in a GEO facility professionally and respectfully. Page 13 further states unless client mandates dictate otherwise, searches of transgender and intersex individuals shall be performed in one of three ways as determined by the facility administrator: Searches only conducted by medical staff; Searches conducted only by female staff; or asking the individual to identify the gender of staff, they would feel most comfortable conducting the search. A review of the Prison Rape Elimination Act (PREA) training curriculum confirmed that slides outline how to conduct cross gender searches and searches of transgender and intersex incarcerated individuals. The training discusses trauma, consistency, exigent circumstances, pronouns, respectful communication, prohibited actions and acceptable options for transgender searches. Additionally, the training includes viewing the PREA Resource Center's video on cross gender searches and transgender and intersex incarcerated individual searches. Interviews with sixteen staff indicated all sixteen received training on how to conduct cross gender pat searches and searches of transgender and intersex incarcerated individuals. Staff advised transgender incarcerated individuals are searched by male staff as the facility is male and all incarcerated individuals are deemed male. A review of eighteen staff training records confirmed all eighteen had received the search training,

Based on a review of the PAQ, 5.1.2-A, ADCRR Department Order 125, ADCRR Department Order 704, ADCRR Department Order 708, ADCRR Department Order

810, PREA Training curriculum, staff training records, observations made during the tour as well as information from interviews with random staff, random incarcerated individuals and the transgender incarcerated individuals indicate this standard appears to require corrective action. Interviews with the transgender incarcerated individual indicated they are searched by male staff. Interviews with random staff further confirmed that transgender incarcerated individuals are searched by male staff as they are housed at the facility and ADCRR policy notes that all incarcerated individuals at the facility are considered male because that is the gender of the facility. Interviews with sixteen staff indicated all sixteen received training on how to conduct cross gender pat searches and searches of transgender and intersex incarcerated individuals. Staff advised transgender incarcerated individuals are searched by male staff as the facility is male and all incarcerated individuals are deemed male. The auditor did observe cross gender viewing issues in two cells in the medical observation area. Informal conversation with staff indicated the opposite gender announcement is completed in the morning at shift change and anytime female staff enter the bathroom/shower areas. Informal conversation with incarcerated individuals produced inconsistent information related to the opposite gender announcement. A few of the staff advised the announcement is made at the beginning of the shift. 24 of the 50 incarcerated individuals stated that female staff announce prior to entering the housing areas.

Corrective Action

The facility will need to revise current practice of transgender and intersex incarcerated individual searches. The facility will need to provide documentation on the process as well as confirmation of training with all staff on the updated practice. Additionally, the facility will need to document these searches to provide confirmation that they are being completed correctly. Copies of the documentation will need to be provided. The facility will need to alleviate the cross gender viewing issue in the two medical cells. Photos will need to be provided. The facility will need to train staff on the appropriate process for the opposite gender announcement. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

	<ol style="list-style-type: none"> 1. Staff Training 2. Incarcerated Individual Witness Statements 3. Photos of Modifications <p>The facility completed training with staff related to practice for transgender searches. The training included the GEO policy on transgender searches. Documentation was provided that over 150 staff completed the training. The facility further provided witness statements from the current transgender incarcerated individuals noting that they have been searched based on policy and in a respectful manner.</p> <p>The facility provided photos of modifications made to the medical cells. Both cells had a painted section of the window, alleviating the cross gender viewing issue.</p> <p>Further, the facility conducted training with staff on the opposite gender announcement requirement. The training noted that the announcement is required at the beginning of each shift, as well as each time the opposite gender staff enters a housing unit. Numerous training sheets were provided with staff signatures confirming receipt of training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 108 - Americans with Disabilities Act (ADA) Compliance

4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125- Sexual Offense Reporting
5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 704- Inmate Regulations
6. Language Line Service, Inc. Agreement
7. Staff Translator List
8. Inmate Handbook
9. Speak Out Poster
10. No Means No Poster
11. Zero Tolerance Poster
12. PREA Victim Advocacy Poster
13. Attachment A - Inspector General
14. Attachment B - Hotline
15. Attachment E - PREA Third Party Reporting Contact Information

Interviews:

1. Interview with the Agency Head Designee
2. Interviews with LEP and Disabled Incarcerated Individuals
3. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled incarcerated individuals an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 5.1.2-A, page 8 states facilities shall ensure that individuals in a GEO facility with disabilities have an equal opportunity to participate

in or benefit from GEO's efforts to prevent, detect and response to sexual abuse and sexual harassment. Policy further states that GEO shall ensure that all facilities provide written materials to every individual in a GEO facility in formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. ADCRR Department Order 108, page 2 states that staff in coordination with the ADA Coordinator shall provide equal opportunity and access through reasonable accommodations in setting that are as integrated as possible, to all recipients of their function's services, programs and activities, including individuals with disabilities. It also states that staff will permit equal opportunity and access through reasonable accommodation that shall not result in a fundamental alteration of a service, program, activity or undue financial and/or administrative burden. Page 3 states consistent with security requirements, staff shall provide or allow auxiliary aids and services to individuals with a disability to enable them to communicate effectively and to participate in or to receive services, programs and activities. ADCRR Department Order 125, page 3 outlines that incarcerated individuals will be provided with information on preventing sexual assault during orientation and all material shall include oral and written information in English and Spanish. Page 4 further indicates that the Sexual Assault Awareness pamphlet will be provided to each incarcerated individual. Assistance shall be given to incarcerated individuals who speak languages other than English or who are identified with being unable to understand material. ADCRR Department Order 704, page 24 states the Warden and Deputy Warden shall provide interpreters for incarcerated individuals in need of such services, which may include interpreters for language, literacy, the deaf and the blind. Policy further states that applicable rules, regulations and Department Orders shall be read aloud during initial orientation for those incarcerated individuals who are visually impaired or have a language or literacy problem. Hearing impaired incarcerated individuals shall receive a translation of orientation material in sign language. A review of the Inmate Handbook, Zero Tolerance Poster, No Means No Poster, Speak Out Poster, Victim Advocacy Poster and Attachments A, B and E confirmed that PREA information is available in adequate size font and colors. During the tour the auditor observed PREA information posted throughout the facility via the No Mean No Poster, the Zero Tolerance Poster, Attachment A, Attachment B, Attachment E, the Speaking Up Poster, the Victim Advocacy Poster and the Third Party Poster. Posted information was observed on letter size paper in English and Spanish. Information was posted on bulletin boards (housing units) and on walls (common areas). In addition to the posters, the PREA hotline number was observed stenciled above the phones in each housing unit. Additionally, the auditor observed the Handbook, the ADCRR PREA policy (DO 125) and an ADCRR PREA Poster on the incarcerated individual tablet system. Informal conversation with staff and incarcerated individuals confirmed that the PREA information had been posted for a while. The interview with the Agency Head Designee indicated that all of GEO facilities have developed PREA education material in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. He stated that they have developed posters, pamphlets, videos, large print material, etc. as well as provide TTY phones, access to language lines and designated staff interpreters to ensure that effective

communication of PREA procedures is available to the housed individuals. The Agency Head Designee stated that GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist. Interviews with five LEP incarcerated individuals and eight disabled incarcerated individuals indicated seven had received information in a format that they could understand.

115.16 (b): The PAQ stated that the agency has established procedures to provide incarcerated individuals with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 5.1.2-A, page 8 states facilities shall ensure that individuals in a GEO facility with disabilities have an equal opportunity to participate in or benefit from GEO's efforts to prevent, detect and response to sexual abuse and sexual harassment. Policy further states that GEO shall ensure that all facilities provide written materials to every individual in a GEO facility in formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. ADCRR Department Order 108, page 3 state that interpreter shall be provided for all processes within the Department when necessary. ADCRR Department Order 125, page 3 outlines that incarcerated individuals will be provided with information on preventing sexual assault during orientation and all material shall include oral and written information in English and Spanish. Page 4 further indicates that the Sexual Assault Awareness pamphlet will be provided to each incarcerated individual. Assistance shall be given to incarcerated individuals who speak languages other than English or who are identified with being unable to understand material. ADCRR Department Order 704, page 24 states the Warden and Deputy Warden shall provide interpreters for incarcerated individuals in need of such services, which may include interpreters for language, literacy, the deaf and the blind. The facility has a contract with Language Line Services, Inc. to provide translation services for incarcerated individuals who are LEP. This is a service the facility can call that will translate information between the staff member and LEP incarcerated individual. The contract was signed on September 2013. Additionally, the facility has a list of staff available to provide Spanish translation. A review of the Inmate Handbook, Zero Tolerance Poster, No Means No Poster, Speak Out Poster, Victim Advocacy Poster and Attachments A, B and E confirmed that PREA information is available in English and Spanish. During the tour the auditor observed PREA information posted throughout the facility via the No Mean No Poster, the Zero Tolerance Poster, Attachment A, Attachment B, Attachment E, the Speaking Up Poster, the Victim Advocacy Poster and the Third Party Poster. Posted information was observed on letter size paper in English and Spanish. Information was posted on bulletin boards (housing units) and on walls (common areas). In addition to the posters, the PREA hotline number was observed stenciled above the phones in each housing unit. Additionally, the auditor observed the Handbook, the ADCRR PREA policy (DO 125) and an ADCRR PREA Poster on the incarcerated individual tablet system. During incarcerated individual interviews the auditor utilized staff to provide translation. Numerous staff were available to provide Spanish translation.

Additionally, the agency has a language services that can be utilized over the phone. The auditor tested the access to this service at a prior GEO audit. Interviews with five LEP incarcerated individuals and eight disabled incarcerated individuals indicated seven had received information in a format that they could understand.

115.16 (c): The PAQ stated that agency policy prohibits the use of incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances. 5.1.2-A, page 8 indicates that individuals in a GEO facility shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first responder duties or the investigation of the individual's allegations. The use of individuals in a GEO program as interpreters shall be justified and fully documented in the written investigative report under these types of circumstances. The PAQ expressed that there were zero instances where an incarcerated individual was utilized to interpret, read or provide other types of assistance. Interviews with sixteen staff indicated fourteen were aware of a policy that prohibited the use of incarcerated individual interpreters, translator, readers or other types of incarcerated individual assistance for sexual abuse allegations. Staff advised they have a translation line and numerous bilingual staff to translate. Interviews with five LEP incarcerated individuals and eight disabled incarcerated individuals indicated seven had received information in a format that they could understand. None advised they had another incarcerated individual translate, read or provide assistance.

Based on a review of the PAQ, 5.1.2-A, ADCRR Department Order 108, ADCRR Department Order 704, ADCRR Department Order 125, the Language Line Service, Inc. Agreement, the staff translator list, Inmate Handbook, Speak Out Poster, No Means No Poster, Zero Tolerance Poster, PREA Victim Advocacy Poster, Attachment A - Inspector General, Attachment B - Hotline, Attachment E - PREA Third Party Reporting Contact Information, observations made during the tour as well as interviews with the Agency Head Designee, random staff, and LEP and disabled incarcerated individuals indicates that this standard appears to be compliant. It should be noted that the issue identified during incarcerated individual interviews is addressed under PREA Standard 115.33.

Recommendation

The auditor recommends that the agency (GEO) update their current policy related to the requirements under this standard to include LEP incarcerated individuals (policy only addresses incarcerated individuals with a disability).

115.17	Hiring and promotion decisions
	<p data-bbox="310 176 963 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="310 249 574 281">Auditor Discussion</p> <hr/> <p data-bbox="310 323 469 354">Documents:</p> <ol data-bbox="310 386 1317 837" style="list-style-type: none"> <li data-bbox="310 386 688 417">1. Pre-Audit Questionnaire <li data-bbox="310 449 1300 522">2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure <li data-bbox="310 554 1313 630">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125- Sexual Offense Reporting <li data-bbox="310 661 737 693">4. Employment Questionnaire <li data-bbox="310 724 1317 756">5. Disclosure and Authorization Form Promotions – PREA Related Positions <li data-bbox="310 787 846 819">6. Staff and Contractor Personnel Files <p data-bbox="310 932 456 963">Interviews:</p> <ol data-bbox="310 995 865 1026" style="list-style-type: none"> <li data-bbox="310 995 865 1026">1. Interview with Human Resource Staff <p data-bbox="310 1136 615 1167">Findings (By Provision):</p> <p data-bbox="310 1268 1448 1934">115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with incarcerated individuals and prohibits enlisting the services of any contractor who may have contact with incarcerated individuals who: has engaged in sexual abuse in a prison, jail, 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 when 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. 5.1.2-A, page 4 states that GEO facilities are prohibited from hiring or promoting any anyone (who may have contact with incarcerated individuals in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or in the community. Additionally, page 11 states that GEO facilities are prohibited from contracting with anyone (who may have contact with incarcerated individuals) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging or sexual abuse in confinement settings or in the community. A review of the Employment Questionnaire confirms that</p>

employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the incarcerated individual, incarcerated individual, resident, etc.)?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated of engaging in 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?". A review of personnel files for seven staff who were hired in the previous twelve months indicated that all seven had a criminal background records check completed prior to hire. All seven also completed the Employment Questionnaire. Additionally, a review of two contractor files indicated that both had a criminal background records check completed prior to enlisting their services.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with incarcerated individuals. 5.1.2-A, page 4 states facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO facility. Page 11 states that the facility shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with individuals in a GEO facility. The interview with the Human Resource Staff member confirmed that sexual harassment is considered in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with incarcerated individuals.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with incarcerated individuals, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 5.1.2-A, pages 4 states that each facility shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, before hiring new employees. Background checks shall be repeated for all employees at least every five years. ADCRR Department Order 125, page 15 indicates the Contract Beds Operations Director shall ensure employees of the private prisons undergo required background checks conducted by the Department's Background Investigations Unit. Policy further states that another consideration for employment shall be whether the applicant has ever worked in a Department or other correctional facility, and if so, whether he/she were the subject of investigation(s) and/or allegation(s) of

inappropriate staff-incarcerated individual relationships. The PAQ indicated that 70 people had a criminal background records check which is equivalent to 100% of those hired in the previous twelve months. The Human Resource staff member confirmed that a criminal background records check is completed for all newly hired employees who may have contact with incarcerated individuals. She stated ADCRR completes a criminal background records check and they also utilize Accurate, a third party entity, for criminal background record checks. She indicated ADCRR will complete the criminal background records check and advise the facility if the person is clear or not. She further stated that Accurate completes the prior institutional checks. A review of personnel files for seven staff who were hired in the previous twelve months indicated that all seven had a criminal background records check completed prior to hire. None required prior institutional checks, however the facility provided an example of a staff member that did require the checks to confirm the process.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with incarcerated individuals. The PAQ further stated that there were seventeen contracts for services where criminal background checks were completed. 5.1.2-A, pages 11-12 state that each facility shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. ADCRR Department Order 125, page 15 indicates that only those contractors who have direct supervisory responsibilities or who may be involved in one-on-one situations are required to undergo a background investigation. However, policy further states that contractors and service technician who have infrequent access shall be required to have an acceptable result of an ACIC/NCIC check prior to entering the institution. The Human Resource staff member confirmed that contractors have a criminal background records check completed prior to enlisting their services. She advised the process is the same as staff in that they submit the information to ADCRR and Accurate to complete. A review of two contractor files indicated that both had a criminal background records check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals or that a system is in place for otherwise capturing such information for current employees. 5.1.2-A, pages 4 states that each facility shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, before hiring new employees. Background checks shall be repeated for all employees at least every five years. Pages 11-12 state that each facility shall conduct criminal background checks and do its best to contact prior institutional

employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. ADCRR Department Order 125, page 15 states that criminal background checks of current employees and contractors who may have contact with incarcerated individual shall be conducted at least every five years. The interview with Human Resources indicated that criminal background record checks are completed at least every five years through ADCRR. A review of seven staff that were hired prior to 2017 indicated that five had criminal background records check completed at least every five years. All staff were documented with a current criminal background records check, three of which were completed during the on-site portion of the audit. There were zero contractors employed longer than five years and as such no documentation was reviewed.

115.17 (f): 5.1.2-A, page 4 states that GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility directly about previous sexual abuse misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees. GEO shall also impose upon employees a continuing affirmative duty to disclose any such conduct. A review of the Employment Questionnaire confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the incarcerated individual, incarcerated individual, resident, etc.)?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated of engaging in 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?". Additionally, the PREA Disclosure and Authorization Form Promotions - PREA Related Positions indicates that it includes the same questions and is utilized prior to promotion. The interview with the Human Resource staff confirmed that individuals are asked these questions via the employment questionnaire, which is required to be completed prior to hire and promotion. She further confirmed that employees have a continuing duty to disclose any such previous misconduct. A review of personnel files indicated that all seven new hires completed the Employment Questionnaire. Additionally, four staff promoted during the previous twelve months completed the PREA Disclosure and Authorization Form Promotions - PREA Related Positions prior to promotion.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 5.1.2-A, page 8 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for

termination. 1300.05, page 4 states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination.

115.17 (h): 5.1.2-A, page 4 states that unless prohibited by law, GEO shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work. The interview with the Human Resource staff member confirmed that information is provided to employers via the Corporate GEO staff.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, the Employment Questionnaire, Disclosure and Authorization Form Promotions - PREA Related Positions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard required appears to require corrective action. A review of seven staff that were hired prior to 2017 indicated that five had criminal background records check completed at least every five years. All staff were documented with a current criminal background records check, three of which were completed during the on-site portion of the audit.

Corrective Action

The facility will need to identify all staff employed longer than five years and ensure they have a current updated criminal background records check. A list of staff and confirmation of the updated criminal background records checks will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Criminal Background Record Checks

	<p>The facility reviewed all current staff employed longer than five years and identified all staff without an updated five year criminal background records check (eight). The facility completed a criminal background records check on each individual. Documentation was provided confirming all staff had an updated criminal background records check as of October 2024.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Statement of Fact 3. Camera Listing <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Absence of Modification to the Physical Plant 2. Observations of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA</p>

audit. 5.1.2-A, pages 4-5 state GEO and its facilities shall consider the effects any new or upgrade design, acquisition, expansion, or modification of physical plant, or monitoring technology might have on the facility's ability to protect individuals in a GEO facility from sexual abuse and harassment. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee indicates that GEO is the world leader in providing sound and effective security measures in the facilities it manages and operates. In every facility acquired by the company, GEO thoroughly assesses the institutions for needed security enhancements in both physical plant construction and for procedure enhancements in the area of safety and security. He stated enhancements are routinely made by some of the top correctional professionals in the correctional field. When modifications are made by GEO to existing institutions, or when GEO designs and constructs new facilities, GEO's design/construction team work closely with experienced operational personnel to significantly improve the safety of all GEO institutions. GEO has a team who routinely utilize operational expertise when designing/modifying facilities. Security and safety of the incarcerated individuals and staff is at the forefront of every decision made by the company. The Agency Head Designee confirmed that GEO fully understands the intent and language within the PREA guidelines and does everything possible to design and run facilities which protect incarcerated individuals from abuse. He stated that since the release of the federal PREA standards GEO has allocated funds for privacy modifications, camera upgrades, etc. and GEO will continue to consider these enhancements during new construction projects as well. The interview with the Warden confirmed that there have not been any substantial expansions or modifications to the facility since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 5.1.2-A, pages 4-5 state GEO and its facilities shall consider the effects any new or upgrade design, acquisition, expansion, or modification of physical plant, or monitoring technology might have on the facility's ability to protect individuals in a GEO facility from sexual abuse and harassment. The Statement of Fact indicates that the facility updated video monitoring in 2016 with additional cameras and upgrades to current cameras. The facility provided a list of cameras and their location. During the tour the auditor observed cameras in housing units and some common areas. The auditor verified that the cameras assisted with supervision and monitoring through coverage of blind spots and high traffic areas. Cameras are monitored by housing unit officers (can only view their own housing unit) and the control room (can monitor all cameras). Additionally, Captains and higher have access to remotely monitor/view cameras. Cameras are utilized as a supplement to staffing and do not replace the minimum number of required staff, per the staffing plan. The interview with the Agency Head Designee indicated that GEO routinely uses new technology to assist in better monitoring of the staff and incarcerated individuals within its facilities. He stated GEO routinely adds or improves camera coverage within its prisons, jails, reentry and youth facilities and new

	<p>technology is added to screening areas to control contraband and assist in maintaining the safety of facilities. He further stated that corporate operations' staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within facilities. The Warden confirmed that when the facility installs or updates video monitoring technology they consider how the technology will protect incarcerated individuals from sexual abuse. He advised they utilize cameras to alleviate any blind spots and to provide additional coverage in high traffic areas that may be of concern.</p> <p>Based on a review of the PAQ, Statement of Fact, Camera Listings, observations during the tour and information from interviews with the Agency Head Designee and Warden indicate that this standard appears to be compliant.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 608 – Criminal Investigations 6. Memorandum of Understanding with Kingman Aid to Abused People (KAAP) 7. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interview with the PREA Compliance Manager 3. Interviews with Incarcerated Individuals Who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is not responsible for conducting administrative or criminal investigations. The PAQ further stated that the Arizona Department of Corrections Rehabilitation and Reentry's Criminal Investigations Unit (CIU) conducts all administrative and criminal investigations. Additionally, the PAQ and further communication with the PC noted that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 5.1.2-A, page 1 states each facility shall have a policy in place to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. GEO shall publish its corporate investigations policy on its website. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. A review of policy confirms that it outlines preservation and well as non-DNA evidence collection (uniform evidence protocol). Interviews with sixteen random staff indicated all sixteen were aware of and understood the agency's protocol on obtaining usable physical evidence. Additionally, fifteen of the sixteen staff stated they knew the PREA Compliance Manager or the ADCRR Criminal Investigative Unit (CIU) staff member would be responsible for completing sexual abuse investigations.

115.21 (b): The PAQ was blank but further communication with the PCM indicated that the protocol is not developmentally appropriate for youth as they do not house youthful incarcerated individuals. The PAQ did state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. A review of 10.3.1.4 indicates that pages 4-5 describes actions to take in order to preserve and secure evidence. Department Order 125 outlines the duties of staff to ensure appropriate evidence protocol. Forensic examinations are not conducted at the facility and as such the policy outlines preservation and well as non-DNA evidence collection. Additionally, 5.1.2-E outlines the investigative process for GEO investigators including a uniform evidence protocol.

115.21 (c): The PAQ indicated that the facility offers incarcerated individuals who experience sexual abuse access to forensic medical at an outside facility. It further stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ noted that

when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. ADCRR Department Order 608, page 7 states that the use of outside forensic examinations services are authorized during the course of investigations involving sexual assaults. Additionally, it indicates that costs incurred for outside forensic services are billed in accordance with A.R.S. 13-1414 and any medical services arising out of the need to secure evidence that a person has been the victim of a dangerous crime against a child or a sexual assault shall be paid by the county in which the offense occurred. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. The auditor contacted Kingman Regional Medical Center and the staff member advised they do not perform forensic medical examinations at the hospital. The auditor contacted KAAP related to forensic medical examinations. The staff confirmed that they do provide 24 hour access to forensic medical examinations via a SANE. A review of documentation confirmed there were zero forensic medical examinations during the previous twelve months.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and efforts are documented. The PAQ further stated that when a rape crisis center is not available, the facility provides a qualified-staff member from a community-based organization or a qualified agency staff member. ADCRR Department Order 125, page 11 states the Correctional Officer III shall provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse. The facility has an MOU with Kingman Aid to Abused People (KAAP). The MOU states the facility will make involvement of certified rape crisis counselors a component of the standard response to a report of sexual assault and/or a request for help from a victim of sexual assault. It also states that KAAP will provide 24 hour access to forensic medical examinations by certified Sexual Assault Nurse Examiners. KAAP will send counselors when requested to provide face to face crisis counseling to survivors of sexual violence who are incarcerated at the facility. The interview with the PCM confirmed that if requested by a victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and support the victim through the forensic medical examination and investigatory interviews. He stated they have not had that occur yet but that they have a phone number for KAAP and the Case Managers can contact KAAP related to services. Interviews with incarcerated individual who reported sexual abuse indicated one was offered access to a victim advocate but declined. A review of documentation indicated none of the four incarcerated individuals who reported sexual abuse were afforded access to a victim advocate.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process. ADCRR Department Order 125, page 11 states the Correctional

Officer III shall provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse. The facility has an MOU with Kingman Aid to Abused People (KAAP). The MOU states the facility will make involvement of certified rape crisis counselors a component of the standard response to a report of sexual assault and/or a request for help from a victim of sexual assault. It also states that KAAP will provide 24 hour access to forensic medical examinations by certified Sexual Assault Nurse Examiners. KAAP will send counselors when requested to provide face to face crisis counseling to survivors of sexual violence who are incarcerated at the facility. The interview with the PCM indicated that they have an MOU with KAAP to provide services. He stated they have a phone number for KAAP and Case Managers would reach out related to the services. The PCM confirmed that KAAP is the local rape crisis center for the area. Interviews with incarcerated individual who reported sexual abuse indicated one was offered access to a victim advocate but declined. A review of documentation indicated none of the four incarcerated individuals who reported sexual abuse were afforded access to a victim advocate. It should be noted that KAAP provides the SANE as well as a victim advocate and could coordinate these services together if requested by the victim.

115.21 (f): The PAQ indicated that the agency/facility if the agency is not responsible for investigations administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraph 115.21 (a) through (e) of this standard. The ADCRR investigate sexual abuse and sexual harassment allegations. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 608, page 7 states that the use of outside forensic examinations services are authorized during the course of investigations involving sexual assaults. Additionally, it indicates that costs incurred for outside forensic services are billed in accordance with A.R.S. 13-1414 and any medical services arising out of the need to secure evidence that a person has been the victim of a dangerous crime against a child or a sexual assault shall be paid by the county in which the offense occurred. Additionally, ADCRR Department Order 125, page 11 states the Correctional Officer III shall provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The facility has an MOU with Kingman Aid to Abused People (KAAP). The MOU states the facility will make involvement of certified rape crisis counselors a component of the standard response to a report of sexual assault and/or a request for help from a victim of sexual assault. It also states that KAAP will provide 24 hour

access to forensic medical examinations by certified Sexual Assault Nurse Examiners. KAAP will send counselors when requested to provide face to face crisis counseling to survivors of sexual violence who are incarcerated at the facility.

Based on a review of the PAQ, 5.1.2-A, 5.1.2-E, Department Order 125, Department Order 608, MOU with KAAP, investigative reports, and information from interviews with random staff, incarcerated individuals who reported sexual abuse and the PREA Compliance Manager indicates that this standard appears to require corrective action. The interview with the PCM confirmed that if requested by a victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and support the victim through the forensic medical examination and investigatory interviews. He stated they have not had that occur yet but that they have a phone number for KAAP and the Case Managers can contact KAAP related to services. Interviews with incarcerated individual who reported sexual abuse indicated one was offered access to a victim advocate but declined. A review of documentation indicated none of the four incarcerated individuals who reported sexual abuse were afforded access to a victim advocate.

Corrective Action

The facility will need to review their process for affording victims of sexual abuse access to a victim advocate after a report of sexual abuse, during forensic medical examinations and during investigatory interviews. Training with appropriate staff on the process will need to be conducted. A process memo and the training will need to be provided to the auditor. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated victim advocacy documents.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigations Memorandum
2. Staff Training Memorandum

	<p>3. List of Sexual Abuse Allegations During the Corrective Action Period</p> <p>4. Mock Investigation</p> <p>The facility provided a memo from ADCRR advising that all sexual abuse and sexual harassment allegations will be forwarded to ADCRR. ADCRR will investigate anything criminal and once the criminal investigation is complete, the facility can initiate an administrative investigation. The memo further advised, that if there is not a criminal element, ADCRR will provide the information back to the facility to conduct an administrative investigation.</p> <p>The facility provided a training memo that outlined if an incarcerated individual requests a victim advocate, the Case Manager would contact KAAP. The information would then be documented. Staff signature were provided confirming they received the training.</p> <p>The facility provided a list of sexual abuse and sexual harassment allegations during the corrective action period. There was one sexual harassment allegation reported. The victim was offered a victim advocate, but declined the services. Documentation was provided confirming the offer and denial of services.</p> <p>Additionally, due to the limited number of sexual abuse and sexual harassment allegations reported during the corrective action period, the facility conducted a mock sexual abuse investigation. The facility provided mock documentation noting the offering of the victim advocate for the victim.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)
3. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting
5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 608 – Criminal Investigations
6. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. 5.1.2-A, page 1 states each facility shall have a policy in place to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. GEO shall publish its corporate investigations policy on its website. 5.1.2-E outlines the investigative process for GEO investigators. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 125, page 11 indicates that Wardens shall request investigations as outlined in Department Order 608, Criminal Investigations, and provide written notification to the Assistant Director of Prison Operations through the appropriate Regional Operations Director when an investigation involving a staff on incarcerated individual sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation shall be initiated as outlined in Department Order 601, Administrative Investigations and Employee Discipline. Page 12 further states investigations of incarcerated individual sexual assault shall be actively investigated and closed upon exhaustion of

all evidence processes and investigative leads. The PAQ indicated that there were ten allegations of sexual abuse and/or sexual harassment reported within the previous twelve months. Two resulted in an administrative investigation and six had a criminal investigation. Four of the investigation were still on-going. The interview with the Agency Head Designee indicated that it is a requirement by corporate and by local facility policies to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He further stated that based on the client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only). The Agency Head Designee stated that GEO has designated staff at each facility that have received PREA specialized investigations training. He noted that GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements and regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior. A review of ten allegations indicated two were consensual and as such were not sexual abuse or sexual harassment. Three allegations had an open investigation and five were closed. Of the five closed, all had a criminal investigation completed. All investigations are referred to ADCRR for investigation. CIU only conducts criminal investigations. The facility was unaware of this and did not receive information back from ADCRR related to the need for an administrative investigation. The facility currently does not have any staff that conduct sexual abuse or sexual harassment investigations as they believed all investigations, administrative and criminal, were conducted by the client (ADCRR). As such, there were zero administrative investigations completed during the previous twelve months.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 5.1.2-A, page 1 states each facility shall have a policy in place to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. GEO shall publish its corporate investigations policy on its website. 5.1.2-E outlines the investigative process for GEO investigators. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 125, page 11 indicates that Wardens shall request investigations as outlined in Department Order 608, Criminal Investigations, and provide written notification to the Assistant Director of Prison Operations through the appropriate Regional Operations

Director when an investigation involving a staff on incarcerated individual sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation shall be initiated as outlined in Department Order 601, Administrative Investigations and Employee Discipline. Page 12 further states investigations of incarcerated individual sexual assault shall be actively investigated and closed upon exhaustion of all evidence processes and investigative leads. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>. The interview with the ADCRR investigator confirmed that agency policy requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigation. He stated CIU conducts all criminal investigations for the facility. A review of ten allegations indicated two were consensual and as such were not sexual abuse or sexual harassment. Three allegations had an open investigation and five were closed. Of the five closed, all had a criminal investigation completed. All investigations are referred to ADCRR for investigation. CIU only conducts criminal investigations. The facility was unaware of this and did not receive information back from ADCRR related to the need for an administrative investigation. The facility currently does not have any staff that conduct sexual abuse or sexual harassment investigations as they believed all investigations, administrative and criminal, were conducted by the client (ADCRR). As such, there were zero administrative investigations completed during the previous twelve months.

115.22 (c): 5.1.2-A, page 1 states each facility shall have a policy in place to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. GEO shall publish its corporate investigations policy on its website. 5.1.2-E outlines the investigative process for GEO investigators. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 125, page 11 indicates that Wardens shall request investigations as outlined in Department Order 608, Criminal Investigations, and provide written notification to the Assistant Director of Prison Operations through the appropriate Regional Operations Director when an investigation involving a staff on incarcerated individual sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation shall be initiated as outlined in Department Order 601, Administrative Investigations and Employee Discipline. Page 12 further states investigations of incarcerated individual sexual assault shall be actively investigated and closed upon exhaustion of all evidence processes and investigative leads. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-E, 5.1.2-A, Department Order 125, Department Order 608, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the investigator, this standard appears to require corrective action. All investigations are referred to ADCRR for investigation. CIU only conducts criminal investigations. The facility was unaware of this and did not receive information back from ADCRR related to the need for an administrative investigation. The facility currently does not have any staff that conduct sexual abuse or sexual harassment investigations as they believed all investigations, administrative and criminal, were conducted by the client (ADCRR). As such, there were zero administrative investigations completed during the previous twelve months.

Corrective Action

The facility will need to follow current policy and procedure related to investigations. All allegations reported should include an administrative investigation, and if criminal, a criminal investigation. The facility will need to work with their client to determine this process. A process memorandum will need to be provided. Training with appropriate facility staff on the process will also need to be provided. The facility will need to provide a list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigations.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigations Memorandum
2. List of Sexual Abuse Allegations During the Corrective Action Period

	<p>3. Mock Investigation</p> <p>The facility provided a memo from ADCRR advising that all sexual abuse and sexual harassment allegations will be forwarded to ADCRR. ADCRR will investigate anything criminal and once the criminal investigation is complete, the facility can initiate an administrative investigation. The memo further advised, that if there is not a criminal element, ADCRR will provide the information back to the facility to conduct an administrative investigation.</p> <p>The facility provided documentation for two facility staff, confirming both completed the National Institute of Corrections, specialized investigator training.</p> <p>The facility provided a list of sexual abuse and sexual harassment allegations during the corrective action period. There was one sexual harassment allegation reported. An administrative investigation was completed by a facility investigator with the specialized training.</p> <p>Additionally, due to the limited number of sexual abuse and sexual harassment allegations reported during the corrective action period, the facility conducted a mock sexual abuse investigation. The facility provided the mock administrative investigation completed by the other facility investigator with the specialized training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure

3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 125 – Sexual Offense Reporting

4. Welcome to PREA (Prison Rape Elimination Act) Compliance Training

5. Prison Rape Elimination Act (PREA) Training Curriculum

6. Staff Training Records

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with incarcerated individuals on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the incarcerated individuals' right to be free from sexual abuse and sexual harassment, the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant laws related to mandatory reporting. 5.1.2-A, page 9 states all employees, contractors and volunteers shall receive training on GEO's PREA program before assignment. Each facility shall train employees who may have contact with individuals in a GEO facility on; its zero tolerance policy; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; detained individual's right to be free from sexual abuse and sexual harassment; the right of the detained individuals to be free from retaliation from reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with incarcerated individuals/incarcerated individuals/residents; how to communicate effectively and professionally with detained individuals, including LGBTI or Gender Non-conforming individuals; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. ADCRR Department Order 125, pages 17-19 state the Staff Development and Training Bureau shall conduct pre-service and in-service PREA training classes. All employees, and contractors with incarcerated individual contact, shall complete PREA training

annually as outlined in the Annual Training Plan, and sign the PREA training Acknowledgment Form 125-3; or if PREA training is a computer based course, complete the online PREA Training acknowledgment. Training shall include, but is not limited to: what to do when an actual or suspected sexual assault has occurred or been reported; understanding the identification and referral process when an alleged sexual abuse occurs; how to report staff unlawful sexual conduct and sexual harassment, including when, how and to whom it should be reported; recognizing incarcerated individuals who may be vulnerable to sexual assault and possible intervention strategies; recognizing incarcerated individuals who appear to be having difficulty or require protection, such as an incarcerated individual with injuries or one who suddenly become very quiet and withdrawn; recognizing an incarcerated individual who may be, is being, or has been sexually abused or the victim of extortion; recognizing victim who may be at risk for suicide; recognizing the signs of sexual abuse; recognizing incarcerated individuals who may be prone to victimizing other incarcerated individuals, especially in regard to sexual behavior; preserving confidentiality regarding investigations and allegations of sexual assault and unlawful sexual conduct; preservation of crime scene and evidence in a sexual assault allegation; basic understanding of sexual abuse prevention and response techniques; recognizing that incarcerated individuals who are having difficulty adjusting to the institutional environment or who are experiencing specific problems with other incarcerated individuals may display verbal and non-verbal signs of anxiety or act out aggressively and methods of intervention; identification of what constitutes staff unlawful sexual conduct and/or staff sexual harassment and how to report such incidents; an explanation of how incarcerated individuals are harmed by staff unlawful sexual conduct and sexual harassment; descriptions of how the security of the facility is jeopardized by staff unlawful sexual conduct and harassment; a statement of the legal consequences and disciplinary actions of engaging in staff unlawful sexual conduct and/or staff sexual harassment; instruction on supervising, observing and interacting with opposite gender incarcerated individuals including, where appropriate, knock and announce situations; instruction on the privacy interests that incarcerated individuals retain while incarcerated; unlawful sexual conduct and inappropriate staff incarcerated individual relations for all non-correctional staff including contractors; and instruction on how to conduct cross-gender pat down searches and searches of transgender and intersex incarcerated individuals, in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. A review of the training curriculum confirms that the training includes: the agency's zero tolerance policy (page 20), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (entire curriculum), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (page 21), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (page 28), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 29-32), the common reactions of sexual abuse and sexual harassment victims (pages 33-35), how to detect and respond to signs of threatened and actual sexual abuse (pages 45-53), how to avoid inappropriate relationship with incarcerated individuals (pages 36-39), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (page 44)

and how to comply with relevant laws related to mandatory reporting (pages 54-56). In addition, staff also receive the GEO PREA training, which also addresses the requirements under this provision. Interviews with sixteen staff confirmed that they received training. Staff advised training is conducted at least annually and it includes the elements under this provision. A review of eighteen staff training records indicated that 100% received PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of the incarcerated individual at the facility and that employees who are reassigned to facilities with opposite gender are not given additional training. Further communication with the PCM indicated that all incarcerated individuals at the facility are male and as such training is tailored toward male incarcerated individuals and they would not transfer to another facility with female incarcerated individuals. 5.1.2-A, page 9 states employee training shall be tailored to the gender of the individual in the GEO facility at the employee's facility, and employees shall receive additional training if transferring facilities that house individuals of different genders.

115.31 (c): The PAQ stated that staff are trained annually and that in between trainings staff are provided information refresher training on PREA requirements. 5.1.2-A, page 9 states PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to sexual abuse and sexual harassment policies. A review of documentation indicated fifteen staff had completed PREA training at least every two years. Three staff were new hires and had only completed the initial PREA training.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with incarcerated individuals understand the training they have received through employee signature or electronic verification. 5.1.2-A, page 9 states unless client mandate requires electronic verification, employees shall document through signatures on the PREA Basic Training Acknowledgement form to confirm they understand the training they have received. ADCRR maintains electronic verification of training completion via a score and the number of minutes it takes to complete the training. A review of eighteen staff training records indicated that all eighteen had electronic verification that they completed the PREA training through a score on the post training quiz.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, Welcome to PREA (Prison Rape Elimination Act) Compliance Training, Prison Rape Elimination Act (PREA) Training Curriculum, staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility provides sexual abuse and sexual harassment training to all staff annually. The facility provides not only the GEO PREA training but also the client's PREA training. The training includes all the required

	<p>elements under this standard and is detailed in the explanation of prevention, detection, response, how to avoid inappropriate relationships with incarcerated individuals, the dynamics of sexual abuse and how to communicate with LGBTI incarcerated individuals. PREA is also discussed during shift meetings throughout the year.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 - Sexual Offense Reporting 4. Volunteer Training Volunteer Narratives - What Went Wrong Training Curriculum 5. Welcome to PREA (Prison Rape Elimination Act) Compliance Training 6. Contractor and Volunteer Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Volunteers or Contractors who have Contact with Incarcerated individuals <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with incarcerated individuals have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 5.1.2-A, page 9 states all employees, contractors and volunteers shall receive training on GEO's PREA program before assignment. Page 10 states all volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all volunteers who have contact with individuals in a GEO facility are trained</p>

on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Volunteers who have contact with individuals in a GEO facility shall receive annual PREA refresher training. Further, page 11 states all contractors shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all contractors who have contact with individuals in a GEO facility trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Contractors who have contact with individuals in a GEO facility shall receive annual PREA refresher training. ADCRR Department Order 125, pages 17-19 state the Staff Development and Training Bureau shall conduct pre-service and in-service PREA training classes. All employees, and contractors with incarcerated individual contact, shall complete PREA training annually as outlined in the Annual Training Plan, and sign the PREA training Acknowledgment Form 125-3; or if PREA training is a computer based course, complete the online PREA Training acknowledgment. Volunteers are required to receive PREA training prior to providing volunteer services. Training shall include, but is not limited to: what to do when an actual or suspected sexual assault has occurred or been reported; understanding the identification and referral process when an alleged sexual abuse occurs; how to report staff unlawful sexual conduct and sexual harassment, including when, how and to whom it should be reported; recognizing incarcerated individuals who may be vulnerable to sexual assault and possible intervention strategies; recognizing incarcerated individuals who appear to be having difficulty or require protection, such as an incarcerated individual with injuries or one who suddenly become very quiet and withdrawn; recognizing an incarcerated individual who may be, is being, or has been sexually abused or the victim of extortion; recognizing victim who may be at risk for suicide; recognizing the signs of sexual abuse; recognizing incarcerated individuals who may be prone to victimizing other incarcerated individuals, especially in regard to sexual behavior; preserving confidentiality regarding investigations and allegations of sexual assault and unlawful sexual conduct; preservation of crime scene and evidence in a sexual assault allegation; basic understanding of sexual abuse prevention and response techniques; recognizing that incarcerated individuals who are having difficulty adjusting to the institutional environment or who are experiencing specific problems with other incarcerated individuals may display verbal and non-verbal signs of anxiety or act out aggressively and methods of intervention; identification of what constitutes staff unlawful sexual conduct and/or staff sexual harassment and how to report such incidents; an explanation of how incarcerated individuals are harmed by staff unlawful sexual conduct and sexual harassment; descriptions of how the security of the facility is jeopardized by staff unlawful sexual conduct and harassment; a statement of the legal consequences and disciplinary actions of engaging in staff unlawful sexual conduct and/or staff sexual harassment; instruction on supervising, observing and interacting with opposite gender incarcerated individuals including, where appropriate, knock and announce situations; instruction on the privacy interests that incarcerated individuals retain while incarcerated; unlawful sexual conduct and inappropriate staff incarcerated individual relations for all non-correctional staff including contractors; and instruction on how to conduct cross-gender pat down searches and searches of transgender and intersex incarcerated individuals, in a

professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Page 19 further states that all non-correctional staff, including contractors with significant incarcerated individual contact and volunteers with incarcerated individual contact shall receive pre-service training addressing the topics listed in 10.1.1 through 10.1.21 (indicated above) of this section upon hire or assignment to an institution. A review of the Volunteer Training Volunteer Narratives – What Went Wrong confirmed that it includes; information on the PC, cross gender searches and viewing, training and education, reporting, investigations, discipline, medical and mental health care, grievances, LGBTI incarcerated individuals, LEP/ disabled incarcerated individuals and the zero tolerance policy. A review of the training curriculum confirms that the training includes: the agency’s zero tolerance policy (page 20), how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures (entire curriculum), the incarcerated individuals’ right to be free from sexual abuse and sexual harassment (page 21), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (page 28), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 29-32), the common reactions of sexual abuse and sexual harassment victims (pages 33-35), how to detect and respond to signs of threatened and actual sexual abuse (pages 45-53), how to avoid inappropriate relationship with incarcerated individuals (pages 36-39), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (page 44) and how to comply with relevant laws related to mandatory reporting (pages 54-56). The PAQ indicated that 71 volunteers and contractors had received PREA training, which is equivalent to under 100%. Further communication with the PCM indicated all volunteers and contractors have received PREA training. The interviews with the contractors and volunteers confirmed that they had received training on their responsibilities under the agency sexual abuse and sexual harassment prevention, detection and response policies and procedures. A review of documentation for eight contractors indicated six had completed training. The two that did not complete training were those that do not perform regular services at the facility, however they did have contact with incarcerated individuals. A review of documentation for five volunteers indicated three had completed training.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with incarcerated individuals. Additionally, the PAQ indicates that all volunteers and contractors who have contact with incarcerated individuals have been notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 5.1.2-A, page 9 states all employees, contractors and volunteers shall receive training on GEO’s PREA program before assignment. Page 10 states all volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all volunteers who have contact with individuals in a GEO facility are trained on their responsibilities under GEO’s sexual abuse and sexual

harassment prevention, detection, and response policies and procedures. Volunteers who have contact with individuals in a GEO facility shall receive annual PREA refresher training. Further, page 11 states all contractors shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all contractors who have contact with individuals in a GEO facility trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Contractors who have contact with individuals in a GEO facility shall receive annual PREA refresher training. ADCRR Department Order 125, pages 17-19 state the Staff Development and Training Bureau shall conduct pre-service and in-service PREA training classes. All employees, and contractors with incarcerated individual contact, shall complete PREA training annually as outlined in the Annual Training Plan, and sign the PREA training Acknowledgment Form 125-3; or if PREA training is a computer based course, complete the online PREA Training acknowledgment. Volunteers are required to receive PREA training prior to providing volunteer services. Page 19 further states that all non-correctional staff, including contractors with significant incarcerated individual contact and volunteers with incarcerated individual contact shall receive pre-service training addressing the topics listed in 10.1.1 through 10.1.21 (indicated above) of this section upon hire or assignment to an institution. A review of the Volunteer Training Volunteer Narratives - What Went Wrong confirmed that it includes; information on the PC, cross gender searches and viewing, training and education, reporting, investigations, discipline, medical and mental health care, grievances, LGBTI incarcerated individuals, LEP/disabled incarcerated individuals and the zero tolerance policy. A review of the training curriculum confirms that the training includes: the agency's zero tolerance policy (page 20), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (entire curriculum), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (page 21), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (page 28), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 29-32), the common reactions of sexual abuse and sexual harassment victims (pages 33-35), how to detect and respond to signs of threatened and actual sexual abuse (pages 45-53), how to avoid inappropriate relationship with incarcerated individuals (pages 36-39), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (page 44) and how to comply with relevant laws related to mandatory reporting (pages 54-56). Interviews with contractors and volunteers indicated they received training that went over the zero tolerance policy and who to report information to. Contractors advised they received training during new hire while volunteers stated they receive training annually. A review of documentation for eight contractors indicated six had completed training. The two that did not complete training were those that do not perform regular services at the facility, however they did have contact with incarcerated individuals. Contractors completed the same training as staff. A review of documentation for five volunteers indicated three had completed training. Volunteers completed the associated volunteer training.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 5.1.2-A, page 10 states unless client mandates require electronic verification, volunteers shall document training through signature on the PREA Basic Training Acknowledgement form acknowledging they understand the training they have received. This form shall be used to document pre-service and annual in-service PREA training. Further, page 11 states unless client mandates require electronic verification, contractors shall document training through signature on the PREA Basic Training Acknowledgement form that they understand the training they have received. This form shall be used to document pre-service and annual in-service PREA training. A review of documentation for eight contractors indicated six had completed training. All six had completed a post training quiz as confirmation of receipt and understanding. A review of documentation for five volunteers indicated three had completed training. The three signed an acknowledgment form.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, the Volunteer Training Volunteer Narratives - What Went Wrong Training Curriculum, Welcome to PREA (Prison Rape Elimination Act) Compliance Training, contractor and volunteer training records as well as the interviews with the contractor and volunteer indicates this standard appears require corrective action. A review of documentation for eight contractors indicated six had completed training. The two that did not complete training were those that do not perform regular services at the facility, however they did have contact with incarcerated individuals. A review of documentation for five volunteers indicated three had completed training.

Corrective Action

The facility will need to ensure all contractors and volunteers who have contact with incarcerated individuals (escorted or unescorted) are provided PREA training. The facility will need to be provide a list of all current contractors and volunteers and provide a systematic sample to confirm all had completed training. The sample should include contractors who do not regularly enter the facility. Training for those originally requested during the on-site will also need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Contractor PREA Training Form 2. PREA Training Curriculum 3. List of Contractors and Volunteers 4. Contractor and Volunteer Training Records <p>The facility provided a contractor PREA training form as well as a PREA training PowerPoint for contractors and volunteers. The training included 52 slides that outlined the facility's sexual abuse and sexual harassment policies, including zero tolerance and reporting. The contractor training form provided an area for contractors to sign that they received training on the zero tolerance policy, reporting and ways to avoid sexual abuse and sexual harassment. The contractor training form is intended to be utilized for those contractors who are escorted.</p> <p>The facility provided a list of current contractors and volunteers as well as a systematic sample (every fifth person on the list) of PREA training records. The facility provided information that the four originally requested documents were not available, and the contractors and volunteers were no longer providing services, so training could not be completed.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)

Department Order 125 – Sexual Offense Reporting

4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 108 – Americans with Disabilities Act (ADA) Compliance
5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 704- Inmate Regulations
6. Language Line Service, Inc. Agreement
7. Staff Translator List
8. PREA Male Prison Inmate Facilitators Guide
9. PREA What You Need to Know Video
10. Inmate Handbook
11. Speak Out Poster
12. No Means No Poster
13. Zero Tolerance Poster
14. PREA Victim Advocacy Poster
15. Attachment A – Inspector General
16. Attachment B – Hotline
17. Attachment E – PREA Third Party Reporting Contact Information
18. Attachment C - Inmate Orientation to Prison Rape Elimination Act
19. Inmate Acknowledgment of Receipt of Inmate Handbook, Disciplinary Handbook, PREA Pamphlet, and Visitation Information Sheets
20. Incarcerated Individual Education Records

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Incarcerated Individuals

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ stated that incarcerated individuals receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 5.1.2-A, page 8 states during the intake process, U.S. Secure Services shall provide each individual in a GEO facility with written information on GEO's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. ADCRR Department Order 125, pages 3-4 state that the Assistant Director for Prison Operations shall ensure every institution, including private prisons, provide the incarcerated individuals with information on preventing sexual assault during their orientation (Attachment C). All materials shall be made available to incarcerated individuals and shall, at a minimum, include: oral and written information in English and Spanish; information on prevention, self-protection and avoiding sexual abuse; treatment and counseling for incarcerated individual victims of sexual abuse; and a simplified and expedited process for incarcerated individuals to report sexual assaults. Policy further states that the Department "Sexual Assault Awareness" pamphlet shall be provided to each incarcerated individual as part of the institutional orientation process. The pamphlet shall include material outlined in this Department Order and shall be written to be easily understood by all incarcerated individuals. Assistance shall be given to incarcerated individuals who speak languages other than English or who are identified as being unable to understand the materials. A review of Attachment C indicates that it includes information on the zero tolerance policy, definitions, rights, and policies and procedures. A review of the Inmate Handbook confirmed that it includes information on the zero tolerance policy, ways to avoid sexual abuse, and reporting methods (verbal, in writing, anonymous, third party, OIG and PREA hotline). The PAQ indicated that 2273 incarcerated individuals received information on the zero tolerance policy and how to report at intake. The is equivalent to 100% of incarcerated individuals who received this information at intake. The auditor observed the intake process through a demonstration. Initial education and comprehensive PREA education are done on the day of arrival. Education is completed in intake through the PREA Speaking Up video. A rolling tv (approximately 26 inches) is placed in front of the incarcerated individuals and is played. The auditor observed that the one unit, the tv was placed in the holding cell door and was not visible to more than a few of the incarcerated individuals. Additionally, at both units, the auditor noted that if other activities are going on in intake, it is difficult to hear the video. Both units education was not structured and did not include any facility specific information. The video was available in English and Spanish. All incarcerated individuals are provided the Handbook upon arrival as well as the Victim Advocacy Poster and a PREA pamphlet. Documents are available in English and Spanish. After education staff conduct the risk screening and verbally advise the incarcerated individuals to report any information to staff or through the hotline. Interviews with intake staff confirmed that incarcerated individuals receive information on the zero-tolerance policy and how to report

allegations of sexual abuse upon intake. The staff advised the comprehensive PREA education is completed on the same day as arrival. All incarcerated individuals view the PREA What You Need to Know video. They are also provided a Handbook. The staff advised they also talk to them verbally about PREA and how to report. 46 of the 50 incarcerated individuals interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies, including zero tolerance and reporting methods. A review of 33 incarcerated individual files of those received within the previous twelve months indicated 31 were documented with receiving PREA information at intake. Two incarcerated individuals were transferred from the facility and their files were no longer available. The receipt of education is maintained in the incarcerated individual's file and was not available.

115.33 (b): 5.1.2-A, page 8 states within 30 days of intake, U.S. Secure Services and Reentry facilities shall provide a comprehensive education to all individuals in a GEO program, either in person or through video. Policy further states the comprehensive education shall include information on the individual's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. ADCRR Department Order 125, pages 3-4 state that the Assistant Director for Prison Operations shall ensure every institution, including private prisons, provide the incarcerated individuals with information on preventing sexual assault during their orientation (Attachment C). All materials shall be made available to incarcerated individuals and shall, at a minimum, include: oral and written information in English and Spanish; information on prevention, self-protection and avoiding sexual abuse; treatment and counseling for incarcerated individual victims of sexual abuse; and a simplified and expedited process for incarcerated individuals to report sexual assaults. Policy further states that the Department "Sexual Assault Awareness" pamphlet shall be provided to each incarcerated individual as part of the institutional orientation process. The pamphlet shall include material outlined in this Department Order and shall be written to be easily understood by all incarcerated individuals. Assistance shall be given to incarcerated individuals who speak languages other than English or who are identified as being unable to understand the materials. A review of the video confirmed it was the PREA What You Need to Know video, which includes definitions, ways to avoid sexual abuse and sexual harassment, reporting methods, what happens once information is reported and the zero tolerance policy. The PAQ indicated that 2200 incarcerated individuals received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those that arrived in the previous twelve months and stayed for 30 days or more. The auditor observed the intake process through a demonstration. Initial education and comprehensive PREA education are done on the day of arrival. Education is completed in intake through the PREA Speaking Up video. A rolling tv (approximately 26 inches) is placed in front of the incarcerated individuals and is played. The auditor observed that the one unit, the tv was placed in the holding cell door and was not visible to more than a few of the incarcerated individuals. Additionally, at both units, the auditor noted that if other activities are going on in intake, it is difficult to hear the video. Both units education

was not structured and did not include any facility specific information. The video was available in English and Spanish. All incarcerated individuals are provided the Handbook upon arrival as well as the Victim Advocacy Poster and a PREA pamphlet. Documents are available in English and Spanish. After education staff conduct the risk screening and verbally advise the incarcerated individuals to report any information to staff or through the hotline. Interviews with the intake staff indicated incarcerated individuals are educated on their right to be free from sexual abuse, their right to be free from retaliation and the facility's response to an allegation of sexual abuse or sexual harassment. The staff advised the comprehensive PREA education is completed on the same day as arrival. All incarcerated individuals view the PREA What You Need to Know video. They are also provided a Handbook. The staff advised they also talk to them verbally about PREA and how to report. 42 of the 50 incarcerated individuals interviewed indicated that they were informed of their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting sexual abuse and sexual harassment, and the facility's policies and procedures in response to an incident of sexual abuse. Most incarcerated individuals indicated they viewed a video upon arrival. A review of 33 incarcerated individual files of those received within the previous twelve months indicated 31 were documented with receiving PREA information at intake. Two incarcerated individuals were transferred from the facility and their files were no longer available. The receipt of education is maintained in the incarcerated individual's file and was not available.

115.33 (c): The PAQ was blank but further communication with the PCM indicated that all incarcerated individuals have received PREA education. 5.1.2-A, page 8 states individuals in a GEO facility shall receive education upon transfer to a different facility if the policy and procedures differ from the previous facility. ADCRR Department Order 125, pages 3-4 state that the Assistant Director for Prison Operations shall ensure every institution, including private prisons, provide the incarcerated individuals with information on preventing sexual assault during their orientation (Attachment C). All materials shall be made available to incarcerated individuals and shall, at a minimum, include: oral and written information in English and Spanish; information on prevention, self-protection and avoiding sexual abuse; treatment and counseling for incarcerated individual victims of sexual abuse; and a simplified and expedited process for incarcerated individuals to report sexual assaults. Policy further states that the Department "Sexual Assault Awareness" pamphlet shall be provided to each incarcerated individual as part of the institutional orientation process. The pamphlet shall include material outlined in this Department Order and shall be written to be easily understood by all incarcerated individuals. Assistance shall be given to incarcerated individuals who speak languages other than English or who are identified as being unable to understand the materials. Interviews with the intake staff indicated incarcerated individuals are educated on their right to be free from sexual abuse, their right to be free from retaliation and the facility's response to an allegation of sexual abuse or sexual harassment. All incarcerated individuals go through this orientation upon arrival. The staff advised the comprehensive PREA education is completed on the same day as arrival. All incarcerated individuals view

the PREA What You Need to Know video. They are also provided a Handbook. The staff advised they also talk to them verbally about PREA and how to report. A review of 61 total incarcerated individual files indicated 59 had received PREA education. Two incarcerated individuals were transferred from the facility and their files were no longer available. The receipt of education is maintained in the incarcerated individual's file and was not available. There were zero incarcerated individuals that arrived at the facility prior to 2013.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for incarcerated individuals who are LEP, deaf, visually impaired, otherwise disabled, as well as to incarcerated individuals who have limited reading skills. The PAQ also stated that the agency has established procedures to provide disabled incarcerated individuals an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 5.1.2-A, pages 8-9 states education shall be provided in formats accessible to all individuals in a GEO facility, including those with disabilities and those who are limited English proficient. ADCRR Department Order 125, pages 3-4 state that the Assistant Director for Prison Operations shall ensure every institution, including private prisons, provide the incarcerated individuals with information on preventing sexual assault during their orientation (Attachment C). All materials shall be made available to incarcerated individuals and shall, at a minimum, include: oral and written information in English and Spanish; information on prevention, self-protection and avoiding sexual abuse; treatment and counseling for incarcerated individual victims of sexual abuse; and a simplified and expedited process for incarcerated individuals to report sexual assaults. Policy further states that the Department "Sexual Assault Awareness" pamphlet shall be provided to each incarcerated individual as part of the institutional orientation process. The pamphlet shall include material outlined in this Department Order and shall be written to be easily understood by all incarcerated individuals. Assistance shall be given to incarcerated individuals who speak languages other than English or who are identified as being unable to understand the materials. ADCRR Department Order 108, page 2 states that staff in coordination with the ADA Coordinator shall provide equal opportunity and access through reasonable accommodations in setting that are as integrated as possible, to all recipients of their function's services, programs and activities, including individuals with disabilities. It also states that staff will permit equal opportunity and access through reasonable accommodation that shall not result in a fundamental alteration of a service, program, activity or undue financial and/or administrative burden. Page 3 states consistent with security requirements, staff shall provide or allow auxiliary aids and services to individuals with a disability to enable them to communicate effectively and to participate in or to receive services, programs and activities. ADCRR Department Order 704, page 24 states the Warden and Deputy Warden shall provide interpreters for incarcerated individuals in need of such services, which may include interpreters for language, literacy, the deaf and the blind. Policy further states that applicable rules, regulations and Department Orders shall be read aloud during initial orientation for those incarcerated individuals who

are visually impaired or have a language or literacy problem. Hearing impaired incarcerated individuals shall receive a translation of orientation material in sign language. The facility has a contract with Language Line Services, Inc. to provide translation services for incarcerated individuals who are LEP. This is a service the facility can call that will translate information between the staff member and LEP incarcerated individual. The contract was signed on September 2013. Additionally, the facility has a list of staff available to provide Spanish translation. A review of the Inmate Handbook, Zero Tolerance Poster, No Means No Poster, Speak Out Poster, Victim Advocacy Poster and Attachments A, B and E confirmed that PREA information is available in adequate size font and colors and is available in English and Spanish. Interviews with five LEP incarcerated individuals and eight disabled incarcerated individuals indicated seven had received information in a format that they could understand. A review of documentation for seven LEP incarcerated individuals indicated that they all received comprehensive PREA education. Six of the seven had signed English acknowledgment forms though and there was no indicated on the form that a translator was utilized or the translation service was utilized. A review of seven disabled incarcerated individuals files indicated six had signed they completed PREA education. One requested was not at the facility and the file with the confirmation was not available for review.

115.33 (e): The PAQ indicated that the agency maintains documentation of incarcerated individual participation in PREA education sessions. 5.1.2-A, page 9 states all individuals in a GEO facility shall sign for receipt of written material and participation in comprehensive education sessions. ADCRR Department Order 125, page 4 states Unit Deputy Wardens shall ensure staff conducting the orientation document each incarcerated individual's attendance in the Arizona Correctional Information System (ACIS). The entries shall note the written material outlined in 2.2 of this section were provided to each incarcerated individual, and if appropriate, oral and written translation were provided. A review of incarcerated individual files indicated they signed an acknowledgement form indicating that they had received PREA education.

115.33 (f): The PAQ indicated that key information shall be provided to incarcerated individuals on a continuous basis through readily available handbooks, brochures, or other written materials. 5.1.2-A, page 9 states key information shall be provided to individuals in a GEO facility continuously through readily available, handbooks, brochures, or other written materials. ADCRR Department Order 125, page 4 states that Wardens shall ensure that information on the prevention of sexual assaults, incarcerated individual notification and informative posters are posted on incarcerated individual bulletin boards and are accessible to all incarcerated individuals regardless of their custody level or location. A review of the Inmate Handbook confirmed that it includes information on the zero tolerance policy, ways to avoid sexual abuse, and reporting methods (verbal, in writing, anonymous, third party, OIG and PREA hotline). A review of the Zero Tolerance Policy Poster and No

Means No Poster noted they include information on how to report including: the PREA hotline, verbally to staff, in writing via a grievance, through a third party and by writing the ADCRR OIG. The Posters also include a phone number and email to KAAP. A review of the Speak Out Posters indicates it advises incarcerated individuals to report to staff or a friend about any sexual assault/abuse. A review of Victim Advocacy Poster notes that it advises that mental health staff is available and a victim advocate will be made available upon request. It advises incarcerated individuals to request through the Case Manager to speak to the advocate and that calls would be at no cost and would not be monitored. The Poster further provides the mailing address to the local rape crisis center (KAAP) and advises incarcerated individuals that they can also write to the victim advocate. A review of Attachment A indicates that incarcerated individuals can report in writing to the ADCRR OIG. The Poster advises that the mail may be in the form of an inmate letter or as an official correspondence and the communication will be kept confidential. A review of Attachment B notes it provides directions on reporting sexual abuse and/or sexual harassment via the PREA Hotline. It advises that information will be confidential and incarcerated individuals can remain anonymous. A review of Attachment E indicates that incarcerated individuals are advised they have the ability to report allegations of sexual abuse and/or sexual harassment to an entity that is not connected with the ADCRR. It further states that incarcerated individuals can write to the Arizona Department of Juvenile Corrections in the form of official correspondence through the US mail. The document includes the mailing address and advises incarcerated individuals that they have the right to remain anonymous upon request. During the tour the auditor observed PREA information posted throughout the facility via the No Mean No Poster, the Zero Tolerance Poster, Attachment A, Attachment B, Attachment E, the Speaking Up Poster, the Victim Advocacy Poster and the Third Party Poster. Posted information was observed on letter size paper in English and Spanish. Information was posted on bulletin boards (housing units) and on walls (common areas). In addition to the posters, the PREA hotline number was observed stenciled above the phones in each housing unit. Additionally, the auditor observed the Handbook, the ADCRR PREA policy (DO 125) and an ADCRR PREA Poster on the incarcerated individual tablet system.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, Department Order 108, Department Order 704, the Language Line Service Agreement, the staff translator list, PREA Male Prison Inmate Facilitators Guide, PREA What You Need to Know Video, Inmate Handbook, Speak Out Poster, No Means No Poster, Zero Tolerance Poster, PREA Victim Advocacy Poster, Attachment A - Inspector General, Attachment B - Hotline, Attachment E - PREA Third Party Reporting Contact Information, Attachment C - Inmate Orientation to Prison Rape Elimination Act, Inmate Acknowledgment of Receipt of Inmate Handbook, Disciplinary Handbook, PREA Pamphlet, and Visitation Information Sheets, observations made during the tour as well information obtained during interviews with intake staff and random incarcerated individuals indicate that this standard appears to require corrective action. The auditor observed that the one unit, the tv was placed in the holding cell door and was

not visible to more than a few of the incarcerated individuals. Additionally, at both units, the auditor noted that if other activities are going on in intake, it is difficult to hear the video. Both units education was not structured and did not include any facility specific information. Interviews with five LEP incarcerated individuals and eight disabled incarcerated individuals indicated seven had received information in a format that they could understand. A review of documentation for seven LEP incarcerated individuals indicated that they all received comprehensive PREA education. Six of the seven had signed English acknowledgment forms though and there was no indicated on the form that a translator was utilized or the translation service was utilized.

Corrective Action

The facility will need to review their PREA education process to ensure that education is accessible to all incarcerated individuals, to include visible to all and in an appropriate language. Additionally, the facility will need to ensure facility specific information related to a response to an incident of sexual abuse is discussed. The auditor also recommends that the external reporting entity and victim advocacy information is communicated during education. A process memo and training with appropriate staff will need to be provided. The auditor will have to interview education staff to discuss the updated process. Further, all LEP incarcerated individuals will need to be re-educated in an accessible format. Confirmation of the updated education will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. PREA Intake Script
2. Staff Training
3. Incarcerated Individual Education Documents

Additional Interviews:

	<p>1. Intake Staff</p> <p>The facility provided an education script, in English and Spanish, to be read after incarcerated individuals watch the PREA education video. The script included information on the zero tolerance policy, the incarcerated individuals rights under PREA, reporting mechanisms, facility actions after an allegation (including medical and mental health services, investigation and discipline), and access to outside emotional support services.</p> <p>Training was completed with intake staff on the education process. Staff were advised to use the PREA Resource Center Adult Intake education video in English, Spanish and ASL. Staff were also advised to read through the PREA Intake Script to confirm understanding of the information. Staff signatures were provided confirming receipt. The auditor also conducted interviews with intake staff related to the updated education process. Both staff confirmed the updated process outlined in the training.</p> <p>Further, the facility provided over 200 pages of re-education of LEP incarcerated individuals. The completed forms noted whether Language Line was utilized.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility verbally discuss, the external ADCRR and GEO reporting entity and who offers outside emotional support services and how to contact them, during education.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure

3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ advised this standard is not applicable as the client (ADCRR) completes all investigations. Further communication with the PCM indicated that agency and client policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Further communication with facility staff indicated this standard is not applicable as the facility/agency does not conduct sexual abuse investigations. All investigations are completed by the client, ADCRR. 5.1.2-A, page 10 states investigators shall be trained in conducting investigations of sexual abuse in a confinement setting. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. ADCRR Department Order 125, page 9 states that the CIU investigators shall receive training in conducting sexual abuse investigations in confinement settings. The facility does not conduct investigations, rather the client (ADCRR) conducts them. A review of documentation indicated there are four ADCRR staff that complete investigations at the facility and all four had completed the NIC Investigation Sexual Abuse in a Confinement Setting training. The interview with the ADCRR investigator confirmed he received specialized training both in-person and online. He advised the training was in-depth and discussed PREA standard and sexual assault investigation.

115.34 (b): 5.1.2-A, page 10 states investigators shall be trained in conducting investigations of sexual abuse in a confinement setting. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. A review of the NIC Investigating Sexual Abuse in a Confinement Setting training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting and the criteria and evidence to substantiate a case for administrative action or prosecution referral.

	<p>A review of documentation indicated there are four ADCRR staff that complete investigations at the facility and all four had completed the NIC Investigation Sexual Abuse in a Confinement Setting training. The interview with the ADCRR investigator confirmed that the required topics were covered in the specialized training.</p> <p>115.34 (c): The PAQ was blank but further communication with the PCM indicated that the client (ADCRR) maintains documentation showing that investigators have completed the required training and zero facility investigators have completed the required training. 5.1.2-A, page 10 states facilities shall maintain documentation of this specialized training. 1300.05, page 14 states that investigators shall receive this specialized training in addition to the training mandated for employees in Pre-Service and In-Service. Facilities shall maintain documentation of this specialized training in the employee file.</p> <p>115.34 (d): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 5.1.2-A, Department Order 125, as well as the interview with the investigator, indicates that this standard is not applicable and as such is compliant.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. GEO PREA Specialized Medical and Mental Health Training 4. Welcome to PREA (Prison Rape Elimination Act) Compliance Training 5. Medical and Mental Health Staff Training Records <p>Interviews:</p>

1. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 5.1.2-A, pages 9-10 state each facility shall train all full-time and part-time medical and mental health care practitioners who work regularly in the facilities or who have contact with incarcerated individuals (by phone or via web applications such as tele-psych) on specific topic areas, including; detecting signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse and sexual harassment; and proper reporting of allegations or suspicion of sexual abuse and sexual harassment. The policy states that training is to be completed during newly hired employee pre-service orientation. The training consists of GEO's PREA Specialized Medical and Mental Health Training. A review of the curriculum indicated that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment (pages 5-35), how to preserve physical evidence of sexual abuse (pages 37-57), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (pages 59-68) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (pages 70-79). The PAQ indicated that the facility has 60 medical and mental health staff and that 100% of these staff received the specialized training. Interviews with medical and mental health care staff indicated they both received specialized training via the online modules. Both staff indicated the required components under this provision were covered in the specialized training. A review of documentation for ten medical and mental health staff indicated eight had received the specialized training.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. 5.1.2-A, page 10 states that facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Policy further states that forensic examinations shall be performed by a SANE or SAFE. An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available. Interviews with medical and mental health staff confirmed that they do not perform forensic medical examinations and that incarcerated individuals are transported to the local hospital.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 5.1.2-A, page 10 states facilities shall maintain documentation of this specialized

medical and mental health training for all GEO employees and/or contractors who work in the facility. A review of documentation for ten medical and mental health staff indicated eight had received the specialized training and the facility maintained documentation of the completion of the training.

115.35 (d): 5.1.2-A, page 10 states that medical and mental health care practitioners shall receive this specialized training in addition to the training mandated for employees or contractors depending upon their status at the facility. ADCRR Department Order 125, pages 17-19 state the Staff Development and Training Bureau shall conduct pre-service and in-service PREA training classes. All employees, and contractors with incarcerated individual contact, shall complete PREA training annually as outlined in the Annual Training Plan, and sign the PREA training Acknowledgment Form 125-3; or if PREA training is a computer based course, complete the online PREA Training acknowledgment. Training shall include, but is not limited to: what to do when an actual or suspected sexual assault has occurred or been reported; understanding the identification and referral process when an alleged sexual abuse occurs; how to report staff unlawful sexual conduct and sexual harassment, including when, how and to whom it should be reported; recognizing incarcerated individuals who may be vulnerable to sexual assault and possible intervention strategies; recognizing incarcerated individuals who appear to be having difficulty or require protection, such as an incarcerated individual with injuries or one who suddenly become very quiet and withdrawn; recognizing an incarcerated individual who may be, is being, or has been sexually abused or the victim of extortion; recognizing victim who may be at risk for suicide; recognizing the signs of sexual abuse; recognizing incarcerated individuals who may be prone to victimizing other incarcerated individuals, especially in regard to sexual behavior; preserving confidentiality regarding investigations and allegations of sexual assault and unlawful sexual conduct; preservation of crime scene and evidence in a sexual assault allegation; basic understanding of sexual abuse prevention and response techniques; recognizing that incarcerated individuals who are having difficulty adjusting to the institutional environment or who are experiencing specific problems with other incarcerated individuals may display verbal and non-verbal signs of anxiety or act out aggressively and methods of intervention; identification of what constitutes staff unlawful sexual conduct and/or staff sexual harassment and how to report such incidents; an explanation of how incarcerated individuals are harmed by staff unlawful sexual conduct and sexual harassment; descriptions of how the security of the facility is jeopardized by staff unlawful sexual conduct and harassment; a statement of the legal consequences and disciplinary actions of engaging in staff unlawful sexual conduct and/or staff sexual harassment; instruction on supervising, observing and interacting with opposite gender incarcerated individuals including, where appropriate, knock and announce situations; instruction on the privacy interests that incarcerated individuals retain while incarcerated; unlawful sexual conduct and inappropriate staff incarcerated individual relations for all non-correctional staff including contractors; and instruction on how to conduct cross-gender pat down searches and searches of transgender and intersex incarcerated individuals, in a

professional and respectful manner and in the least intrusive manner possible, consistent with security needs. A review of the training curriculum confirms that the training includes: the agency's zero tolerance policy (page 20), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (entire curriculum), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (page 21), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (page 28), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 29-32), the common reactions of sexual abuse and sexual harassment victims (pages 33-35), how to detect and respond to signs of threatened and actual sexual abuse (pages 45-53), how to avoid inappropriate relationship with incarcerated individuals (pages 36-39), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (page 44) and how to comply with relevant laws related to mandatory reporting (pages 54-56). A review of documentation for ten medical and mental health care staff indicated two had completed contractor training and five had completed staff training. Three of the medical and mental health care did not have the required training under 115.31.

Based on a review of the PAQ, 5.1.2-A, GEO's PREA Specialized Medical and Mental Health Training, the PREA training, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to require corrective action. A review of documentation for ten medical and mental health staff indicated eight had received the specialized training. A review of documentation for ten medical and mental health care staff indicated two had completed contractor training and five had completed staff training. Three of the medical and mental health care did not have the required training under 115.31.

Corrective Action

The facility will need to ensure all medical and mental health care staff complete the specialized training as well as training required under 115.31 or 115.32. A list of all current medical and mental health care staff (employees and contractors) will need to be provided. Confirmation that all received training as well as systematic sample to confirm the training was completed will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this

	<p>standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Medical and Mental Health Care Staff 2. Training Records <p>The facility provided a list of all medical and mental health care staff as well as a systematic sample (every fifth on the list) of training documents. All were documented with the specialized medical and mental health training as well as training under 115.31 or 115.32.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 811 - Individual Inmate Assessments and Reviews 4. PREA Risk Assessment 5. PREA Vulnerability Reassessment Questionnaire 6. Incarcerated Individual Assessment and Reassessment Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Incarcerated Individuals

3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other incarcerated individuals. 5.1.2-A, page 5 states that all individuals shall be assessed in person, by GEO staff, during intake, and upon transfer from another confinement facility, for their risk of being sexually abused or harassed by another individual or being sexually abusive toward another individual. ADCRR Department Order 811, page 3 states that the PREA Risk Assessment Screening shall be comprised of an approved automated PREA questionnaire and other documented information. Education staff at Reception Center Intake shall administer a PREA questionnaire to all incarcerated individuals within three workdays of being received. However, a questionnaire may be conducted by an individual interview in a private area in lieu of the Testing Center questionnaire, as needed. The auditor was provided a demonstration of the initial risk assessment process. The initial risk assessment is completed one-on-one in a private office setting. Staff utilize the PREA Risk Assessment form. Staff ask questions from the form including if the incarcerated individual has ever been a victim of sexual abuse. Staff also review file information for the incarcerated individual to complete some of the questions on the form. Interviews with the staff responsible for the risk screening confirmed that incarcerated individuals are screened for their risk of victimization and abusiveness upon admission to the facility. Interviews with 26 incarcerated individuals that arrived within the previous twelve months indicated 21 were asked the risk screening questions at intake.

115.41 (b): The PAQ indicated that the policy requires that incarcerated individuals be screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours of their intake. 5.1.2-A, page 5 states that this screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. Policy further states that in addition to the screening instrument, persons tasked with

screening shall conduct a thorough review of any available records which can assist them with risk assessment. ADCRR Department Order 811, page 3 states that the PREA Risk Assessment Screening shall be comprised of an approved automated PREA questionnaire and other documented information. Education staff at Reception Center Intake shall administer a PREA questionnaire to all incarcerated individuals within three workdays of being received. However, a questionnaire may be conducted by an individual interview in a private area in lieu of the Testing Center questionnaire, as needed. The PAQ stated that 2263 incarcerated individuals, or 100% of those that arrived in the previous twelve months that stayed over 72 hours, were screened for their risk of sexual victimization and risk of sexually abusing other incarcerated individuals. Interviews with the staff who perform the risk screening confirmed that incarcerated individuals are screened for their risk of victimization and abusiveness within 72 hours of arrival at the facility. Interviews with 26 incarcerated individuals that arrived within the previous twelve months indicated 21 were asked the risk screening questions when they first arrived. A review of 33 incarcerated individual files of those that arrived within the previous twelve months confirmed that all 33 were screened within 72 hours.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. .1.2-A, page 5 states that this screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. A review of the PREA Intake Risk Screening Tool indicated it contained eleven questions including age, physical build, disabilities, prior incarcerations, violent criminal history, sexual offense history, gender identity/sexual preference, screeners perception of LGBTI, whether the incarcerated individual was ever a victim of sexual abuse and the incarcerated individual perception of vulnerability. The yes responses are totaled and the number indicates whether the incarcerated individual is at risk of victimization or abusiveness.

115.41 (d): 5.1.2-A, page 5 states the risk screening tool shall consider, at minimum, the following criteria to assess individual's risk for sexual victimization: mental, physical or developmental disability; age; physical build; previous incarcerations; if criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; if perceived to be LGBTI or Gender Nonconforming; if previously experienced sexual victimization; his/her own perception of vulnerability; and whether the individual is detained solely for civil immigration purposes. A review of the PREA/SAAPI Risk Assessment indicated it contained twelve questions including prior sexual victimization, the incarcerated individual's perception of vulnerability, age, physical stature (height and weight), disabilities, LGBTI identification, criminal history, prior sex offenses and civil immigration information. The staff who perform the risk screening indicated noted that the initial risk screening process includes a file review and verbally asking incarcerated individuals questions from the form. Staff

confirmed the elements under this provision are included on the initial risk screening.

115.41 (e): 5.1.2-A, page 5 states the risk screening tool shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the risk of being sexually abusive. ADCRR Department Order 811, page 3 states the PREA Risk Assessment Screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the Department, in assessing the risk of being sexually abusive. A review of the PREA Risk Assessment indicated it contained six questions for abusiveness, including: prior sexual offenses; history of domestic violence; violent offenses; sexual misconduct while incarcerated and prior sexual abuse while incarcerated. The staff who perform the risk screening indicated noted that the initial risk screening process includes a file review and verbally asking incarcerated individuals questions from the form. Staff confirmed the elements under this provision are included on the initial risk screening.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each incarcerated individual's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the incarcerated individual's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 5.1.2-A, page 5 states GEO staff shall conduct an in-person reassessment of individuals shall within a set time period, not to exceed 30 days from arrival at the facility. The staff shall reassess the individual's risk for victimization or abusiveness base upon additional, relevant information received by the facility since the initial risk assessment. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. ADCRR Department Order 811, page 3 states incarcerated individuals shall, within 30 calendar days from their transfer from the intake facility, be reassessed for risk of victimization or abusiveness based upon any additional relevant information the facility received since the Reception Center Intake Screening. A review of the PREA Vulnerability Reassessment Questionnaire confirmed that it includes questions related to LGBTI and/or gender nonconforming identification/identity, whether the incarcerated individual has been beaten up or threatened with being beaten up; whether the incarcerated individual has been forced or threatened to engage in sexual activity; and whether the incarcerated individual fears general population. Additionally, staff are instructed to complete a file review related to any infractions for sexual misconduct, grievances related to sexual assault and any other new information from external agencies since admission that would increase the likelihood of being vulnerable to victimization. The PAQ indicated that 2200, or 100% of incarcerated individuals entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. The reassessment is completed via a separate form which asks about

activities since they first arrived. The reassessment is completed one-on-one in a private office setting. Interviews with the staff responsible for the risk screening indicated that incarcerated individuals are reassessed within 30 days. Interviews with 26 incarcerated individuals who arrived within the previous twelve months indicated fourteen had a reassessment. A review of 33 incarcerated individual files indicated that all 33 incarcerated individuals were reassessed within 30 days.

115.41 (g): The PAQ indicated that policy requires that an incarcerated individual's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the incarcerated individual's risk of sexual victimization or abusiveness. 5.1.2-A, pages 5-6 state at any point after the initial intake screening, an individual may be reassessed for risk of victimization or abusiveness due to referral, request, incident of sexual abuse or harassment or receipt of new information that bears on the individual's risk of victimization or abusiveness. ADCRR Department Order 811, page 4 states that an incarcerated individual's risk level shall be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the incarcerated individual's risk of sexual victimization. The staff responsible for the risk screening confirmed that incarcerated individuals are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. Interviews with 26 incarcerated individuals who arrived within the previous twelve months indicated fourteen had a reassessment. A review of documentation for the incarcerated individual victims of the sexual abuse indicated one required a reassessment, however documentation was not provided confirming the reassessment. A review of 33 incarcerated individual files indicated that all 33 incarcerated individuals were reassessed within 30 days.

115.41 (h): The PAQ indicated that policy prohibits disciplining incarcerated individuals for refusing to answer whether or not the incarcerated individual has mental, physical or developmental disability; whether or not the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the incarcerated individual has previously experienced sexual victimization; and the incarcerated individual's own perception of vulnerability. 5.1.2-A, page 5 states disciplining individuals for refusing to answer or not providing complete information in response to certain screening questions is prohibited. ADCRR Department Order 811, page 3 states that incarcerated individuals may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked in accordance with 2.10.1.1, 2.10.1.7, 2.10.1.8 and 2.10.1.9. Interviews with the staff who conduct the risk screening confirmed that incarcerated individuals are not disciplined for refusing to answer risk screening questions.

115.41 (i): 5.1.2-A, page 5 states facilities shall implement appropriate controls on

dissemination of response to questions asked related to sexual victimization or abusiveness to ensure that employees or other individuals do not exploit sensitive information. ADCRR Department Order 811, page 4 states that staff shall exercise appropriate discretion on the dissemination within the facility of response to questions asked in accordance with Department Order, in order to ensure sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. Incarcerated individual medical, mental health and classification records are paper. Incarcerated individual risk screening records and medical and mental health records are paper and electronic. Paper risk screening records are maintained in the Correctional Officer III's office with limited access. Electronic risk screening records are maintained by the facility PCM on the compliance drive with limited access. Medical and mental health paper records are stored in medical records which is staffed Monday through Friday 7am-3pm. Medical and mental health care staff are the only ones with access to medical records after hours. Electronic medical and mental health records are maintained in a database which is only accessible to medical and mental health care staff. The interview with the PCM confirmed that the agency has outlined who should have access to the risk screening information in order to ensure sensitive information is not exploited. The staff who conduct the risk screening indicated the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited.

Based on a review of the PAQ, 5.1.2-A, Department Order 811, PREA Risk Assessment, the PREA Vulnerability Reassessment Questionnaire, incarcerated individual risk assessments, and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random incarcerated individuals indicate that this standard appears to require corrective action. A review of documentation for the incarcerated individual victims of the sexual abuse indicated one required a reassessment, however documentation was not provided confirming the reassessment.

Corrective Action

The facility will need to provide the requested documentation. If not available, the facility will need to ensure staff are trained on the process of risk reassessments due to incident of sexual abuse (substantiated and unsubstantiated). A copy of the training will need to be provided. A list of sexual abuse allegations during the corrective action period and associated risk reassessments will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff Training 2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period 3. Mock Reassessment <p>The facility provided training to staff on the requirement to reassess incarcerated individuals due to incident of sexual abuse. The training noted that a reassessment is required on the victim and perpetrator of substantiated incidents and of the victim of unsubstantiated incidents. Staff signature were provided confirming receipt of the training.</p> <p>The facility provided a list of sexual abuse and sexual harassment allegations during the corrective action period. There were zero sexual abuse allegations reported. As such, the facility conducted a mock sexual abuse investigation. As part of the process, the facility completed a mock reassessment of the victim, due to incident of sexual abuse.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention

Procedure

3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 810 - Management of LGBTI Inmates
4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 811 - Individual Inmate Assessments and Reviews
5. At-Risk Spreadsheet
6. Transgender Care Committee Summary
7. LGBTI Incarcerated Individual Housing Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interviews with Transgender and Intersex Incarcerated Individuals
5. Interviews with Gay, Lesbian and Bisexual Incarcerated Individuals

Site Review Observations:

1. Housing Assignments of LGBTI Incarcerated Individuals
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. 5.1.2-A, page 6 states screening information from standard section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. ADCRR Department Order 811, page 4 states that if the screening instrument indicates an incarcerated individual has a high risk of being sexually victimized or being sexually abusive, the Special Review team shall, within one workday, conduct a follow-up interview. The Special Review team shall first determine if the incarcerated individual is a high risk

of being sexually victimized and/or being sexually abusive. If the incarcerated individual is determined to be a high risk for either, the Special Review team shall make individualized determinations about how to ensure the safety of each incarcerated individual by using information from the interview and the screening instrument to inform housing, bed, work, education and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. The interview with the PREA Compliance Manager indicated that information from the risk screening is utilized to make sure victims and aggressors are not placed in the same housing unit, work assignments, education assignment or program assignment. Interviews with the staff responsible for risk screening indicated that the information from the risk screening is for accountability and ensuring victims and predators are not housed together. A review of the at risk log indicated that incarcerated individuals identified as high risk victims were housed in the same unit as those identified as high risk abusers. Additionally, the auditor identified that high risk perpetrators and high risk victims had job assignments together in unsupervised areas.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each incarcerated individual. 5.1.2-A, page 6 states screening information from standard section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. ADCRR Department Order 811, page 4 states that if the screening instrument indicates an incarcerated individual has a high risk of being sexually victimized or being sexually abusive, the Special Review team shall, within one workday, conduct a follow-up interview. The Special Review team shall first determine if the incarcerated individual is a high risk of being sexually victimized and/or being sexually abusive. If the incarcerated individual is determined to be a high risk for either, the Special Review team shall make individualized determinations about how to ensure the safety of each incarcerated individual by using information from the interview and the screening instrument to inform housing, bed, work, education and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. Interviews with the staff responsible for risk screening indicated that the information from the risk screening is for accountability and ensuring victims and predators are not housed together. A review of the at risk log indicated that incarcerated individuals identified as high risk victims were housed in the same unit as those identified as high risk abusers. Additionally, the auditor identified that high risk perpetrators and high risk victims had job assignments together in unsupervised areas.

115.42 (c): The PAQ stated this provision is not applicable, however the auditor determined this was inaccurate. Further communication with the PCM indicated that the agency/facility makes housing and program assignments for transgender or intersex incarcerated individuals in the facility on a case by case basis. 5.1.2-A, pages

6-7 state in making housing and programming assignments for transgender or intersex individuals in a GEO facility, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. Policy further outlines the guidelines for transgender and intersex incarcerated individual housing assignments by the Transgender Care Committee (TCC) including the use of segregation only as a last resort and criteria to consider related to housing. ADCRR Department Order 810, page 1 states the Assistant Director for Medical Services shall establish and chair the Committee for the purpose of reviewing placements, security concerns, overseeing gender related accommodation needs, and overall health-related treatment plans of incarcerated individuals identified as transgender or intersex. The Policy further states that the Committee shall make recommendations for those incarcerated individuals who are identified as transgender or intersex to be housed in units conducive to their needs. ADCRR Department Order 811, page 4 states in deciding whether to assign a transgender or intersex incarcerated individual to a facility for male or female incarcerated individuals, and in making other housing and programming assignments, the Department shall consider on a case by case basis whether a placement would ensure the incarcerated individual's health and safety, and whether the placement would present management or security problems. The interview with the PCM indicated that transgender and intersex incarcerated individual male and female housing is determined by the client (ADCRR). He stated transgender and intersex incarcerated individuals at the facility are housed in general population similar to the other incarcerated individuals. The PCM confirmed that the transgender or intersex incarcerated individuals' placement would consider his/her health and safety and would also consider whether the placement would present any security or management problems. Interviews with transgender incarcerated individuals indicated three of the five were asked how they feel about their safety with regard to housing and programming assignments. None of the five advised they were placed in a specific facility or unit due to gender identity.

115.42 (d): 5.1.2-A, page 7 states in all facilities, housing and programming assignments for each transgender and intersex individuals shall be reassessed every six months to determine any threats to safety experienced by the individual. ADCRR Department Order 810, page 4 states each incarcerated individual will be reviewed at least twice each year to review any threats to safety experienced by the incarcerated individual or any concerns with the incarcerated individual population. ADCRR Department Order 811, page 4 states placement and programming assignments for each transgender or intersex incarcerated individual shall be reassessed at least twice each year to review any threats to safety experienced by the incarcerated individual. The interview with the PCM indicated that transgender and intersex incarcerated individual are reassessed on a continuous basis. He indicated that ADCRR reviews them biannually but the facility does not review them. He indicated that they are unaware of information from the review, but they can view that the review was completed. Interview with the staff responsible for the risk screening indicated transgender and intersex incarcerated individuals are reviewed at least twice a year. A review of documentation for five transgender incarcerated individuals

indicated none had biannual assessments completed at the facility. Further communication with the PCM indicated that biannual reviews are completed by the ADCRR. He stated that the ADCRR calls and speaks to the incarcerated individual on the phone. The auditor advised that because the facility is not conducting the reviews and is unaware of the incarcerated individual's responses this was not adequate to fulfill this provision.

115.42 (e): 5.1.2-A, page 7 states serious consideration shall be given to the individual's views with concerning his/her own safety. ADCRR Department Order 810, page 3 states that the Committee shall consider the incarcerated individual's own views with respect to his or her safety when determining placement and programming assignments for incarcerated individuals identified as transgender or intersex. ADCRR Department Order 811, page 4 states a transgender or intersex incarcerated individual's own views with respect to his or her own safety shall be given serious consideration. The interviews with the PCM and the staff responsible for risk screening confirmed that the incarcerated individuals' own views with respect to his/her safety would be given serious consideration. Interviews with transgender incarcerated individuals indicated three of the five have been asked about how they feel about their safety.

115.42 (f): 5.1.2-A, pages 7-9 state transgender and intersex individuals in a GEO facility shall be allowed to shower separately from other individuals. ADCRR Department Order 810, page 4 states that transgender and intersex incarcerated individuals shall be offered the opportunity to shower privately. ADCRR Department Order 811, page 5 states transgender and intersex incarcerated individuals shall be given the opportunity to shower separately from other incarcerated individuals. Interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex incarcerated individuals are provided the opportunity to shower separately. During the tour it was observed that all showers were single person and had curtains on one of the units. The second unit had a group shower set up but did have shower curtains in between each shower. The PCM stated that transgender and intersex incarcerated individuals have separate showers on one unit and on both units they are able to request to go to medical to utilize the single shower. Interview with the transgender incarcerated individuals indicated none are afforded the opportunity to shower separately. They advised they have curtains in between showers but nothing else.

115.42 (g): 5.1.2-A, page 7 states that LGBTI individuals in a GEO facility shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such individuals. ADCRR Department Order 811, page 5 states lesbian, gay, bisexual, transgender or intersex incarcerated individuals shall not be placed in dedicated facilities, units, or wings solely on the

basis of such identification or status, unless such placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such incarcerated individuals. ADCRR Department Order 810, page 1 states that at no time will identification of LGB be the sole factor in determining placement. Interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that no GEO facilities are under a consent decree or other legal judgment. She stated this practice is prohibited by policy and the facility considers each individuals own views about their safety as part of the initial PREA risk screening assessment. Interviews with four LGB incarcerated individuals and five transgender incarcerated individuals confirmed none felt that LGBTI incarcerated individuals are placed in any specific facility, unit or wing based on their sexual preference and/or gender identity. A review of housing assignments for LGBTI incarcerated individuals indicated that incarcerated individuals were assigned across the housing units at the facility.

Based on a review of the PAQ, 5.1.2-A, Department Order 810, Department Order 811, a sample of housing determinations, the high risk spreadsheet, LGBTI incarcerated individual housing documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI incarcerated individuals, indicates that this standard appears to require corrective action. A review of the at risk log indicated that incarcerated individuals identified as high risk victims were housed in the same unit as those identified as high risk abusers. Additionally, the auditor identified that high risk perpetrators and high risk victims had job assignments together in unsupervised areas. The interview with the PCM indicated that transgender and intersex incarcerated individual assessments on a continuous basis. He indicated that ADCRR reviews them biannually but the facility does not review them. He indicated that they are unaware of information from the review, but they can view that the review was completed. A review of documentation for five transgender incarcerated individuals indicated none had biannual assessments completed at the facility. Further communication with the PCM indicated that biannual reviews are completed by the ADCRR. He stated that the ADCRR calls and speaks to the incarcerated individual on the phone. The auditor advised that because the facility is not conducting the reviews and is unaware of the incarcerated individual's responses this was not adequate to fulfill this provision. Interview with the transgender incarcerated individuals indicated none are afforded the opportunity to shower separately. They advised they have curtains in between showers but nothing else.

Corrective Action

The facility will need to review their high risk lists and utilize the information with the goal of keeping separate high risk victims from high risk abusers. Training with appropriate staff will need to be completed and a copy of the training will need to be

provided. Updated high risk lists with housing, work, program and education assignments will need to be provided. Any high risk victims that have unsupervised contact with high risk abusers will need to have staff review and justification for the contact. The facility will need to ensure that biannual assessments for transgender individuals are completed at the facility level. Appropriate staff will need to be trained on the process. A copy of the training will need to be provided. Confirmation that all transgender incarcerated individuals had a recent biannual assessment at the facility will need to be provided. Further, the facility will need to ensure they inform transgender incarcerated individuals of the opportunity to shower separately in medical. The facility will need to advise all current transgender incarcerated individuals and provide confirmation of the process moving forward for any new transgender or intersex incarcerated individuals.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. High Risk Lists
2. Justification Memo
3. Staff Training
4. Biannual Assessments
5. Transgender Shower Memo

The facility provided their updated high risk of victimization and high risk of abusiveness lists. One unit (Cerbat) did not house any individuals at high risk of abusiveness. All high risk victims were housed based on their risk screening and other elements. At the second unit (Huachuca), high risk victims were housed in the same units as high risk abusers. It should be noted that there were numerous incarcerated individuals who were on both lists and were designated as dual risk. The facility provided a justification memo that outlined that the Chief of Security and Administrative level staff review all housing of high risk victims and high risk abusers to ensure appropriateness. The memo noted that these housing units are dorm style, have two staff assigned and house those convicted of a sexual offense. As such, the facility is unable to keep high risk abusers out of the same unit as high risk victims. The memo also outlines that there is an unobstructed view from the control room and

	<p>there are numerous cameras in the housing units to assist with safety and security. Further, the auditor noted that job assignments appeared to be adequate.</p> <p>Training was completed with staff on the requirement of biannual assessments via the GEO PREA Vulnerability Reassessment Questionnaire. Staff signatures were provided confirming the training. The facility provided confirmation that all current transgender incarcerated individuals had a biannual assessment completed in January 2025 via the GEO PREA Vulnerability Reassessment Questionnaire.</p> <p>Further, the facility provided a memo that was issued to the transgender and intersex population related to separate showers. The memo advised that separate showers are available and that they can set up a time for these showers through their Case Manager. Additionally, the facility advised that the Case Manager will notify all future transgender and intersex incarcerated individuals of the separate shower opportunity.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 - Sexual Offense Reporting 4. Housing Assignments of Incarcerated Individuals at High Risk of Victimization <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden

2. Interview with Staff who Supervise Incarcerated Individuals in Segregated Housing

Site Review Observations:

1. Observations in the Segregation Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of incarcerated individuals at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further stated there have been zero incarcerated individuals at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. 5.1.2-A, pages 13 states that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while competing the assessment. Facilities shall utilize the Sexual Abuse Available Housing Alternatives Assessment form to document the assessment. ADCRR Department Order 125, page 4 states that incarcerated individuals at high risk for sexual victimization shall not be placed in Protective Custody involuntarily unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Page 8 further states that an incarcerated individual may be placed in investigative detention, in accordance with the appropriate Department Order(s) as part of an active investigation. The interview with the Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. A review of the high risk list confirmed there were zero incarcerated individuals identified as high risk victims housed in segregated housing.

115.43 (b): 5.1.2-A, pages 13 states if segregated housing is used, the individual shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. Justification must include the services restricted, reason for restriction and duration of the restriction.

ADCRR Department Order 125, page 11 states that staff member shall take all reasonable measures to ensure incarcerated individuals so confined are afforded all privileges, in accordance with Department Order 804, Incarcerated individual Behavior Control. All restrictions or deviations shall be authorized by the Duty Officer and shall be documented by on-duty staff using an information report. During the tour the auditor observed the segregated housing units. Each unit included double bunked cells, showers and an outdoor recreation area. Incarcerated individuals are strip searched in showers or in cells within the units. Posted PREA information was observed in all units. Incarcerated individuals in segregated housing are provided recreation daily, showers daily, phone calls once a week and access to their tablet 24 hours a day seven days a week. Interviews with the staff who supervise incarcerated individuals in segregated housing indicated that if an incarcerated individual was placed in involuntary segregated housing due to their risk of sexual victimization they would be provided access to program, privileges, education and work opportunities to the extent possible. The staff members stated any restrictions would be documented. The staff further indicated they would not place them in involuntary segregated housing for this purpose.

115.43 (c): 5.1.2-A, pages 13 states that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. Facilities shall utilize the Sexual Abuse Available Housing Alternatives Assessment form to document the assessment. ADCRR Department Order 125, page 11 states unless exceptional circumstances apply, detention is limited to 30 calendar days. Extensions shall be requested in accordance with Department Order 804, Incarcerated individual Behavior Control. Any extensions shall be requested, in writing, from the Assistant Director for Prison Operations and approved in writing. The interview with the Warden confirmed that incarcerated individuals would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated it would not take long to find alternative housing. He advised they could explore different yards within the facility and they could also reach out to ADCRR related to a facility transfer. Interviews with the staff who supervise incarcerated individuals in segregated housing confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. Staff stated per policy they are not placed in segregated housing unless they request to be placed there (voluntary). Staff indicated they would just be placed on a separate yard and they always have alternative housing. There were no incarcerated individuals in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): The PAQ stated there have been zero incarcerated individuals at risk of

	<p>sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. A review of the high risk list confirmed there were zero incarcerated individuals identified as high risk victims housed in segregated housing. There were no incarcerated individuals at high risk of victimization that were involuntarily segregated over the previous twelve months.</p> <p>115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such incarcerated individual a review every 30 days to determine whether there is a continuing need for separation from the general population. 5.1.2-A, pages 13-14 state involuntary segregated housing shall not ordinarily exceed 30 days. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed. ADCRR Department Order 125, page 11 states unless exceptional circumstances apply, detention is limited to 30 calendar days. Extensions shall be requested in accordance with Department Order 804, Incarcerated individual Behavior Control. Any extensions shall be requested, in writing, from the Assistant Director for Prison Operations and approved in writing. Interviews with the staff who supervise incarcerated individuals in segregated housing confirmed that any incarcerated individual that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. Staff advised they review incarcerated individuals weekly.</p> <p>Based on a review of the PAQ, 5.1.2-A, Department Order 125, housing assignments for incarcerated individuals at high risk of victimization, observations from the facility tour and information from the interviews with the Warden and staff who supervise incarcerated individuals in segregated housing indicates that this standard appears to be compliant.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure

3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 125 – Sexual Offense Reporting
4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 916 – Staff – Inmate Communication
5. Inmate Handbook
6. Speak Out Poster
7. No Means No Poster
8. Zero Tolerance Poster
9. Attachment A – Inspector General
10. Attachment B – Hotline
11. Attachment E – PREA Third Party Reporting Contact Information
12. Third Party Reporting Poster
13. Employee Handbook

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with Random Staff
3. Interviews with Random Incarcerated individuals

Site Review Observations:

1. Observation of PREA Posted Information

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for incarcerated individuals to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other incarcerated individuals or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 5.1.2-A, page 14 states each facility shall provide multiple ways for individuals in a GEO facility to privately report sexual abuse and sexual harassment, retaliation by other

individuals in a GEO facility or program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. It further states facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at Department of Homeland Security. ADCRR Department Order 125, page 4 states that in the event an incarcerated individual is sexually assaulted, the incarcerated individual shall notify a staff member that a sexual assault has occurred. An incarcerated individual may report such occurrences at any time to any staff member. ADCRR Department Order 916, page 1 states that communication methods between staff and incarcerated individuals shall include, but not be limited to: inter/intra-institutional incarcerated individual letter system, incarcerated individual grievance system, community forums/meetings, incarcerated individual newsletters and publications, informal staff/incarcerated individual contact, individual and/or group counseling sessions, incarcerated individual notifications and other methods as approved. A review of the Inmate Handbook and Attachments A, B and E confirm that incarcerated individuals can report multiple ways, including: to any staff member, by filing a grievance, by sending an incarcerated individual letter, by calling the PREA hotline, by writing to the Inspector General and by writing to the Arizona Department of Juvenile Corrections (outside reporting entity). A review of the Zero Tolerance Policy Poster and No Means No Poster noted they include information on how to report including: the PREA hotline, verbally to staff, in writing via a grievance, through a third party and by writing the ADCRR OIG. During the tour the auditor observed PREA information posted throughout the facility via the No Mean No Poster, the Zero Tolerance Poster, Attachment A, Attachment B, Attachment E, the Speaking Up Poster, the Victim Advocacy Poster and the Third Party Poster. Posted information was observed on letter size paper in English and Spanish. Information was posted on bulletin boards (housing units) and on walls (common areas). In addition to the posters, the PREA hotline number was observed stenciled above the phones in each housing unit. Additionally, the auditor observed the Handbook, the ADCRR PREA policy (DO 125) and an ADCRR PREA Poster on the incarcerated individual tablet system. The auditor tested the internal reporting mechanisms during the on-site portion of the audit. The auditor had assistance from an incarcerated individual with reporting in writing via the tablet system. The incarcerated individual sent a letter to staff via the tablet with language provided by the auditor to serve as a test. The auditor received confirmation on the same day the electronic letter was sent (July 16, 2024) confirming staff received the report and would take immediate action if the allegation was a sexual abuse or sexual harassment incident. The auditor also tested the PREA hotline during the on-site portion of the audit. The auditor had an incarcerated individual assist with calling the PREA hotline. The hotline did not require a pin. When incarcerated individuals pick up the phone they are prompted to press one for English or two for Spanish. A recording then advises them if they want to report an incident of sexual abuse they can dial 9-1-7732. The auditor left a message on the PREA hotline and received confirmation the same day (July 16, 2024) that the call was received. Interviews with 50 incarcerated individuals indicated that all 50 knew at least one method to report an allegation of sexual abuse or sexual harassment. Most incarcerated individuals indicated that they would report through the phone, the tablet, a letter or verbally to staff. Interviews with sixteen staff

confirmed that incarcerated individuals can report verbally, via the tablet, through a third party and via a letter.

115.51 (b): The PAQ stated that the agency provides at least one way for incarcerated individuals to report abuse or harassment to a public entity or office that is not part of the agency. The PAQ and Statement of Fact further indicate that the facility does not house incarcerated individuals detained solely for civic immigration purposes. 5.1.2-A, page 14 states that facilities shall provide individuals in a GEO facility contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request. ADCRR Department Order 125, page 4 states that in the event an incarcerated individual is sexually assaulted, the incarcerated individual shall notify a staff member that a sexual assault has occurred. An incarcerated individual may report such occurrences at any time to any staff member. ADCRR Department Order 916, page 1 states that communication methods between staff and incarcerated individuals shall include, but not be limited to: inter/intra-institutional incarcerated individual letter system, incarcerated individual grievance system, community forums/meetings, incarcerated individual newsletters and publications, informal staff/incarcerated individual contact, individual and/or group counseling sessions, incarcerated individual notifications and other methods as approved. A review of Attachment E indicates that incarcerated individuals are advised they have the ability to report allegations of sexual abuse and/or sexual harassment to an entity that is not connected with the ADCRR. It further states that incarcerated individuals can write to the Arizona Department of Juvenile Corrections in the form of official correspondence through the US mail. The document includes the mailing address and advises incarcerated individuals that they have the right to remain anonymous upon request. This information was not contained in any other posted or distributed document. During the tour the auditor observed PREA information posted throughout the facility via the No Mean No Poster, the Zero Tolerance Poster, Attachment A, Attachment B, Attachment E, the Speaking Up Poster, the Victim Advocacy Poster and the Third Party Poster. Posted information was observed on letter size paper in English and Spanish. Information was posted on bulletin boards (housing units) and on walls (common areas). In addition to the posters, the PREA hotline number was observed stenciled above the phones in each housing unit. Additionally, the auditor observed the Handbook, the ADCRR PREA policy (DO 125) and an ADCRR PREA Poster on the incarcerated individual tablet system. During the tour the auditor observed that incarcerated individuals can place outgoing mail in the locked boxes located in common areas of the facility. The mailroom staff indicated that outgoing mail is collected from the boxes and they open/inspect a percentage of the mail. The mail is received seal, they unseal it and conduct a search. Legal mail is brought to the staff unsealed. The staff ensure the mail does not contain any contraband and the incarcerated individuals seals the mail in front of the staff. Incoming mail is picked up from the Post Office and is reviewed to determine if there is any conflict with target lists (sex offenders cannot correspond

with their victim). Incoming mail is opened, inspected and read. Legal incoming mail is not opened. The incarcerated individual is advised via Jpay they have legal mail. Legal mail is taken to the housing unit and opened in front of the incarcerated individual. The mailroom staff indicated they were unsure how mail to the external reporting entity would be treated. The interview with the PCM indicated that incarcerated individuals can write to the Arizona Department of Juvenile Corrections. He advised he was not sure of the process related to the external reporting entity as they have not had anyone utilize this reporting mechanism. He further stated they will be informed of the process once the functional test the auditor completed is received. The auditor tested the external reporting mechanism via a letter to the Arizona Department of Juvenile Corrections. The auditor obtained an envelope and filled out the information as outlined in Attachment E. The auditor was not required to provide any return address information. The letter was sent on July 16, 2024. At the issuance of the interim report the auditor had not been provided confirmation that the letter was received. Interviews with 50 incarcerated individuals indicated that eight were aware of the outside reporting mechanism and 33 knew they could report anonymously.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 5.1.2-A, page 14 states employees shall accept reports made verbally, in writing, anonymously and from third parties and shall properly document any verbal reports. ADCRR Department Order 125, pages 4-5 states that staff who observe or become aware (i.e. verbally, in writing, anonymously or from a third party) of a sexual assault, sexual conduct or sexual harassment shall immediately notify the Shift Commander by telephone or have another staff member make the notification and complete an information report, Form 105-2. Page 8 further states that incidents of sexual conduct by staff and/or sexual assault by an incarcerated individual shall be reported and investigated as outlined in Department Order 608, Criminal Investigations. During the tour, the auditor asked staff to demonstrate how they document verbal reports. Staff advised they complete an incident report, which can be done electronically or via paper. The paper forms are in the office. Staff fill out the necessary information and provide the report to the supervisor. Interviews with 50 incarcerated individuals confirmed that 48 knew they could report verbally or in writing to staff and 36 were aware that they could report through a third party. Interviews with sixteen staff indicated incarcerated individuals can report verbally, in writing, anonymously and through a third party. Fifteen staff stated that if they received a verbal report they would document it immediately/as soon as possible. A review of eight sexual abuse and sexual harassment allegations indicated three were reported verbally. All three had a written report of the allegation.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to

privately report sexual abuse and sexual harassment of incarcerated individuals. The PAQ stated that staff can report privately through the staff hotline. 5.1.2-A, page 14 states GEO shall provide a method for staff to privately report sexual abuse and sexual harassment of individuals in a GEO facility. Refer to GEO's employee hotline or third party reporting hotline. Page 12 of the Employee Handbook states that complaints can be made orally, in writing, directly to the employee hotline, which is an independent, professional services that may be contacted 24 hours a day, seven days a week on the internet at www.reportlineweb.com/geogroup or the toll free number 866-568-5425. Interviews with sixteen staff indicated that all sixteen were aware that they can privately report sexual abuse and sexual harassment of incarcerated individuals.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, Department Order 916, Inmate Handbook, Speak Out Poster, No Means No Poster, Zero Tolerance Poster, Attachment A - Inspector General, Attachment B - Hotline, Attachment E - PREA Third Party Reporting Contact Information, Third Party Reporting Poster, Employee Handbook, observations from the facility tour and interviews with the PCM, random incarcerated individuals and random staff, this standard appears to require corrective action. A review of Attachment E indicates that incarcerated individuals are advised they have the ability to report allegations of sexual abuse and/or sexual harassment to an entity that is not connected with the ADCRR. It further states that incarcerated individuals can write to the Arizona Department of Juvenile Corrections in the form of official correspondence through the US mail. The document includes the mailing address and advises incarcerated individuals that they have the right to remain anonymous upon request. The auditor observed that this information was not contained in any other document, and incarcerated individuals were unaware of this information. Interviews with 50 incarcerated individuals indicated that eight were aware of the outside reporting mechanism and 33 knew they could report anonymously. The mailroom staff indicated they were unsure how mail to the external reporting entity would be treated. The interview with the PCM indicated that incarcerated individuals can write to the Arizona Department of Juvenile Corrections. He advised he was not sure of the process related to the external reporting entity as they have not had anyone utilize this reporting mechanism. He further stated they will be informed of the process once the functional test the auditor completed is received. The auditor tested the external reporting mechanism via a letter to the Arizona Department of Juvenile Corrections. The auditor obtained an envelope and filled out the information as outlined in Attachment E. The auditor was not required to provide any return address information. The letter was sent on July 16, 2024. At the issuance of the interim report the auditor had not been provided confirmation that the letter was received.

Corrective Action

The facility will need to update distributed/posted information to be consistent with external reporting information, to include the ability to remain anonymous. Photos of the posted information will need to be provided. The facility will need to train mailroom staff on how mail to the external reporting entity is treated. A copy of the training will need to be provided. The facility will need to provide confirmation of the test of the external reporting entity. If not available, further corrective action will be required.

Recommendation

The auditor highly recommends that the facility verbally go over information related to the external reporting entity during PREA education under PREA Standard 115.33.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memo on Mail to ADCRR and ADJC
2. External Reporting Test
3. Updated No Means No Poster
4. Updated Zero Tolerance Poster
5. Updated Inmate Handbook
6. Photos of Updated Posters
7. Confirmation of Distribution of Updated Handbook

The facility provided training to mailroom staff on how mail to ADCRR OIG and ADJC are to be treated. The memo advised that mail to ADCRR OIG and ADJC is treated as legal/privileged mail. Staff signatures were provided confirming receipt of the training.

	<p>The facility provided confirmation that the test of the external reporting mechanism during the on-site was received. This was actually provided prior to the interim report, however the auditor missed the document. An email, dated August 16, 2024, was provided confirming the ADCRR OIG received the external reporting test and that information received would be investigated if it was a report of sexual abuse.</p> <p>The Zero Tolerance Poster and the No Means No Poster were updated to specifically outline which reporting methods were internal, which were external to GEO and which were external to GEO and ADCRR. The posters also noted that mail would be treated as legal/privileged and that information would remain confidential and anonymous. The Handbook was also updated to differentiate between internal and external reporting mechanisms. The Handbook also advised that communication with the external reporting entity would be confidential and anonymous.</p> <p>Photos were provided confirming the updated posters were displayed throughout the facility. Additionally, an email was provided confirming the updated Handbook was added to the tablet system.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility provide more detailed information in the Handbook on how incarcerated individuals can remain anonymous (i.e. notate in the body of the letter, not required to have a name/number on the envelope, etc.).</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure

3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 802 – Inmate Grievance Procedure

4. Inmate Handbook

5. Investigative Reports

Interviews:

1. Interviews with Incarcerated Individuals Who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is not exempt from this standard. 5.1.2-A, pages 19-20 outline the sexual abuse grievance process. ADCRR Department Order 802 pages 6-8 describe the requirements for sexual offense grievances. Page 12 of the Inmate Handbook also directs incarcerated individuals on the sexual offense grievance process.

115.52 (b): The PAQ indicated that the agency has a policy that allows an incarcerated individual to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does requires an incarcerated individual to use an informal grievance process. Further communication with the PCM indicated this was an error and incarcerated individuals are not required to use the informal grievance process. 5.1.2-A, page 14 states there is no time limit on when an individual in a GEO facility may submit a grievance regarding an allegation of sexual abuse. Page 15 further states individuals in a GEO facility are not required to use any informal grievance process or attempt to resolve with employees in an alleged incident of sexual abuse. ADCRR Department Order 802 page 6 states the Department shall not impose a time limit when an incarcerated individual may submit a grievance regarding an allegation of sexual abuse. The Department may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. Policy also states that the Department shall not require an incarcerated individual to use any informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse. It further states that nothing in this section of the Department Order shall restrict the ability of the Department to defend against an incarcerated individual's lawsuit on the ground that the applicable statute of limitation has expired. A review of the Inmate Handbook confirmed page 12 has information directing incarcerated individuals on sexual abuse grievances, including the information under this provision.

115.52 (c): The PAQ indicated that agency policy and procedure allows an incarcerated individual to submit a grievance alleging sexual abuse without submitted it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an incarcerated individual grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 5.1.2-A, page 14 states that individuals in a GEO facility or program have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint. ADCRR Department Order 802 page 6 stats the complex Grievance Coordinator shall ensure an incarcerated individual who alleges sexual abuse may submit a grievance without submitting it to the staff member who is the subject of the complaint; and such grievances is not referred to a staff member who is the subject of the complaint. A review of the Inmate Handbook confirmed page 12 has information directing incarcerated individuals on sexual abuse grievances, including the information under this provision.

115.52 (d):The PAQ indicated that the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ also stated he agency always notifies the incarcerated individual in writing when the agency files for an extension, including notice of the date by which a decision will be made. 5.1.2-A, page 15 states a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. It further states facilities may claim an extension of time to respond, of up to 70 days and shall notify the individual of the extension in writing. It also states that at any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for a reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level. ADCRR Department Order 802 page 7 states that the Warden or designee shall issue a final decision on the merits of any portion of the grievance alleging sexual abuse within 90 workdays of the initial filing of the grievance. Computation of the 90 workday time period shall not include time consumed by the incarcerated individual in preparing any administrative appeal. The policy further states that the complex Grievance Coordinator may claim an extension of time to respond, of up to 70 workdays, if the normal time period of 90 workdays for response is insufficient to make an appropriate decision. The Department shall notify the incarcerated individual in writing of any such extension and provide a date by which a decision will be made. Policy also states that at any level of the administrative process, including the final level, if the incarcerated individual does not receive a response within the allotted for reply, including any properly noticed extension, the incarcerated individual may consider the absence of a response to be a denial at that level. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. Interviews with incarcerated individuals who reported sexual abuse noted that neither reported through a grievance. A review of allegations confirmed none were reported

via a grievance.

115.52 (e): The PAQ stated that agency policy and procedure permits third parties, including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, to assist incarcerated individuals in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of incarcerated individuals. It also stated agency policy and procedure requires that if the incarcerated individual declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the incarcerated individual's decision to decline. 5.1.2-A, page 14 states third parties may assist individuals in a GEO facility in filing request for administrative remedies related to allegations of sexual abuse and may file such requests on behalf of individuals in a GEO facility. Policy further states the alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. ADCRR Department Order 802 page 7 states that third parties, including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, shall be permitted to assist incarcerated individuals in filing requests for administrative remedies related to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the incarcerated individual. The policy further states that if a third party files such a request on behalf of an incarcerated individual, the facility may require as a condition of processing that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the incarcerated individual declines to have the request processed on his or her behalf, the Department shall document the incarcerated individual's decision. The PAQ indicated that there have not been any third-party grievances filed where the incarcerated individual declined to process it, in the previous twelve months. A review of allegations confirmed none were reported via a grievance.

115.52 (f): The PAQ stated the agency has a policy and established procedures for filing an emergency grievance alleging that an incarcerated individual is subject to a substantial risk of imminent sexual abuse. It further stated that agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. 5.1.2-A, page 15 states individuals in a GEO facility may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days. ADCRR Department Order 802 page 7 states that the Grievance Coordinator or staff member receiving an emergency grievance or an informal complaint alleging an incarcerated individual is subject to a substantial risk of imminent sexual abuse shall forward the grievance or complaint to a level of review at which immediate corrective action may be taken. An initial response shall be provided to the incarcerated individual within 48 hours, and the Warden or designee

	<p>shall issue a final decision within five calendar days. Policy states that Warden or designee shall document the initial response and final decision, the determination whether the incarcerated individual is in substantial risk of imminent sexual abuse, and the action taken in response to the emergency grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of allegations confirmed none were reported via a grievance.</p> <p>115.52 (g): 5.1.2-A, page 15 states individuals in a GEO facility may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. ADCRR Department Order 802 page 7 states that the Department may discipline an incarcerated individual for filing a grievance related to alleged sexual abuse only where the Department can demonstrate the incarcerated individual filed the grievance with malicious intent. The PAQ indicated that zero incarcerated individuals have been disciplined for filing a grievance in bad faith in the previous twelve months.</p> <p>Based on a review of the PAQ, 5.1.2-A, ADCRR Department Order 802, the Handbook, Investigative Reports, and information from interviews with the incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 - Sexual Offense Reporting 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 914 - Inmate Mail 5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 915 - Inmate Phone Calls 6. Memorandum of Understanding with Kingman Aid to Abused People (KAAP)

7. Inmate Handbook
8. No Means No Poster
9. Zero Tolerance Poster
10. PREA Victim Advocacy Poster

Interviews:

1. Interviews with Random Incarcerated Individuals
2. Interviews with Incarcerated Individuals Who Reported Sexual Abuse

Site Review Observations:

1. Observation of PREA Posted Information

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse by; giving incarcerated individuals mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ and the Statement of Fact confirmed that the facility does not detain incarcerated individuals solely for civil immigration purposes. 5.1.2-A, pages 20-21 state facilities shall provide individuals in a GEO facility who allege sexual abuse (whether it occurred in custody or in the community) with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organization. Contact information shall include mailing addresses, telephone numbers, and toll-free hotline numbers, at a minimum. ADCRR Department Order 125, page 11 states the Correctional Officer III shall provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse. A review of the Victim Advocacy Poster notes that it advises that mental health staff is available and a victim advocate will be made available upon request. It advises incarcerated individuals to request through the Case Manager to speak to the advocate and that calls would be at no cost and would not be monitored. The Poster further provides the mailing address to the local rape crisis center and advises incarcerated individuals that they can also write to the victim advocate. A review of the Zero Tolerance Policy Poster and No Means No Poster noted they include a phone number and email to KAAP. During the tour the auditor observed PREA information posted throughout the facility via the No Mean No Poster, the Zero Tolerance Poster, Attachment A, Attachment B, Attachment E, the Speaking Up Poster,

the Victim Advocacy Poster and the Third Party Poster. Posted information was observed on letter size paper in English and Spanish. Information was posted on bulletin boards (housing units) and on walls (common areas). In addition to the posters, the PREA hotline number was observed stenciled above the phones in each housing unit. Additionally, the auditor observed the Handbook, the ADCRR PREA policy (DO 125) and an ADCRR PREA Poster on the incarcerated individual tablet system. The auditor was unable to test access to emotional support services. The facility indicated that services are provided via mail mainly and that the hotline is only accessible through a Case Manager. Conversation with incarcerated individuals and Case Managers indicated neither were aware of this process. During the tour the auditor observed that incarcerated individuals can place outgoing mail in the locked boxes located in common areas of the facility. The mailroom staff indicated that outgoing mail is collected from the boxes and they open/inspect a percentage of the mail. The mail is received seal, they unseal it and conduct a search. Legal mail is brought to the staff unsealed. The staff ensure the mail does not contain any contraband and the incarcerated individuals seals the mail in front of the staff. Incoming mail is picked up from the Post Office and is reviewed to determine if there is any conflict with target lists (sex offenders cannot correspond with their victim). Incoming mail is opened, inspected and read. Legal incoming mail is not opened. The incarcerated individual is advised via Jpay they have legal mail. Legal mail is taken to the housing unit and opened in front of the incarcerated individual. The mailroom staff indicated they were unsure how mail to the local rape crisis center would be treated. Interviews with 50 incarcerated individuals, including those who reported sexual abuse, indicated eleven were aware of outside emotional support services and nine were provided a mailing address and phone number to a local, state or national rape crisis center.

115.53 (b): The PAQ stated that the facility informs incarcerated individuals, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs incarcerated individuals about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 5.1.2-A, page 21 states that facilities shall enable reasonable communication between individuals in a GEO facility and these organizations as well as inform individuals in a GEO facility of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. ADCRR Department Order 914, page 3 states that designated staff at each unit/complex is authorized to open, inspect and read incoming mail to prevent criminal activity and prevent incarcerated individuals from receiving contraband or any other material that may be detrimental to the safe and orderly operation of the institution. Page 4 further states that incoming legislative correspondence shall be opened in the presence of the incarcerated individual to whom it is addressed and may only be inspected to the extent necessary to establish the presence of contraband. Page 9 indicates that all outgoing incarcerated individual mail shall include on the envelope the incarcerated individual's complete first and last

name, ADCRR incarcerated individual number, and full return address, including the name of the complex, unit and bed location. Page 10 further states that unsealed outgoing mail, for the below listed recipients, shall be brought to the mail room for inspection and processing. Mail room staff shall inspect the unsealed envelope for contraband, but shall not read the contents of the enclosed correspondence (incarcerated individual's attorney, judge, or court; publishers or editor of a newspaper, news magazine or periodical of general distribution; the Directory, Deputy Director or Assistant Director of the Department and elected or appointed public officials). The policy also states that outgoing incarcerated individual mail is subject to being opened and read by staff when there is a reasonable belief that the incarcerated individual is using the mail to further a crime or circumvent Department regulations or written instructions. ADCRR Department Order 915, page 5 states that personal and emergency calls made on incarcerated individual pay phones and on phones other than the designated incarcerated individual phone system are subject to monitoring and recording. A review of the Victim Advocacy Poster notes that it advises that mental health staff is available and a victim advocate will be made available upon request. It advises incarcerated individuals to request through the Case Manager to speak to the advocate and that calls would be at no cost and would not be monitored. The Poster further provides the mailing address to the local rape crisis center and advises incarcerated individuals that they can also write to the victim advocate. A review of the Zero Tolerance Policy Poster and No Means No Poster noted they include a phone number and email to KAAP. The Posters further advise to refer to the Handbook for more information on confidentiality for emotional support services. A review of the Handbook did not illustrate any information related to the direction on the Poster. During the tour the auditor observed PREA information posted throughout the facility via the No Mean No Poster, the Zero Tolerance Poster, Attachment A, Attachment B, Attachment E, the Speaking Up Poster, the Victim Advocacy Poster and the Third Party Poster. Posted information was observed on letter size paper in English and Spanish. Information was posted on bulletin boards (housing units) and on walls (common areas). In addition to the posters, the PREA hotline number was observed stenciled above the phones in each housing unit. Additionally, the auditor observed the Handbook, the ADCRR PREA policy (DO 125) and an ADCRR PREA Poster on the incarcerated individual tablet system. During the tour the auditor observed that incarcerated individuals can place outgoing mail in the locked boxes located in common areas of the facility. The mailroom staff indicated that outgoing mail is collected from the boxes and they open/inspect a percentage of the mail. The mail is received seal, they unseal it and conduct a search. Legal mail is brought to the staff unsealed. The staff ensure the mail does not contain any contraband and the incarcerated individuals seals the mail in front of the staff. Incoming mail is picked up from the Post Office and is reviewed to determine if there is any conflict with target lists (sex offenders cannot correspond with their victim). Incoming mail is opened, inspected and read. Legal incoming mail is not opened. The incarcerated individual is advised via Jpay they have legal mail. Legal mail is taken to the housing unit and opened in front of the incarcerated individual. The mailroom staff indicated they were unsure how mail to the local rape crisis center would be treated. Interviews with 50 incarcerated individuals, including those who reported sexual abuse, indicated eleven were aware of outside emotional support services and

nine were provided a mailing address and phone number to a local, state or national rape crisis center. Incarcerated individuals are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (c): The PAQ indicated that the agency or facility maintains a memorandum of understanding or other agreement with community service providers that are able to provide incarcerated individuals with emotional services related to sexual abuse. 5.1.2-A, page 21 states facilities shall maintain copies of agreements (memoranda of understanding) or documentation showing unsuccessful attempts to enter into such agreements. Attempts should be made and documented at least once annually. A review of the MOU with KAAP indicated that it does not address the services under this provision.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, Department Order 914, Department Order 915, Memorandum of Understanding with Kingman Aid to Abused People (KAAP), Inmate Handbook, No Means No Poster, Zero Tolerance Poster, PREA Victim Advocacy Poster, observations from the facility tour as well as information from interviews with random incarcerated individuals, and incarcerated individuals who reported sexual abuse indicates this standard appears to be require corrective action. The auditor was unable to test access to emotional support services. The facility indicated that services are provided via mail mainly and that the hotline is only accessible through a Case Manager. Conversation with incarcerated individuals and Case Managers indicated neither were aware of this process. The mailroom staff indicated they were unsure how mail to the local rape crisis center would be treated. Interviews with 50 incarcerated individuals indicated eleven were aware of outside emotional support services and nine were provided a mailing address and phone number to a local, state or national rape crisis center. The Posters further advise to refer to the Handbook for more information on confidentiality for emotional support services. A review of the Handbook did not illustrate any information related to the direction on the Poster. A review of the MOU with KAAP indicated that it does not address the services under this provision.

Corrective Action

The facility will need to ensure all posted/distributed information is accurate and consistent. The facility will need to update the Handbook to include the information that the Posters advise is included. Copies of the updated documents and photos of the posted documents will need to be provided. The facility will need to update the current MOU to ensure services under this provision are included. A copy of the updated MOU will need to be provided. Appropriate staff will need to be trained on

the process for affording telephonic access to victim advocates. A copy of the training will need to be provided. The incarcerated individuals will need to be advised of the process for access as well. Confirmation of this will need to be provided.

Recommendation

The auditor highly recommend that the facility go over information about KAAP, including how to contact, level of confidentiality, etc. during PREA education as outlined under PREA Standard 115.33.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Memo
2. Updated PREA Victim Advocacy Poster
3. Updated No Means No Poster
4. Updated Zero Tolerance Poster
5. Updated Inmate Handbook
6. Photos of Updated Posters
7. Confirmation of Distribution of Updated Handbook
8. Updated Memorandum of Understanding with Kingman Aid to Abused People (KAAP)

The facility provided a training memo that outlined if an incarcerated individual wants to contact KAAP for emotional support services via phone, the Case Manager would contact KAAP and leave the room for confidentiality. The information would then be documented. Staff signature were provided confirming they received the training.

	<p>The updated PREA Victim Advocacy Poster was provided. The poster included the phone number and mailing address for KAAP. It outlined that mail to KAAP is legal/privileged. It also noted that the phone number to KAAP can be accessed through a Case Manager or the PCM and that calls are free and not monitored. Photos of the updated PREA Victim Advocacy Poster displayed around the facility were provided to the auditor.</p> <p>The Zero Tolerance Poster and the No Means No Poster were updated to include the phone number and mailing address for KAAP. The posters also noted to refer to the Handbook for information on remaining anonymous and limits to confidentiality for emotional support services.</p> <p>The updated Handbook included the mailing address and telephone number for KAAP. It outlined that mail to KAAP is legal/privileged. It also noted that the phone number to KAAP can be accessed through a Case Manager or the PCM and that calls are free and not monitored.</p> <p>Photos were provided confirming the updated Zero Tolerance and No Means No posters were displayed throughout the facility. Additionally, an email was provided confirming the updated Handbook was added to the tablet system.</p> <p>Further, the facility provided the updated MOU with KAAP. The MOU was updated to advise that KAAP will provide emotional support services to all incarcerated individuals at the facility. The auditor noted that this language was broad, and while it is recommended to be more detailed and specific, that it met the standard. The updated MOU was executed September 23, 2024.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting
4. Third Party Poster

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an incarcerated individual. The PAQ indicated that a third party can report in person, over the phone, in writing and/or anonymously. The PAQ stated that the information on how to report is found publicly on the agency website. 5.1.2-A, page 15 states that GEO shall post publicly third party reporting procedures on its public website to show its method of receiving third party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility. ADCRR Department Order 125, page 8 states that Constituent Services shall ensure the Department internet website, under the Family Assistance and Other Useful Links, provides an avenue for family and friends to report an incident by providing a list of the Criminal Investigations Unit Supervisor and their office numbers as the respective complexes. The Third Party Reporting Poster includes information on how to report to the PREA Coordinator via phone and email. A review of the agency’s website confirms that third parties can report to the PREA Coordinator via phone, in writing or by email. Contact information and reporting direction are found at <https://www.geogroup.com/prea>. During the tour the auditor observed PREA information posted in visitation and the front entrance. The posted information included the Zero Tolerance Poster, the No Means No Poster and the Third Party Poster. Posted information was observed in English and Spanish on letter size paper. The auditor tested the third party reporting mechanism by sending an email to the provided email address on the website on June 20, 2024. The auditor received confirmation on the same date that the email was received by the agency PREA Coordinator. He advised if the allegation was sexual abuse or sexual harassment the information would be processed for investigation.

Based on a review of the PAQ, 5.1.2-A, ADCRR Department Order 125, the Third Party Reporting Poster, the agency’s website and the functional tests of the third party reporting mechanisms, this standard appears to be compliant.

115.61	Staff and agency reporting duties
	<p data-bbox="310 176 963 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="310 249 574 281">Auditor Discussion</p> <hr/> <p data-bbox="310 323 469 354">Documents:</p> <ol data-bbox="310 386 1317 701" style="list-style-type: none"> <li data-bbox="310 386 691 417">1. Pre-Audit Questionnaire <li data-bbox="310 449 1300 522">2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure <li data-bbox="310 554 1317 638">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="310 659 656 701">4. Investigative Reports <p data-bbox="310 806 456 837">Interviews:</p> <ol data-bbox="310 869 1008 1100" style="list-style-type: none"> <li data-bbox="310 869 764 900">1. Interviews with Random Staff <li data-bbox="310 932 1008 963">2. Interviews with Medical and Mental Health Staff <li data-bbox="310 995 724 1026">3. Interview with the Warden <li data-bbox="310 1058 854 1100">4. Interview with the PREA Coordinator <p data-bbox="310 1205 618 1236">Findings (By Provision):</p> <p data-bbox="310 1341 1446 1961">115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 5.1.2-A, pages 15-16 state employees are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. ADCRR Department Order 125, page 4 states staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of any sexual assault, sexual conduct or sexual harassment shall immediately notify the Shift Commander by telephone or have another staff member make the notification. Page 9 states that healthcare and mental health staff member are</p>

required to report sexual abuse in accordance with section 3.0 (previous policy language above). Additionally, page 3 states that retaliation against incarcerated individuals or staff by other incarcerated individuals or staff for reporting sexual conduct or harassment and incarcerated individual on incarcerated individual sexual assault is prohibited. Staff members who observe or have knowledge of shall immediately report any retaliation against incarcerated individuals or staff who report sexual abuse or sexual harassment and any staff neglect or violations of responsibilities that may have contributed to an incident of retaliation. Interviews with sixteen staff confirmed that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff advised they report to the supervisor or one of the facility PREA Coordinators.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 5.1.2-A, page 16 states apart from reporting to designated supervision or officials, employees shall not reveal any information related to a sexual abuse report to anyone. ADCRR Department Order 125, page 17 states that except as required for investigation and criminal prosecution, any information relating to data collection, incarcerated individual and staff reports, oral or written, including all records and information associated with claims of unlawful sexual conduct, information reports, investigation reports, incarcerated individual information, case disposition and medical and counseling evaluation findings shall be treated as confidential. Interviews with sixteen staff confirmed that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff advised they report to the supervisor or one of the facility PREA Coordinators.

115.61 (c): 5.1.2-A, pages 15-16 state employees are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. ADCRR Department Order 125, page 4 states staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of any sexual assault, sexual conduct or sexual harassment shall immediately notify the Shift Commander by telephone or have another staff member make the notification. Page 9 states that healthcare and mental health staff member are required to report sexual abuse in accordance with section 3.0 (previous policy language above). Additionally, page 3 states that retaliation against incarcerated individuals or staff by other incarcerated individuals or staff for reporting sexual conduct or harassment and incarcerated individual on incarcerated individual sexual assault is prohibited. Staff members who observe or have knowledge of shall

immediately report any retaliation against incarcerated individuals or staff who report sexual abuse or sexual harassment and any staff neglect or violations of responsibilities that may have contributed to an incident of retaliation. Interviews with medical and mental health care staff confirm that they are required to immediately report any allegation of sexual abuse or sexual harassment that occurred within a confinement setting and that they notify incarcerated individuals on their limitations of confidentiality and duty to report. The mental health staff advised that he had become aware of such incidents and immediately reported the information to the Health Service Administrator and the PREA investigator. A review of investigations indicated none were reported to a medical or mental health care staff member.

115.61 (d): 5.1.2-A, page 16 states unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. ADCRR Department Order 125, page 9 states that healthcare and mental health staff members are required to report sexual abuse in accordance with section 3.0. Section 3.0 (page 6) states staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of any sexual assault, sexual conduct or sexual harassment shall notify the CI. If the victim is under the age of eighteen, the CIU investigator shall notify the Arizona Department of Economic Security, Child Protective Services. If the victim is considered a vulnerable adult under Arizona Vulnerable Adult Act, the CIU investigator shall notify the Arizona Department of Economic Security, Adult Protective Services. The interview with the PC indicated that unless precluded by federal, state or local law, staff and contractors are required to report allegations of sexual abuse for alleged victims under the age of 18 or those considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. The interview with the Warden confirmed they do not house anyone under eighteen. He advised any allegation by a vulnerable adult would be handled the same as any other allegation in that it would be referred to ADCRR CIU who would conduct a full investigation.

115.61 (e): 5.1.2-A, page 16 states facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility designated investigator or outside agency responsible for investigating these type incidents. ADCRR Department Order 125, page 4 states staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of any sexual assault, sexual conduct or sexual harassment shall immediately notify the Shift Commander by telephone or have another staff member make the notification. Page 6 further states that staff shall notify the CIU as outlined in Department Order 608, Criminal Investigations. The Warden advised that all allegations of sexual abuse or sexual harassment are referred to ADCRR CIU for investigation. A review sexual abuse and sexual harassment allegations indicated all were referred to ADCRR for investigation.

	Based on a review of the PAQ, 5.1.2-A, Department Order 125, Investigative Reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interviews with Random Staff <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ indicated that when the agency or facility learns that an incarcerated individual is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the incarcerated individual. 5.1.2-A, page 16 states when a facility learns that an individual in a GEO facility is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. ADCRR Department 125, page 4 states that when any staff member learns that an incarcerated individual is subject to substantial risk of imminent sexual abuse, immediate action to protect the incarcerated individual shall be initiated. The PAQ stated that there have been zero incarcerated individuals who were subject to</p>

	<p>substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head Designee indicated that GEO takes immediate action protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc.). The Warden stated that if an incarcerated individual was at imminent risk of sexual abuse they take the incarcerated individual to medical and mental health for services and ensure the incarcerated individual is separated from the assailant/possible assailant. Interviews with staff indicated they would take immediate action if an incarcerated individuals was at imminent risk, including separating, contacting the supervisor and moving him/her to a different housing unit. A review of documentation indicated there were two incarcerated individuals who reported incarcerated individual-on-incarcerated individual sexual harassment. Both of the incarcerated individuals requested protection. The facility placed the incarcerated individual in voluntary segregated housing pending review for protection.</p> <p>Based on a review of the PAQ, 5.1.2-A, Investigative Reports, and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.</p> <p>Based on a review of the PAQ, 5.1.2-A, Investigative Reports, Serious Incident Reports, and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 - Sexual Offense Reporting 4. Investigative Reports 5. Warden to Warden Notifications

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 5.1.2-A, pages 19-20 state in the event that an individual in a GEO facility alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. ADCRR Department Order 125, page 8 states that upon receiving an allegation that an incarcerated individual was sexually assaulted while confined at another facility, the Warden or designee that received the allegation shall notify the appropriate agency where the alleged abuse occurred. The PAQ indicated that during the previous twelve months, the facility had three incarcerated individuals report that they were sexually abused while confined at another facility. A review of documentation indicated there were four allegations reported that occurred at another facility/agency. All four had a Warden to Warden notification completed via email within 72 hours.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 5.1.2-A, pages 19-20 state in the event that an individual in a GEO facility alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. ADCRR Department Order 125, page 8 states that upon receiving an allegation that an incarcerated individual was sexually assaulted while confined at another facility, the Warden or designee that received the allegation shall notify the appropriate agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. A review of documentation indicated there were four allegations reported that occurred at another facility/agency. All four had a Warden to Warden notification completed via email within 72 hours.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 5.1.2-A, pages 19-20 state in the event that an individual in a GEO facility alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegations and the facility administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. ADCRR Department Order 125, page 8 states that upon receiving an allegation that an incarcerated individual was sexually assaulted while confined at another facility, the Warden or designee that received the allegation shall notify the appropriate agency where the alleged abuse occurred. The Warden or designee shall document they have provided such notifications with the Significant Information Report (SIR). A review of documentation indicated there were four allegations reported that occurred at another facility/agency. All four had a Warden to Warden notification completed via email within 72 hours.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 5.1.2-A, page 20 states any facility that receives notification of alleged sexual abuse is required to ensure that the allegation is investigated in accordance with PREA standards. ADCRR Department Order 125, page 8 states that upon receiving a notification from another agency involving an allegation of sexual assault or sexual harassment, the Department shall ensure the allegation is investigated in accordance with this Department Order. The PAQ indicated there have been zero incarcerated individuals who reported to another facility that they were abused while housed at Kingman. The interview with the Agency Head Designee indicated that PREA allegations should be reported to the Facility Administrator of the facility where the allegation is alleged to have occurred. He further stated that regardless of how facilities receive an allegation of sexual abuse that occurred in one of the facilities, the allegation will be referred to designated investigators (internal or external) for investigation. The Agency Head Designee stated that according to the PREA Coordinator, GEO receives PREA notifications from other confinement facilities. The interview with the Warden indicated that when an allegation is reported to the facility from another agency/facility they refer the information to ADCRR CIU for investigation. The Warden advised he was unaware of any allegations received via Warden to Warden notification. A review of investigations confirmed all were reported to the facility/agency directly.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, Investigative Reports, Warden to Warden Notifications, and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.64	Staff first responder duties
	<p data-bbox="310 176 963 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="310 249 574 281">Auditor Discussion</p> <hr/> <p data-bbox="310 323 469 354">Documents:</p> <ol data-bbox="310 386 1317 701" style="list-style-type: none"> <li data-bbox="310 386 691 417">1. Pre-Audit Questionnaire <li data-bbox="310 449 1300 522">2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure <li data-bbox="310 554 1317 638">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="310 659 656 701">4. Investigative Reports <p data-bbox="310 806 456 837">Interviews:</p> <ol data-bbox="310 869 802 974" style="list-style-type: none"> <li data-bbox="310 869 802 900">1. Interviews with First Responders <li data-bbox="310 932 764 974">2. Interviews with Random Staff <p data-bbox="310 1079 618 1110">Findings (By Provision):</p> <p data-bbox="310 1205 1446 1940">115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an incarcerated individual was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 5.1.2-A, pages 16-17 state upon receipt of a report that an individual in a GEO facility was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall: separate the alleged victim and abuse; immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. ADCRR Department Order 125, pages 4-5 state that staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of a sexual assault, sexual conduct or sexual harassment shall, if appropriate, intervene, isolate the incarcerated</p>

individual and, if necessary, initiate the Incident Command System (ICS). When a sexual assault has been reported, staff shall isolate the victim from other incarcerated individuals for protection and preserve the evidence as outlined in 3.1.1 of this section. Section 3.1.1 states that to preserve evidence, the victim should be requested not to wash, brush their teeth, shower, urinate, defecate, smoke, eat, drink, or change clothing prior to notify mental health staff, investigators, facility change of command or receiving a medical evaluation. Page 6 further states staff should remove any suspect(s) from the area and isolate them until questioned by the investigator. Staff are also to ensure the suspect(s) do not wash, brush his/her teeth, shower, urinate, defecate, smoke, eat, drink or change clothes. The PAQ indicated that during the previous twelve months, there have been five allegations of sexual abuse and all five involved separation of alleged victim and abuser. None required the preservation of the crime scene or evidence. Interviews with first responders indicated that the security staff member would separate the victim and abuser, not allow them to destroy any evidence on their body, secure the crime scene and get the victim to medical. The non-security first responder stated she would secure any evidence, not allow them to take action to destroy evidence and notify security and mental health care staff. Interview with the incarcerated individual who reported sexual abuse indicated one was reported verbally to staff and one was reported by an anonymous third party kite. Both incarcerated individuals advised they were taken to a staff office to be interviewed. One incarcerated individual advised he was taken to medical. Both were separated by a housing change (one victim moved and one alleged perpetrator moved). A review of documentation indicated none of the allegations reported involved any immediate first responder duties.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 5.1.2-A, page 17 states if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any action that could destroy physical evidence, remain with the alleged victim and notify security staff. ADCRR Department Order 125, pages 4-5 state that staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of a sexual assault, sexual conduct or sexual harassment shall, if appropriate, intervene, isolate the incarcerated individual and, if necessary, initiate the Incident Command System (ICS). When a sexual assault has been reported, staff shall isolate the victim from other incarcerated individuals for protection and preserve the evidence as outlined in 3.1.1 of this section. Section 3.1.1 states that to preserve evidence, the victim should be requested not to wash, brush their teeth, shower, urinate, defecate, smoke, eat, drink, or change clothing prior to notify mental health staff, investigators, facility change of command or receiving a medical evaluation. Page 6 further states staff should remove any suspect(s) from the area and isolate them until questioned by the investigator. Staff are also to ensure the suspect(s) do not wash, brush his/her teeth, shower, urinate, defecate, smoke, eat, drink or change clothes. The PAQ indicated that during the previous twelve months, there were zero allegations of

	<p>sexual abuse that involved a non-security first responder. Interviews with first responders indicated that the security staff member would separate the victim and abuser, not allow them to destroy any evidence on their body, secure the crime scene and get the victim to medical. The non-security first responder stated she would secure any evidence, not allow them to take action to destroy evidence and notify security and mental health care staff. Interviews with sixteen random staff confirmed they were aware of first responder duties. A review of documentation indicated none of the allegations reported involved any immediate first responder duties. One was reported to medical in writing and medical staff notified security of the allegation.</p> <p>Based on a review of the PAQ, 5.1.2-A, Department Order 125, Investigative Reports and interviews with random staff, staff first responders and incarcerated individuals who reported abuse indicate this standard appears to be compliant.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Kingman Correctional Rehabilitation Facility 5.1.2 – Facility PREA Coordinated Response Plan/PREA Use of Screening/At-Risk Tracking (Kingman 5.1.2) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the Kingman 5.1.2 confirms that the plan has sections outlining duties for first responders (initial response), shift supervisors, medical staff and mental health care staff, investigators and facility leadership. The Warden confirmed that the facility has a response plan to coordinate actions among facility leadership, staff first responder, medical, mental health and investigators. He stated</p>

	<p>it is the PREA Coordinated Response Plan.</p> <p>Based on a review of the PAQ, Kingman 5.1.2, and the interview with the Warden, this standard appears to be compliant.</p>
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<p>115.66</p>	<p>Preservation of ability to protect inmates from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Statement of Fact <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. The Statement of Fact confirmed that Kingman has not entered into or renewed any collective bargaining agreements or other agreements from 2019-2021. 5.1.2-A, page 2 states GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility’s ability to remove alleged subject employees from contact with any individual in a GEO facility pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The interview with the Agency Head Designee indicated that GEO has a small number of facilities that have collective bargaining agreements. He further stated none of the collective bargaining agreements prohibit GEO from removing staff from contact with incarcerated individuals pending the outcome of an investigation for alleged sexual abuse or harassment. The facility does not have any collective</p>

	<p>bargaining agreements.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, Statement of Fact, 5.1.2-A, and the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 811 – Individual Inmate Assessments and Reviews 5. Investigative Reports 6. Monitoring Documentation <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interviews with Incarcerated Individuals who Reported Sexual Abuse <p>Findings (By Provision):</p>

115.67 (a): The PAQ indicated that the agency has a policy to protection all incarcerated individuals and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other incarcerated individuals or staff. 5.1.2-A, page 21 states facilities shall implement procedures to protect individuals in a GEO facility and employees who report sexual abuse or sexual harassment or cooperate with an investigation, from retaliation by other individuals in a GEO facility or employee. ADCRR Department Order 125, page 3 states that retaliation against incarcerated individuals or staff by other incarcerated individuals or staff for reporting staff sexual conduct or harassment and incarcerated individual on incarcerated individual sexual assaults is prohibited. All acts of retaliation shall be investigated. If an act of retaliation is proven, the perpetrator(s) shall be subject to disciplinary action. Department Order further states that staff member who observe or have knowledge of shall report any retaliation against incarcerated individuals or staff who report sexual abuse or sexual harassment and staff neglect or violations of responsibilities that may have contributed to an incident of retaliation. The PAQ indicated that Case Managers are responsible for monitoring for retaliation.

115.67 (b): 5.1.2-A, pages 21-22 state facilities have multiple protective measures, such as housing changes, or transfers for victims or abusers, removal of alleged staff or abusers from contact with the victims who fear retaliation from reporting sexual abuse or harassment, or for cooperating with investigations. ADCRR Department Order 125, page 3 states that retaliation against incarcerated individuals or staff by other incarcerated individuals or staff for reporting staff sexual conduct or harassment and incarcerated individual on incarcerated individual sexual assaults is prohibited. All acts of retaliation shall be investigated. If an act of retaliation is proven, the perpetrator(s) shall be subject to disciplinary action. Department Order further states that staff member who observe or have knowledge of shall report any retaliation against incarcerated individuals or staff who report sexual abuse or sexual harassment and staff neglect or violations of responsibilities that may have contributed to an incident of retaliation. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Options such as housing changes or transfers from the facility, removal of alleged abusers (staff or incarcerated individual) and emotional support services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor incarcerated individuals who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a monthly for at least 90 days. The interview with the Warden indicated the facility conducts an investigation into any possible retaliation and holds people accountable for their actions. He confirmed they can take protective measures such as housing changes, facility transfers, removal of staff from contact

with the incarcerated individual and providing emotional support services. The interview with the staff responsible for monitoring indicated she is part of a team that monitors for retaliation every 30, 60 and 90 days after an allegation. She advised the team interviews the individual to make sure they are not having any issues with programs, recreation or other services and that they are being treated appropriately. She noted they also review to make sure housing is the same and appropriate. The staff member indicated they can take protective measures to prevent retaliation by changing housing, placing the alleged perpetrator in segregated housing, transferring someone to a different facility and changing staff posts or removing them from contact with all incarcerated individuals. Interviews with incarcerated individuals who reported sexual abuse indicated both felt safe at the facility and both felt protected against any retaliation. A review of documentation indicated sexual abuse victims were afforded access to emotional support service and necessary housing changes were made when applicable.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of incarcerated individuals or staff who reported sexual abuse and of incarcerated individuals who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by incarcerated individuals or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 5.1.2-A, page 22 states for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of the individuals in a GEO facility or the employee to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Items to be monitored include disciplinary reports, housing changes, program changes, employee negative performance reviews and employee reassignments. ADCRR Department Order 811, page 5 states for a minimum of 90 calendar days following a report of sexual abuse, the assigned CO III or CO IV shall monitor the conduct and treatment of incarcerated individuals or staff who reported the sexual abuse and of incarcerated individuals who were reported to have suffered sexual abuse. If there are changes that suggest possible retaliation by incarcerated individuals or staff, the assigned CO III or CO IV shall act promptly to remedy any such retaliation. The assigned CO III or CO IV shall monitor: incarcerated individual disciplinary reports; housing or program changes and/or negative performance reviews or reassignments of staff. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The Warden indicated that if an allegation of retaliation was reported or suspected they would conduct an investigation into any possible retaliation and holds people accountable for their actions. The staff responsible for monitoring stated that she monitors for 90 days, and that there is not a maximum amount of time to monitor if there was concern for retaliation. She stated she reviews programming, housing, recreation, discipline and access to other services to ensure the person is not being retaliated against. A review of investigative reports indicated four required monitoring for retaliation. The

documentation noted that in-person status checks were completed, however the entry into the electronic system did not note that the elements under this provision were reviewed. Monitoring was documented for 90 days. The facility provided an ADCRR form that they would utilize moving forward that documented appropriate information. A review of reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation.

115.67 (d): 5.1.2-A, page 22 states the designated staff member shall meet weekly (beginning the week following report of the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and see if any issues exist. Staff shall also review disciplinary reports, housing or program changes, request slips, etc. when monitoring for retaliation. Further it advises that designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and see if any issues exist. Items to be monitored for employees also include negative performance reviews and employee reassignments. The Employee Assistance Program (EAP) may also be offered to employees who fear retaliation for emotional support services. ADCRR Department Order 811, page 5 states that monitoring shall continue beyond 90 calendar days if the initial monitoring indicates a continuing need. In the case of incarcerated individuals, such monitoring shall also include periodic status checks. The interview with the staff designated to monitor for retaliation confirmed that she conducts periodic in-person status checks three times during the 90 days. A review of investigative reports indicated four required monitoring for retaliation. The documentation noted that in-person status checks were completed.

115.67 (e): 5.1.2-A, page 22 states if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Options such as housing changes or transfers from the facility, removal of alleged abusers (staff or incarcerated individual) and emotional support services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor incarcerated individuals who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a monthly for at least 90 days. The interview with the Warden indicated the facility conducts an investigation into any possible retaliation and holds people accountable for their actions. He confirmed they can take protective measures such as housing changes, facility transfers, removal of staff from contact with the incarcerated individual and providing emotional support services.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, Department Order 811, Investigative Reports, monitoring documents and interviews with the Agency Head Designee, Warden, staff responsible for monitoring for retaliation and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. A review of investigative reports indicated four required monitoring for retaliation. The documentation noted that in-person status checks were completed, however the entry into the electronic system did not note that the elements under this provision were reviewed. The facility provided an ADCRR form that they would utilize moving forward that documented appropriate information.

Corrective Action

The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated monitoring for retaliation documents.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. List of Sexual Abuse Allegations During the Corrective Action Period
2. Mock Monitoring for Retaliation Documentation

The facility provided a list of sexual abuse and sexual harassment allegations during the corrective action period. There was one sexual harassment allegation reported and zero sexual abuse allegations reported.

Due to zero sexual abuse allegation being reported during the corrective action

	<p>period, the facility conducted a mock sexual abuse investigation and monitoring for retaliation. The facility provided the mock monitoring documentation that noted in-person status checks and a review of the elements required under provision (d). The ADCRR monitoring form provided during the on-site was the form utilized for the mock monitoring for retaliation. It should be noted that these documents were originally provided and were not adequate. The auditor advised further corrective action was needed. Because the monitoring was completed by the PCM, the auditor did not require additional training, but updated documentation to show the PCM understood the requirements to be completed and documented.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Incarcerated Individual Victim Housing Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Incarcerated Individuals in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of incarcerated individuals who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such incarcerated individual a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated there were zero incarcerated individuals who reported sexual abuse who were involuntarily segregated. 5.1.2-A, page 20 states any use of segregated housing to protect an individual in a GEO facility who is alleged to have suffered sexual abuse shall be subject to the requirements of Section K(1) Protective Custody. Section K(1) states that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while competing the assessment. Facilities shall utilize the "Sexual Assault/Abuse Alternatives Assessment" form to document the assessment. Policy states if segregated housing is used, the individuals shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. Policy further indicates that involuntary segregated housing shall not ordinarily exceed a period of 30 days. Additionally, it states that in cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed. ADCRR Department Order 125, page 8 states that an incarcerated individual may be placed in investigative detention, in accordance with the appropriate Department Order(s) as part of an active investigation. Page 11 indicates that staff member shall take all reasonable measures to ensure incarcerated individuals so confined are afforded all privileges, in accordance with Department Order 804, Inmate Behavior Control. All restrictions or deviations shall be authorized by the Duty Officer and shall be documented by on-duty staff using an information report. Department Order further states unless exceptional circumstances apply, detention is limited to 30 calendar days. Extensions shall be requested in accordance with Department Order 804, Inmate Behavior Control. Any extensions shall be requested, in writing, from the Assistant Director for Prison Operations and approved in writing. During the tour the auditor observed the segregated housing units. Each unit included double bunked cells, showers and an outdoor recreation area. Incarcerated individuals are strip searched in showers or in cells within the units. Posted PREA information was observed in all units. Incarcerated individuals in segregated housing are provided recreation daily, showers daily, phone calls once a week and access to their tablet 24 hours a day seven days a week. The interview with the Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals who report sexual abuse in involuntary segregated housing unless an

	<p>assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. He advised that incarcerated individuals would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. The Warden noted that it would not take long to find alternative housing as they can separate through yards or can reach out to ADCRR for a facility transfer. The Warden advised he was unaware of a time they involuntarily placed an incarcerated individual who reported sexual abuse in segregated housing. Interviews with the staff who supervise incarcerated individuals in segregated housing indicated that if an incarcerated individual was placed in involuntary segregated housing due to their risk of sexual victimization they would be provided access to program, privileges, education and work opportunities to the extent possible. The staff members stated any restrictions would be documented. The staff further confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. Staff stated per policy they are not placed in segregated housing unless they request to be placed there (voluntary). Staff indicated they would just be placed on a separate yard and they always have alternative housing. The staff who supervise incarcerated individuals in segregated housing confirmed that any incarcerated individual that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. A review of housing documentation for four incarcerated individuals who reported sexual abuse confirmed none were placed in involuntary segregated housing. It should be noted that two did request protective custody and were placed in segregated housing voluntarily.</p> <p>Based on a review of the PAQ, 5.1.2-A, Department Order 125, housing assignments for the incarcerated individual victim of sexual abuse and information from interviews with the Warden and staff who supervise incarcerated individuals in segregated housing, this standard appears to be compliant.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting

4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 601- Administrative Investigations and Employee Discipline

5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR)
Department Order 608 - Criminal Investigations

6. Investigator Training Records

7. Investigative Reports

Interviews:

1. Interview with Investigative Staff

2. Interview with the Warden

3. Interview with the PREA Coordinator

4. Interview with the PREA Compliance Manager

5. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 5.1.2-E, page 3 states when the facility conducts its own investigation into an allegation of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. ADCRR Department Order 106, page 3 states the Assistant Director of Prison Operations shall contact the Inspector General Bureau to request an investigation when there is apparent incarcerated individual activity that could lead to criminal charge, staff activity involving incarcerated individuals which could lead to criminal charges and/or other activity requiring investigation in accordance with the contract or applicable Department policy. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 125, page 11 indicates that Wardens shall request investigations as outlined in Department Order 608, Criminal Investigations, and provide written notification to the Assistant Director of Prison Operations through the appropriate Regional Operations Director when an investigation involving a staff on incarcerated individual sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation shall be initiated as outlined in Department Order 601, Administrative Investigations and Employee Discipline. Page 12 further states investigations of incarcerated

individual sexual assault shall be actively investigated and closed upon exhaustion of all evidence processes and investigative leads. The interview with the ADCRR investigator indicated an investigation is typically initiated immediately after they receive the serious incident report (SIR). He advised the facility sends them information and they review it and initiate a case. He further stated anonymous and third party reported allegations are investigated the same as any other reported allegation. A review of investigative reports indicated all five completed investigations were prompt. Two of the five were thorough and three were objective. The auditor determined the issues were related to the investigations being criminal only and once the investigators determined it did not meet the requirements for a criminal investigation they ceased investigative actions. The facility did not complete any administrative investigations.

115.71 (b): 5.1.2-E, page 3 states GEO shall use investigators who have received specialized training in sexual abuse investigations. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training shall also include techniques for interviewing juvenile sexual abuse victims. A review of the PREA Specialized Training Investigating Sexual Abuse in a Facility Setting training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims (trauma and how it affects victims, and interviewing and interrogating techniques), proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting (to include the forensic medical examination process) and the criteria and evidence to substantiate a case for administrative action or prosecution referral. A review of documentation indicated there are four ADCRR staff that complete investigations at the facility and all four had completed the NIC Investigation Sexual Abuse in a Confinement Setting training.

115.71 (c): 5.1.2-E, page 4 states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, shall interview alleged victims, suspected perpetrators and witnesses, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. ADCRR Department Order 125, page 12 states in every case, investigators shall interview all potential witnesses, the victim and the suspect identified. Department Order 601 and Department Order 608 describe the interview process and components of crime scenes. The interview with the ADCRR investigator indicated that the investigative process includes; initiating the case, responding to the scene, having the victim seen by medical, sending the victim for a forensic medical examination, collecting evidence, interviewing those involved, completing an investigative report and deeming if the investigation should be referred to the county attorney. He stated he would be responsible for collecting evidence such as DNA, physical, interviews and video. A review of completed

investigative reports indicated three included necessary interviews, none involved evidence collection and all five had a review of prior complaints of the alleged abuser. The auditor determined the issues were related to the investigations being criminal only and once the investigators determined it did not meet the requirements for a criminal investigation they ceased investigative actions. The facility did not complete any administrative investigations.

115.71 (d): 5.1.2-E, page 3 states when the facility conducts its own investigation into an allegation of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. ADCRR Department Order 125, page 12 states that when the quality of evidence appears to support criminal prosecution, investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The interview with the ADCRR investigator indicated CIU investigators are sworn personnel and they have the legal authority to conduct compelled interviews without consulting with the prosecutor. A review of documentation indicated all five completed investigations were criminal investigations. None involved any compelled interviews.

115.71 (e): 5.1.2-E, page 4 states no agency shall require an individual in a GEO facility or program who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such allegation. Page 4 further states that the credibility of the alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as individual in a GEO facility or program or staff. ADCRR Department Order 125, page 12 states that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an incarcerated individual or staff member. It further states that an incarcerated individual who alleges sexual abuse shall not be requested to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The interview with the ADCRR investigator confirmed that he would not require an incarcerated individual victim to take a polygraph or truth telling device test. He further stated that credibility is based upon evidence. Interviews with incarcerated individuals who reported sexual abuse confirmed that they were not required to take a polygraph or truth telling device test as part of the investigation.

115.71 (f): 5.1.2-E, page 4 states an investigative reports shall be written for all investigations of allegations of sexual abuse, and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. Page 4 further states that administrative investigations shall include an effort to determine whether staff action or failure to act contributed to the abuse and shall be documented in a written report format that

includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind the credulity assessment and investigative facts and findings. ADCRR Department Order 125, page 12 states administrative investigations shall include making the determination whether staff actions, negligence or failures to act are contributing factors to the abuse. This shall be documented in the investigation report and include a description of the physical and testimonial evidence, and investigative facts and findings. The interview with the ADCRR investigator indicated he does not conduct administrative investigations and as such would not complete administrative reports or review if staff actions or failure to act contributed to the sexual abuse. A review of documentation indicated there were five completed investigations, all were criminal investigations. The facility did not conduct any administrative investigation and as such there were no administrative investigative reports. All investigations are referred to ADCRR for investigation. CIU only conducts criminal investigations. The facility was unaware of this and did not receive information back from ADCRR related to the need for an administrative investigation. The facility currently does not have any staff that conduct sexual abuse or sexual harassment investigations as they believed all investigations, administrative and criminal, were conducted by the client (ADCRR). As such, there were zero administrative investigations completed during the previous twelve months.

115.71 (g): 5.1.2-E, page 4 states an investigative reports shall be written for all investigations of allegations of sexual abuse, and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. ADCRR Department Order 125, page 12 states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence when feasible. The interview with the ADCRR investigator confirmed that criminal investigations would be documented in written reports and include everything that was done during the investigation. This would include evidence that was collected, interview completed, what happened, the who, what, where, when, why and how, the findings and any criminal charges. A review of documentation indicated all five closed investigation were criminal. Investigative reports noted actions taken during the investigation including a description of statements/interviews. None documented any evidence. It was determined that once the investigators determined a crime was not committed they ceased investigative actions and closed the investigation. As such, some reports were not as detailed as others related to investigative actions.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. 5.1.2-E, page 4 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. ADCRR Department Order 608, page 4 states sexual offense cases require review/consideration for submission for prosecutorial review/prosecution. The

interview with the ADCRR investigator indicated that investigations are referred for prosecution when they meet criminal elements in Arizona statutes. A review of documentation indicated all five closed investigations were criminal. None were referred for prosecution.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 5.1.2-E, page 4 states that GEO shall retain all written reports referenced in this section (investigations) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. ADCRR Department Order 125, page 12 states the Inspector General shall retain all written reports referenced in 6.3.1 and 6.3.2 of this section in accordance with Department Order 103, Correspondence/ Records Control. A review of historical investigations confirmed investigations are retained appropriately by the facility and ADCRR.

115.71 (j): 5.1.2-E, page 3 states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. ADCRR Department Order 106, page 3 states the Assistant Director of Prison Operations shall contact the Inspector General Bureau to request an investigation when there is apparent incarcerated individual activity that could lead to criminal charge, staff activity involving incarcerated individuals which could lead to criminal charges and/or other activity requiring investigation in accordance with the contract or applicable Department policy. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 125, page 11 indicates that Wardens shall request investigations as outlined in Department Order 608, Criminal Investigations, and provide written notification to the Assistant Director of Prison Operations through the appropriate Regional Operations Director when an investigation involving a staff on incarcerated individual sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation shall be initiated as outlined in Department Order 601, Administrative Investigations and Employee Discipline. Page 12 further states investigations of incarcerated individual sexual assault shall be actively investigated and closed upon exhaustion of all evidence processes and investigative leads. 10.3.1.4, page 4 states that the Shift Commander shall notify immediately the Department of Corrections, Criminal Investigation Unit. Department Order 601 and Department Order 608 outline and direct staff on completing administrative and criminal investigations. The ADCRR investigator stated that the departure of the victim or abuser does not negate the investigation. He stated the investigation would continue.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 5.1.2-E, page 3 outlines numerous responsibilities for GEO when an outside agency investigates an allegation of sexual abuse or sexual harassment. These include requesting documentation from the agency that the investigators have completed the training, cooperate with the outside investigators by providing requested information, remain informed about the progress of the investigation at least one monthly by contacting the individuals and requesting copies of completed investigations. The Arizona Department of Corrections Rehabilitation and Reentry's Criminal Investigations Unit (CIU) conducts all administrative and criminal investigations. The PC stated that facilities are instructed to request an update from the outside law enforcement entity at least once a month in order to track the status of the investigation. The interview with the Warden indicated that the facility remains informed of the progress of the investigation through monthly updates, via email and phone calls, with ADCRR CIU. The interview with the PCM indicated that when an outside agency investigates he remains informed through status updates with ADCRR. He advised he is in close contact with the ADCRR PC and that he receives a copy of investigations once complete. The investigator was the ADCRR outside investigator and as such this provision does not apply to his interview.

Based on a review of the PAQ, 5.1.2-E, Department Order 125, Department Order 608, Department Order 601, investigator training records, Investigative Reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager and the investigator, this standard appears to require corrective action. A review of investigative reports indicated all five completed investigations were prompt. Two of the five were thorough and three were objective. The auditor determined the issues were related to the investigations being criminal only and once the investigators determined it did not meet the requirements for a criminal investigation they ceased investigative actions. The facility did not complete any administrative investigations. A review of investigative reports indicated three included necessary interviews, none involved evidence collection and all five had a review of prior complaints of the alleged abuser. . The auditor determined the issues were related to the investigations being criminal only and once the investigators determined it did not meet the requirements for a criminal investigation they ceased investigative actions. The facility did not complete any administrative investigations. The interview with the ADCRR investigator indicated he does not conduct administrative investigation and as such would not complete administrative reports or review if staff actions or failure to act contributed to the sexual abuse. A review of documentation indicated there were five completed investigations, all were criminal investigations. The facility did not conduct any administrative investigation and as such there were no administrative investigative reports. All investigations are referred to ADCRR for investigation. CIU only conducts criminal investigations. The facility was unaware of this and did not receive information back from ADCRR related to the need for an administrative investigation.

The facility currently does not have any staff that conduct sexual abuse or sexual harassment investigations as they believed all investigations, administrative and criminal, were conducted by the client (ADCRR). As such, there were zero administrative investigations completed during the previous twelve months.

Corrective Action

The facility will need to ensure allegations of sexual abuse and sexual harassment have a thorough and objective investigation completed. All necessary interviews will need to be completed as well as all necessary evidence will need to be collected. Investigations will need to be documented in a detailed investigative report. The facility will need to follow current policy and procedure related to investigations. All allegations reported should include an administrative investigations, and if criminal, a criminal investigation. The facility will need to work with their client to determine this process. A process memorandum will need to be provided. Training with appropriate facility staff on the process will also need to be provided. The facility will need to provide a list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigations.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigations Memorandum
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Mock Investigation

The facility provided a memo from ADCRR advising that all sexual abuse and sexual harassment allegations will be forwarded to ADCRR. ADCRR will investigate anything criminal and once the criminal investigation is complete, the facility can initiate an administrative investigation. The memo further advised, that if there is not a criminal element, ADCRR will provide the information back to the facility to conduct an administrative investigation.

	<p>The facility provided documentation for two facility staff, confirming both completed the National Institute of Corrections, specialized investigator training.</p> <p>The facility provided a list of sexual abuse and sexual harassment allegations during the corrective action period. There was one sexual harassment allegation reported. An administrative investigation was completed by a facility investigator with the specialized training. The investigation was prompt, thorough and objective. It included interviews, a review of evidence and a review of prior complaints of the alleged perpetrator. The investigation was deemed substantiated and appeared to utilize a preponderance of the evidence.</p> <p>Additionally, due to the limited number of sexual abuse and sexual harassment allegations reported during the corrective action period, the facility conducted a mock sexual abuse investigation. The facility provided the mock administrative investigation completed by the other facility investigator with the specialized training. The investigation noted the allegation was provided to the client (ADCRR) who referred it back to the facility for investigation. The investigation was prompt, thorough and objective. It included interviews, a review of evidence and a review of prior complaints of the alleged perpetrator. The investigation was deemed unsubstantiated and appeared to utilize a preponderance of the evidence.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 - Sexual Offense Reporting 4. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 5.1.2-E, page 4 states that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. ADCRR Department Order, page 14 states that there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. The interview with the ADCRR investigator indicated that he does not conduct administrative investigation and that his criminal investigative findings are not based on a standard of evidence. He indicated he determines an investigative finding through evidence and lab results. During the audit it was determined that administrative investigations are not completed for allegations of sexual abuse and sexual harassment. All investigations are referred to ADCRR for investigation. CIU only conducts criminal investigations. The facility was unaware of this and did not receive information back from ADCRR related to the need for an administrative investigation. The facility currently does not have any staff that conduct sexual abuse or sexual harassment investigations as they believed all investigations, administrative and criminal, were conducted by the client (ADCRR). A review of documentation indicated there were zero administrative investigations completed (criminal only completed) and as such a preponderance of the evidence was not utilized to determine if an allegation is substantiated.

Based on a review of the PAQ, 5.1.2-E, Department Order 125, Investigative Reports, and information from the interview with the investigator indicates that this standard appears to require corrective action. The interview with the ADCRR investigator indicated that he does not conduct administrative investigation and that his criminal investigative findings are not based on a standard of evidence. He indicated he determines an investigative finding through evidence and lab results. During the audit it was determined that administrative investigations are not completed for allegations of sexual abuse and sexual harassment. All investigations are referred to ADCRR for investigation. CIU only conducts criminal investigations. The facility was unaware of this and did not receive information back from ADCRR related to the need for an administrative investigation. The facility currently does not have any staff that conduct sexual abuse or sexual harassment investigations as they believed all investigations, administrative and criminal, were conducted by the client (ADCRR). A

review of documentation indicated there were zero administrative investigations completed (criminal only completed) and as such a preponderance of the evidence was not utilized to determine if an allegation is substantiated.

Corrective Action

The facility will need to ensure administrative investigations are completed for allegations of sexual abuse and sexual harassment and that a preponderance of the evidence is utilized as the level of evidence required to substantiate. A list of sexual abuse and sexual harassment allegations during the corrective action period and associated administrative investigations will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigations Memorandum
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Mock Investigation

The facility provided a memo from ADCRR advising that all sexual abuse and sexual harassment allegations will be forwarded to ADCRR. ADCRR will investigate anything criminal and once the criminal investigation is complete, the facility can initiate an administrative investigation. The memo further advised, that if there is not a criminal element, ADCRR will provide the information back to the facility to conduct an administrative investigation.

The facility provided documentation for two facility staff, confirming both completed the National Institute of Corrections, specialized investigator training.

	<p>The facility provided a list of sexual abuse and sexual harassment allegations during the corrective action period. There was one sexual harassment allegation reported. An administrative investigation was completed by a facility investigator with the specialized training. The investigation was prompt, thorough and objective. It included interviews, a review of evidence and a review of prior complaints of the alleged perpetrator. The investigation was deemed substantiated and appeared to utilize a preponderance of the evidence.</p> <p>Additionally, due to the limited number of sexual abuse and sexual harassment allegations reported during the corrective action period, the facility conducted a mock sexual abuse investigation. The facility provided the mock administrative investigation completed by the other facility investigator with the specialized training. The investigation noted the allegation was provided to the client (ADCRR) who referred it back to the facility for investigation. The investigation was prompt, thorough and objective. It included interviews, a review of evidence and a review of prior complaints of the alleged perpetrator. The investigation was deemed unsubstantiated and appeared to utilize a preponderance of the evidence.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 608 - Criminal Investigations 4. Investigative Reports 5. Notification of Outcome of Allegation <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden

2. Interview with Investigative Staff
3. Interviews with Incarcerated Individuals Who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any incarcerated individual who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 5.1.2-E, page 9 states at the conclusion of an investigation, the facility investigator or staff member designated by the facility administrator shall inform the victim of the allegation in writing, whether the allegation the allegation has been substantiated, unsubstantiated, unfounded or deemed not-PREA. ADCRR Department Order 608, page 7 states that following an investigation into an incarcerated individual's allegation that he or she suffered sexual abuse in a Department facility, the CIU shall inform the incarcerated individual victim at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were three investigations completed within the previous twelve months and two notifications were provided verbally or in writing. The interviews with the Warden confirmed that incarcerated individual victims are notified of the outcome of the investigation. The interview with the ADCRR investigator confirmed that incarcerated individuals are notified in writing of the outcome of the investigation. Interviews with incarcerated individuals who reported sexual abuse indicated one knew he was to be notified of the outcome. He stated he was notified in writing and verbally a few weeks after the report of sexual abuse. A review of documentation indicated there were four sexual abuse allegations reported during the previous twelve months, two of which were closed. Both included a victim notification.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the incarcerated individual of the outcome of the investigation. The PAQ indicated that there were three outside investigations completed within the previous twelve months and two notifications were completed. 5.1.2-E, page 9 states if the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual. ADCRR Department Order 608, page 7 states that following an investigation into an incarcerated individual's allegation that he or she suffered sexual abuse in a Department facility, the CIU shall inform the incarcerated individual victim at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. A review of documentation indicated there were four sexual abuse allegations reported during the previous twelve months, two of which

were closed. Both were investigated by ADCRR investigators and included a victim notification by the facility related to the investigative outcome.

115.73 (c): The PAQ indicated that following an incarcerated individual's allegation that a staff member has committed sexual abuse against the incarcerated individual, the agency/facility subsequently informs the incarcerated individual whenever: the staff member is no longer posted within the incarcerated individual's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 9 states if the alleged abuser was an employee, the victim shall also be informed whenever: the employee no longer posted within the victim's housing unit/area; the employee is no longer employed at the facility; the facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility; or the facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. ADCRR Department Order 608, page 7 states the CIU shall subsequently inform the incarcerated individual victim (unless the investigation determines the allegation is unfounded) whenever the staff member is: no longer posted at the incarcerated individual's unit; no longer employed at the facility; indicated on a sexual offense and/or convicted of a sexual offense. The PAQ indicated that there have been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an incarcerated individual in the previous twelve months. Additionally, the PAQ indicated that the agency informs incarcerated individuals of the required components under this provision if applicable. Interviews with the incarcerated individual who reported sexual abuse confirmed both allegations were against another incarcerated individual. A review of documentation indicated there were three staff on incarcerated individual sexual abuse allegations reported during the previous twelve months. Two were closed and one was opened. One included a notification that the staff member was no longer employed at the facility.

115.73 (d): The PAQ indicates that following an incarcerated individual's allegation that he or she has been sexually abused by another incarcerated individual, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 9 states if the alleged abuser was another individual in a GEO facility, the victim shall also be informed whenever: the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. ADCRR Department Order 608, page 7 states following an incarcerated individual's allegation of a sexual offense by another incarcerated individual, the ICU shall subsequently inform the alleged victim whenever the suspect incarcerated individual has been indicated on

the sexual offense or convicted of the alleged sexual offense. Interviews with the incarcerated individuals who reported sexual abuse indicated both were against another incarcerated individual and neither were provided notification under this provision. A review of documentation indicated there was one incarcerated individual-on-incarcerated individual sexual abuse allegation reported. The investigation was currently open and as such no notification under this provision was required.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to incarcerated individuals described under this standard are documented. 5.1.2-E, page 9 states the individual shall receive the original completed Notification of Outcome of Allegation form in a timely manner and a copy of the form shall be retained as part of the investigative file. ADCRR Department Order 608, page 7 states the CIU shall document the case status and incarcerated individual victim notification(s) or attempted notifications accordingly in the CIU database. It further states that CIU shall document any and all staff movement, court actions and incarcerated individual victim notifications or attempted notifications accordingly in the CIU database. Additionally, it states the CIU shall document any and all court actions and incarcerated individual victim notifications or attempted notifications accordingly in the CIU database. The PAQ stated that there were two notifications made pursuant to this standard. A review of documentation indicated there were four sexual abuse allegations reported during the previous twelve months, two of which were closed. Both were investigated by ADCRR investigators and included a victim notification by the facility related to the investigative outcome. A review of documentation indicated there were three staff on incarcerated individual sexual abuse allegations reported during the previous twelve months. Two were closed and one was opened. One included a notification that the staff member was no longer employed at the facility.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 5.1.2-E, Department Order 608, Investigative Reports, Victim Notifications, and information from interviews with the Warden, investigator and the incarcerated individuals who reported sexual abuse, this standard appears to be compliant.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)
3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 - Sexual Offense Reporting
4. GEO Employee Handbook
5. Investigative Reports

Findings (By Provision):

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 5.1.2-E, page 9 states employees may be subject to significant disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. Additionally, page 27 of the Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. ADCRR Department Order 125, page 1 states staff sexual harassment and any sexual contact or conduct between staff and incarcerated individuals or offenders is strictly prohibited. No sexual contact between staff and incarcerated individuals or offenders shall be considered consensual. A staff member who engages in unlawful sexual conduct is subject to state and/or federal prosecution. Page 2 further states that following an investigation, a person found to have engaged in unlawful sexual conduct with an incarcerated individual or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution.

115.76 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies and one staff member who was terminated for violating the sexual abuse or sexual harassment policies. 5.1.2-E, pages 9-10 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Additionally, page 27 of the GEO Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or

otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. Additionally, page 27 of the GEO Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. ADCRR Department Order 125, page 1 states staff sexual harassment and any sexual contact or conduct between staff and incarcerated individuals or offenders is strictly prohibited. No sexual contact between staff and incarcerated individuals or offenders shall be considered consensual. A staff member who engages in unlawful sexual conduct is subject to state and/or federal prosecution. Page 2 further states that following an investigation, a person found to have engaged in unlawful sexual conduct with an incarcerated individual or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories.

5.1.2-E, page 10 states disciplinary sanction for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Additionally, page 27 of the Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. ADCRR Department Order 125, page 1 states staff sexual harassment and any sexual contact or conduct between staff and incarcerated individuals or offenders is strictly prohibited. No sexual contact between staff and incarcerated individuals or offenders shall be considered consensual. A staff member who engages in unlawful sexual conduct is subject to state and/or federal prosecution. Page 2 further states that following an investigation, a person found to have engaged in unlawful sexual conduct with an incarcerated individual or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated there were three staff-on-incarcerated individual sexual abuse

allegations reported during the audit period. None were substantiated, however all three were criminal investigations. One investigation did involve a staff member being terminated. A review of documentation indicated the facility did not conduct any administrative investigation and as such it was unknown if staff discipline was required for allegations of sexual abuse and sexual harassment. Additionally, one allegation that had a criminal investigation initiated but not completed, outlined policy and procedure violation by the staff. The staff resigned but no documentation was provided related to any administrative discipline.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 5.1.2-E, page 10 states all terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity is clearly not criminal. Additionally, page 27 of the Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. ADCRR Department Order 125, page 1 states staff sexual harassment and any sexual contact or conduct between staff and incarcerated individuals or offenders is strictly prohibited. No sexual contact between staff and incarcerated individuals or offenders shall be considered consensual. A staff member who engages in unlawful sexual conduct is subject to state and/or federal prosecution. Page 2 further states that following an investigation, a person found to have engaged in unlawful sexual conduct with an incarcerated individual or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution. Page 12 state that all employee termination or resignations tendered by staff arising from the violations of Department sexual abuse or sexual harassment policies shall be reported to the CIU, unless activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff member were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, 5.1.2-E, Department Order 125, the Employee Handbook and Investigative Reports indicates that this standard appears to require corrective action. A review of documentation indicated the facility did not conduct any administrative investigation and as such it was unknown if staff discipline was required for allegations of sexual abuse and sexual harassment. Additionally, one allegation that had a criminal investigation initiated but not completed, outlined

policy and procedure violation by the staff. The staff resigned but no documentation was provided related to any administrative discipline.

Corrective Action

The facility will need to ensure administrative investigations are completed for allegations of sexual abuse and sexual harassment. These will need to address any policy and procedure violations by staff. The facility will need to provide a list of sexual abuse and sexual harassment allegations during the corrective action period, associated investigative reports and any necessary staff disciplinary documents.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigations Memorandum
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Mock Investigation

The facility provided a memo from ADCRR advising that all sexual abuse and sexual harassment allegations will be forwarded to ADCRR. ADCRR will investigate anything criminal and once the criminal investigation is complete, the facility can initiate an administrative investigation. The memo further advised, that if there is not a criminal element, ADCRR will provide the information back to the facility to conduct an administrative investigation. The facility now had an administrative investigation process and as such can follow current policies and procedures related to any necessary staff discipline associated with an incident.

The facility provided a list of sexual abuse and sexual harassment allegations during the corrective action period. There was one sexual harassment allegation reported. An administrative investigation was completed by a facility investigator with the specialized training. The investigation was deemed unsubstantiated.

	<p>Additionally, due to the limited number of sexual abuse and sexual harassment allegations reported during the corrective action period, the facility conducted a mock sexual abuse investigation. The facility provided the mock administrative investigation completed by a facility investigator with the specialized training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 - Sexual Offense Reporting 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with incarcerated individuals. 5.1.2-A, page 12 states any volunteer or contractor who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility</p>

and shall be reported to law enforcement and relevant licensing bodies, unless activity was not clearly not criminal. ADCRR Department Order 125, page 2 states that following an investigation, a person found to have engaged in unlawful sexual conduct with an incarcerated individual or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution. Page 1 states that “person” is defined as any employee, contractors, official visitor, volunteer or representative of the Department of Corrections, private prison or contracted city or county jail. The PAQ indicated that there have been zero contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were zero allegations of sexual abuse or sexual harassment reported against a contractor or volunteer.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with incarcerated individuals in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 5.1.2-A, pages 13 states in the case of any violation of GEO sexual abuse or sexual harassment policies by the volunteer or contractor, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility. ADCRR Department Order 125, page 2 states that following an investigation, a person found to have engaged in unlawful sexual conduct with an incarcerated individual or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution. Page 1 states that “person” is defined as any employee, contractors, official visitor, volunteer or representative of the Department of Corrections, private prison or contracted city or county jail. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in person being taken off contract (no longer allowed in the facility). He advised they would limit access and they would conduct an investigation. The Warden further stated if it was criminal it could result in prosecution.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, Investigative Reports and information from the interview with the Warden, this standard appears to be compliant.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)
3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting
4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 801- Incarcerated individual Classification
5. Incident Reports

Interviews:

1. Interview with the Warden
2. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ stated that incarcerated individuals are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse. 5.1.2-E, page 10 states individuals in a GEO facility who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility shall be subject to formal disciplinary sanctions. ADCRR Department Order 125, page 2 state that abusive sexual contact and any sexual contact (consensual or nonconsensual sex acts) between incarcerated individuals are strictly prohibited. Policy further states that an incarcerated individual who sexually assaults another incarcerated individual is subject to disciplinary action as outlined in Department 803, Incarcerated individual Disciplinary Procedure. All such disciplinary actions shall be treated as major violations with the sternest sanctions imposed. The incarcerated individual shall be classified to the highest custody level in accordance with Department Order 801, Incarcerated individual Classification. Page 3 further states that following an investigation, an incarcerated individual who is identified as sexually assaulting another incarcerated individual may be referred for criminal charges as outlined in Department Order 608, Criminal Investigations. If found or pled guilty following criminal prosecution, the sexually assaultive incarcerated individual may receive an additional prison sentence and may be required to register as a sex offender upon release, in accordance with statutory mandate. Department Order 801, Attachment A indicates that sexual assault is a Class A violation. Attachment B outlines the penalties for Class A violations which include: time loss, parole class, restitution, loss of privileges, extra duty and forfeit of contraband property. The PAQ

indicated there has been zero administrative and criminal finding of guilt for incarcerated individual-on-incarcerated individual sexual abuse within the previous twelve months. A review of investigative reports indicated there was one incarcerated individual-on-incarcerated individual sexual abuse allegation reported and the investigation was still open.

115.78 (b): 5.1.2-E, page 10 states sanctions shall commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals (or incarcerated individuals) with similar histories. ADCRR Department Order 801, page 1 states that penalties imposed on incarcerated individuals shall be fair, reasonable and approximate to community standards. As a foundational element of incarcerated individual rehabilitation, the Department operations prisons with consequences for criminal violations as those in free society. To this end, rule violations are aligned with applicable criminal code so that the seriousness of the violation reflect underlying community norms and values and results in comparable consequences. Attachment A of the Department Order indicates that sexual assault is a Class A violation. Attachment B outlines the penalties for Class A violations which include: time loss, parole class, restitution, loss of privileges, extra duty and forfeit of contraband property. The interview with the Warden indicated that if an incarcerated individual is found to have violated the sexual abuse or sexual harassment policies they would be subject to facility discipline. He indicated if criminal it could also rise to criminal charges. The Warden confirmed that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the incarcerated individual's disciplinary history and sanctions imposed for comparable offenses by other incarcerated individuals. A review of investigative reports indicated there was one incarcerated individual-on-incarcerated individual sexual abuse allegation reported and the investigation was still open.

115.78 (c): 5.1.2-E, page 10 states the disciplinary process shall consider whether an individual's (or incarcerated individual's) mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any should be imposed. ADCRR Department Order 125, page 2 state that abusive sexual contact and any sexual contact (consensual or nonconsensual sex acts) between incarcerated individuals are strictly prohibited. Policy further states that an incarcerated individual who sexually assaults another incarcerated individual is subject to disciplinary action as outlined in Department 803, Incarcerated individual Disciplinary Procedure. All such disciplinary actions shall be treated as major violations with the sternest sanctions imposed. The incarcerated individual shall be classified to the highest custody level in accordance with Department Order 801, Incarcerated individual Classification. Page 3 further states that following an investigation, an incarcerated individual who is identified as sexually assaulting another incarcerated individual may be referred for criminal charges as outlined in Department Order 608, Criminal Investigations. If found or pled guilty following

criminal prosecution, the sexually assaultive incarcerated individual may receive an additional prison sentence and may be required to register as a sex offender upon release, in accordance with statutory mandate. Department Order 801, Attachment A indicates that sexual assault is a Class A violation. Attachment B outlines the penalties for Class A violations which include: time loss, parole class, restitution, loss of privileges, extra duty and forfeit of contraband property. The interview with the Warden confirmed that an incarcerated individuals' mental disability or mental illness would be considered in the disciplinary process. A review of investigative reports indicated there was one incarcerated individual-on-incarcerated individual sexual abuse allegation reported and the investigation was still open.

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending incarcerated individual to participate in these interventions as a condition of access to programming and other benefits. 5.1.2-E, page 10 states if the facility offers therapy, counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider require the offending individual to participate. The interview with the mental health staff member confirmed that they offer therapy, counseling and other intervention services designed to address and correct underlying reason or motivations for sexual abuse to the perpetrator. He stated he does not personally offer these services but that the mental health providers do and that one of their units is specifically for sexual offender treatment. The mental health staff indicated they do not require participation in services as most service are voluntary.

115.78 (e): 5.1.2-E, page 10 states disciplining an individual in a GEO facility (or incarcerated individual) for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. ADCRR Department Order 125, page 2 state that abusive sexual contact and any sexual contact (consensual or nonconsensual sex acts) between incarcerated individuals are strictly prohibited. Policy further states that an incarcerated individual who sexually assaults another incarcerated individual is subject to disciplinary action as outlined in Department 803, Incarcerated individual Disciplinary Procedure. All such disciplinary actions shall be treated as major violations with the sternest sanctions imposed. The incarcerated individual shall be classified to the highest custody level in accordance with Department Order 801, Incarcerated individual Classification. Page 3 further states that following an investigation, an incarcerated individual who is identified as sexually assaulting another incarcerated individual may be referred for criminal charges as outlined in Department Order 608, Criminal Investigations. If found or pled guilty following criminal prosecution, the sexually assaultive incarcerated individual may receive an additional prison sentence and may be required to register as a sex offender upon release, in accordance with statutory mandate. Department Order 801, Attachment A indicates that sexual assault is a Class A violation. Attachment B outlines the penalties for Class A violations which include: time loss, parole class, restitution, loss of privileges, extra duty and forfeit of contraband property. The PAQ

	<p>stated that the agency disciplines incarcerated individuals for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p>115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 5.1.2-E, page 10 states a report of sexual abuse made in good faith by an individual in a GEO facility, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying. ADCRR Department Order 125, page 3 states incarcerated individuals who knowingly or intentionally make false accusations of sexual assault shall receive disciplinary action as outlined in Department Order 803, Incarcerated individual Disciplinary Procedure and may be criminally prosecuted under the applicable statute.</p> <p>115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between incarcerated individuals and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 5.1.2-E, page 10 states facilities may not deem that sexual activity between individuals in a GEO facility is sexual abuse unless it is determined that the activity was coerced. ADCRR Department Order 125, page 2 state that abusive sexual contact and any sexual contact (consensual or nonconsensual sex acts) between incarcerated individuals are strictly prohibited.</p> <p>Based on a review of the PAQ, 5.1.2-E, Department Order 125, Department Order 801, Investigative Reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting

4. PREA Risk Assessment
5. Inmate Mental Health Referral Form
6. Secondary Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Medical and Mental Health Staff
3. Interviews with Incarcerated individuals who Disclosed Prior Victimization During the Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all incarcerated individuals at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2-A, page 6 states if during the intake assessment, person tasked with screening determine that an individual in a GEO facility is at risk for either sexual victimization or abusiveness, the individual shall be referred to mental health for further evaluation. Pages 6 further states any individual who is identified (pursuant to §115.41) to have previously experienced sexual victimization or has perpetrated sexual abuse in an institutional setting or the community shall be referred, immediately, using the Medical-Mental Health Referral form (see Attachment L), to a medical or mental health practitioner for a follow-up meeting within 14-days of the initial risk assessment. ADCRR Department Order 125, page 10 states that during the initial mental health assessment, incarcerated individual who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, shall be scheduled to meet with the Qualified Mental Health Practitioner (QMHP) within fourteen workdays of the assessment being completed. The PAQ indicated that 100% of the incarcerated individuals who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Interviews with staff responsible for the risk screening indicated that if an incarcerated individual discloses prior sexual victimization during the risk screening they are offered a follow-

up with mental health. The staff indicated the follow-up would typically occur the same day or within the first 48 hours. Interviews with the incarcerated individual who disclosed prior victimization during the risk screening indicated one of the five was offered a follow-up with mental health care staff. A review of documentation for six incarcerated individuals who disclose prior sexual victimization during the risk screening confirmed all six were offered a follow-up with mental health. Two accepted services and were documented with a follow-up within fourteen days. Four declined services and signed that they declined.

115.81 (b): The PAQ indicated all prison incarcerated individuals who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2-A, pages 6 states any individual who is identified (pursuant to §115.41) to have previously experienced sexual victimization or has perpetrated sexual abuse in an institutional setting or the community shall be referred, immediately, using the Medical-Mental Health Referral form (see Attachment L), to a medical or mental health practitioner for a follow-up meeting within 14-days of the initial risk assessment. ADCRR Department Order 125, page 10 states that during the initial mental health assessment, incarcerated individual who have perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, shall be scheduled to meet with the Qualified Mental Health Practitioner (QMHP) within fourteen workdays of the assessment being completed. The PAQ indicated that 100% of those incarcerated individuals who were identified to have prior sexual abusiveness were seen within fourteen days by medical or mental health staff. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Interview with staff responsible for the risk screening indicated that if an incarcerated individual is identified with prior sexual abusiveness they would be offered a follow-up with mental health. Both staff advised they would see mental health that same day or within 48 hours. A review of documentation for four incarcerated individuals who were identified with prior sexual abusiveness during the risk screening confirmed all four were offered a follow-up with mental health. All four declined services and signed that they declined.

115.81 (c): This provision is not applicable. The facility is a prison not a jail.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, but rather with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. 5.1.2-A, page 6 states information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform

	<p>treatment plans, security and management decisions or otherwise required by federal, state or local law. Incarcerated individual risk screening records and medical and mental health records are paper and electronic. Paper risk screening records are maintained in the Correctional Officer III's office with limited access. Electronic risk screening records are maintained by the facility PCM on the compliance drive with limited access. Medical and mental health paper records are stored in medical records which is staffed Monday through Friday 7am-3pm. Medical and mental health care staff are the only ones with access to medical records after hours. Electronic medical and mental health records are maintained in a database which is only accessible to medical and mental health care staff. Information related to sexual abuse allegations is maintained in investigative files located in the PCM's office. Additionally, information is entered into the electronic PREA Portal database. This database has very limited access, including investigators and administrative staff.</p> <p>15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the incarcerated individual is under the age of eighteen. 5.1.2-A, page 6 states medical and mental health practitioners are required to obtain informed consent for individuals in a GEO facility before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the individual is under the age of eighteen). ADCRR Department Order 125, page 9 states that healthcare and mental health members are required to report sexual abuse in accordance with section 3.0. Healthcare and mental health staff shall obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the incarcerated individual is under the age of eighteen. The interview with the mental health staff member indicated that he would obtain informed consent prior to reporting sexual abuse that did not occur in a correctional setting. He further stated that they do not house incarcerated individuals under eighteen.</p> <p>Based on a review of the PAQ, 5.1.2-A, Department Order 125, PREA Risk Assessment, Inmate Mental Health Referral Form, secondary medical and mental health documents, and information from interviews with staff who perform the risk screening, medical and mental health care staff and incarcerated individuals who disclosed victimization during the risk screening, this standard appears to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting
4. Medical and Mental Health Documents (Primary and Secondary)

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that incarcerated individual victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 5.1.2-A, page 20 states victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. ADCRR Department Order 125, page 5 states that the Shift Commander shall ensure the incarcerated individual victim is immediately escorted to the Health Unit for examination, treatment and evaluation, and if determined appropriate by the investigator and/or qualified health care professional and/or QMHP, transported to the hospital emergency room for the collection of forensic evidence and medical treatment. The Shift Commander shall also immediately contact mental health staff to provide assessment and intervention. Page 9 further states that when the incarcerated individual victim arrives at the Health Unit, Qualified Health Care Professionals (QHCP) shall assess and provide any necessary emergency care and treatment and ensure emergency treatment of the incarcerated individual is not delayed for any administrative reason. During the tour the auditor noted that the

medical area consisted of a waiting area, exam rooms, treatment rooms, observation rooms and negative pressure rooms. Exam rooms had curtains and treatment rooms had doors with small windows. Interviews with medical and mental health care staff confirm that incarcerated individuals receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff indicated medical services would be provided immediately upon notification of the incident and mental health services would be within hours. Both staff confirmed the services they provide are based on their professional judgment. Interviews with the incarcerated individuals who reported sexual abuse noted one was provided medical and mental health services. A review of medical and mental health documentation for four incarcerated individual victims of sexual abuse indicated that all four were provided medical and mental health services.

115.82 (b): Kingman is staffed 24 hours a day, seven days a week. Incarcerated individual are treated at the facility unless they are required to be transported to a local hospital. Interviews with first responders indicated that the security staff member would separate the victim and abuser, not allow them to destroy any evidence on their body, secure the crime scene and get the victim to medical. The non-security first responder stated she would secure any evidence, not allow them to take action to destroy evidence and notify security and mental health care staff. A review of medical and mental health documentation for four incarcerated individual victims of sexual abuse indicated that all four were provided medical and mental health services.

115.82 (c): The PAQ states that incarcerated individual 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. 5.1.2-A, page 20 states this access includes offering timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate. ADCRR Department Order 125, page 9 states the Contracted Facility Health Administrator shall provide timely information and access to emergency contraception in accordance with professionally accepted standard of care, when medically appropriate. Policy further states that health care and mental health staff members will explain to the incarcerated individual the necessity of the physical exam, including blood drawings and specimen collection as well as the necessity to check for sexually transmitted diseases and sexually transmitted infection prophylaxis. Interviews with medical and mental health staff indicated that incarcerated individual victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. The incarcerated individuals who reported sexual abuse confirmed that the allegations did not involve a need for sexually transmitted infection prophylaxis. A review of medical and mental health documentation for four incarcerated individual victims of sexual abuse indicated that all four were provided medical and mental

	<p>health services. None of the four involved an allegation that required sexually transmitted infection prophylaxis. It should be noted that these services are provided at the hospital and/or upon return to the facility, if necessary.</p> <p>115.82 (d): 5.1.2-A, page 20 states all services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. ADCRR Department Order 125, page 9 states that treatment services will be provided to the victim without financial cost, regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Based on a review of the PAQ, 5.1.2-A, Department Order 125, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, first responders and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 - Sexual Offense Reporting 4. Medical and Mental Health Documents (Primary and Secondary) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p>Site Review Observations:</p>

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 5.1.2-A, page 21 states each facility (shall offer medical and mental health evaluations to all victims of sexual abuse that occurs in any prison, jail, lockup or juvenile facility. ADCRR Department Order 125, page 5 states that the Shift Commander shall ensure the incarcerated individual victim is immediately escorted to the Health Unit for examination, treatment and evaluation, and if determined appropriate by the investigator and/or qualified health care professional and/or QMHP, transported to the hospital emergency room for the collection of forensic evidence and medical treatment. The Shift Commander shall also immediately contact mental health staff to provide assessment and intervention. Page 9 further states that when the incarcerated individual victim arrives at the Health Unit, Qualified Health Care Professionals (QHCP) shall assess and provide any necessary emergency care and treatment and ensure emergency treatment of the incarcerated individual is not delayed for any administrative reason. Page 10 of the Department Order also states that during the initial mental health assessment, incarcerated individual who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, shall be scheduled to meet with the Qualified Mental Health Practitioner (QMHP) within fourteen workdays of the assessment being completed. During the tour the auditor noted that the medical area consisted of a waiting area, exam rooms, treatment rooms, observation rooms and negative pressure rooms. Exam rooms had curtains and treatment rooms had doors with small windows. Medical services are provided 24/7. Incarcerated individuals have access to routine medical services on-site and any emergency services are provided at the local hospital. A review of medical and mental health documentation for four incarcerated individual victims of sexual abuse indicated that all four were provided medical and mental health services. A review of documentation for six incarcerated individuals who disclose prior sexual victimization during the risk screening confirmed all six were offered a follow-up with mental health. Two accepted services and were documented with a follow-up within fourteen days. Four declined services and signed that they declined.

115.83 (b): 5.1.2-A, page 21 states the evaluation and treatment should include follow-up services, treatment plans and (when necessary) referrals for continued care following a transfer or release. ADCRR Department Order 125, page 10 states ongoing medical and mental health evaluation, and as appropriate, treatment shall be offered to all ADCRR incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of

such victims shall include, as appropriate, follow-up services, treatment plans and referrals for continued care following their transfer to, or placement in, other facilities, or release from custody. Interviews with medical and mental health care staff confirmed that incarcerated individuals are offered follow-up services, treatment plans and referrals, when necessary. Staff advised they would provide testing, medication and other necessary follow-up services. Interviews with incarcerated individuals who reported sexual abuse indicated one was offered/provided medical and/or mental health follow-up services. A review of medical and mental health documentation for four incarcerated individual victims of sexual abuse indicated that all four were provided medical and mental health services.

115.83 (c): 5.1.2-A, page 21 states services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. ADCRR Department Order 125, page 10 states that the institution shall provide such victims with medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensure. The facility utilizes the local hospitals for forensic medical examinations. Interviews with medical and mental health care staff confirm that medical and mental health services are consistent with the community level of care. A review of medical and mental health documentation for four incarcerated individual victims of sexual abuse indicated that all four were provided medical and mental health services.

115.83 (d): 5.1.2-A, page 21 states services shall include pregnancy tests and all lawful pregnancy related medical services, when applicable. ADCRR Department Order 125, page 10 states incarcerated individual victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. It further states that victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. The PAQ indicated that the facility does not house female incarcerated individuals and as such this provision does not apply.

115.83 (e): 5.1.2-A, page 21 states services shall include pregnancy tests and all lawful pregnancy related medical services, when applicable. ADCRR Department Order 125, page 10 states incarcerated individual victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. It further states that victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. The PAQ indicated that the facility does not house female incarcerated individuals and as such this provision does not apply.

115.83 (f): The PAQ indicated that incarcerated individual victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 5.1.2-A, page 21 states victims shall also be offered test for sexually transmitted infections as medically appropriate. ADCRR Department Order 125, page 9 states the Contracted Facility Health Administrator shall provide timely information and access to emergency contraception in accordance with professionally accepted standard of care, when medically appropriate. Policy further states that health care and mental health staff members will explain to the incarcerated individual the necessity of the physical exam, including blood drawings and specimen collection as well as the necessity to check for sexually transmitted diseases and sexually transmitted infection prophylaxis. The incarcerated individuals who reported sexual abuse confirmed that the allegations did not involve a need for testing for sexually transmitted infections. A review of medical and mental health documentation for four incarcerated individual victims of sexual abuse indicated that all four were provided medical and mental health services. None of the allegations involved a need for testing for sexually transmitted infections.

115.83 (g): The PAQ stated that treatment services are provided to the incarcerated individual victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 5.1.2-A, page 21 states all services shall be provided without financial cost to the victim. ADCRR Department Order 125, page 9 states that treatment services will be provided to the victim without financial cost, regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident. The incarcerated individual who reported sexual abuse and was provided medical and mental health services confirmed that he did not have to pay for the services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known incarcerated individual-on-incarcerated individual abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 5.1.2-A, page 21 states the facility shall attempt to conduct a mental health evaluation on all known incarcerated individual-on-incarcerated individual abusers or resident on resident abusers within 60 days of learning of such abuse history and offered treatment deemed appropriate by mental health practitioners. ADCRR Department Order 125, page 11 states the institution shall conduct a mental health evaluation on all known incarcerated individual on incarcerated individual abusers within 60 calendar days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The interview with the mental health staff indicated he has not had an incarcerated individual referred to him for these purposes. He advised other mental health staff may provide these services. There was one incarcerated individual-on-incarcerated individual sexual abuse allegations made in the previous twelve months. The investigation is still open. There were zero known incarcerated individual-on-incarcerated individual abusers that required a mental health evaluation.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and incarcerated individuals who reported sexual abuse, this standard appears require corrective action. The interview with the mental health staff indicated he has not had an incarcerated individual referred to him for these purposes. He advised other mental health staff may provide these services.

Corrective Action

The facility will need to train applicable staff, to include mental health staff, on the requirements and process under provision (h). A copy of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. List of Sexual Abuse Allegations During the Corrective Action Period

The facility provided training to appropriate staff, to include the facility investigators and mental health care staff, on the requirement of a mental health evaluation or attempted mental health evaluation on known incarcerated individuals on incarcerated individual perpetrators. Staff signature were provided confirming receipt of the training.

The facility provided a list of sexual abuse and sexual harassment allegations during the corrective action period. There was one sexual harassment allegation reported and zero sexual abuse allegations reported.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Investigative Reports 5. Sexual Abuse Incident Reviews <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p>Findings (By Provision):</p> <p>115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 5.1.2-A, page 23 states facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. ADCRR Department Order 125, page 14 indicates that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse and sexual harassment investigation, where the final outcome was determined to be substantiated or unsubstantiated. The PAQ indicated that zero</p>

reviews were completed within the previous twelve months. A review of documentation indicated there were four sexual abuse allegations reported during the previous twelve months. Two of the four had a completed investigation and included a sexual abuse incident review.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 5.1.2-A, page 23 states such reviews shall occur within 30 days of the conclusion of the investigation. ADCRR Department Order 125, page 14 indicates that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse and sexual harassment investigation, where the final outcome was determined to be substantiated or unsubstantiated. The sexual abuse incident review shall occur within 30 workdays of the conclusion of the investigations. A review of documentation indicated there were four sexual abuse allegations reported during the previous twelve months. Two of the four had a completed investigation and included a sexual abuse incident review. Both were completed within 30 days of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 5.1.2-A, page 23 states the review team shall consist of upper-level management officials and the local PCM, with input from the supervisors, investigators and medical and mental health practitioners. ADCRR Department Order 125, page 14 indicates that the sexual abuse incident review team shall include the unit Deputy Warden, Chief of Security, and Correctional Officer IV, with input from the line supervisor, investigators, and medical and mental health practitioners. The interview with the Warden confirmed that sexual abuse incident reviews are completed and the review team includes upper level management officials, line supervisors, investigators and medical and mental health care staff. A review of documentation indicated there were four sexual abuse allegations reported during the previous twelve months. Two of the four had a completed investigation and included a sexual abuse incident review. Both included staff required under this provision.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 5.1.2-A, page 23 states unless mandated by client contract, a "PREA After Action Review Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. ADCRR Department Order 125, pages 14-15 indicates that the review team shall: consider whether the allegation or investigation indicates a need to change

	<p>policy or practice to better prevent, detect or response to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identify, LGBTI identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility 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 b staff; and prepare the Sexual Abuse Incident Review, Form 125-2, and report the findings and any recommendations for improvement. Interviews with the Warden, PCM and incident review team member confirmed that the facility conducts sexual abuse incident reviews and the reviews include the requirements under this provision. The Warden stated that information from the sexual abuse incident reviews is utilized for training, physical plant modifications and any other corrective action that will help the facility to be better in the future. The PCM indicated the facility conducts sexual abuse incident reviews and that he is part of the review team. He advised once the report is submitted the information is shared with Corporate and the client. He also advised that they follow-up on any recommendations, such as cameras and staffing. A review of documentation indicated there were four sexual abuse allegations reported during the previous twelve months. Two of the four had a completed investigation and included a sexual abuse incident review. Both included a review of the elements under this provision with incident specific narrative.</p> <p>115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 5.1.2-A, page 23 states the facility shall implement recommendations for improvement or document its reasons for not doing so. ADCRR Department Order 125, page 15 indicates the Warden shall implement the recommendations for improvement or shall document the reasons for not doing so. A review of documentation indicated there were four sexual abuse allegations reported during the previous twelve months. Two of the four had a completed investigation and included a sexual abuse incident review. Both included an area for recommendations.</p> <p>Based on a review of the PAQ, 5.1.2-A, Department Order 125, Investigative Reports, Sexual Abuse Incident Reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. PREA Portal Online Database
4. PREA Annual Report

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 23 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. A review of the PREA Portal Online Database confirms that information related to the allegation is entered into the database to include; the facility where the allegation occurred, how it was reported, the date it was reported, the incident date, the incident type, location it occurred, time it occurred and investigative outcome. Data is derived from this database. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 5.1.2-A, page 23 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of the GEO Group Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 23 states that each

facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 5.1.2-A, page 28 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

115.87 (e): The PAQ and further communication with the PCM indicated that the agency does not obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its incarcerated individuals. The agency does not contract for the confinement of its incarcerated individuals. The agency is a private for profit agency and houses other agency's incarcerated individuals.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 5.1.2-A, page 23 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

Based on a review of the PAQ, 5.1.2-A, the PREA Portal Online Database and the GEO Group Annual PREA Report, this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure
3. PREA Annual Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 5.1.2-A, pages 23-24 states that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including by: identifying problems 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 the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. The policy further states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. A review of PREA Annual Reports indicates that the reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The reports also includes definitions and program enhancements. The reports compares the data from the current year with the previous year. The interview with the Agency Head Designee indicated that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated

case. Any recommendations for improvement, problem areas identified or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. He indicated that GEO has a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, and the corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated that all of the agency's clients, except USMS, include GEO PREA data in their annual PREA reports as well. He confirmed the agency takes corrective action on an ongoing basis and that historical annual PREA data reports are available on GEO's website. He stated GEO has implemented several corrective actions since the PREA program's inception in 2012. The PC further confirmed that the agency prepares an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. He indicated GEO publishes a PREA report annually and the current and historical reports are available on the agency website. The PCM stated that facility data is utilized to identify trends and issues for corrective action.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 5.1.2-A, pages 23-24 state that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. A review of PREA Annual Reports indicate that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The reports also includes definitions and program enhancements. The reports compares the data from the current year with the previous year.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 5.1.2-A, page 24 states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. The interview with the Agency Head Designee confirmed that the annual PREA report is approved by the appropriate divisional authority for Secure Services and the CEO. The report is published online at <https://www.geogroup.com/prea>.

115.88 (d): The PAQ indicated when the agency redacts material from an annual

	<p>report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 5.1.2-A, page 24 states that GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of the PREA Annual Reports confirms that no personal identifying information is included in the reports nor any security related information. The reports did not contain any redacted information. The interview with the PC indicated that GEO only reports statistical data and incident types, personally identifiable information for confidentiality purposes.</p> <p>Based on a review of the PAQ, 5.1.2-A, the GEO Group Annual PREA Reports, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. PREA Annual Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 5.1.2-A, page 24 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The interview</p>

with the PREA Coordinator indicated that all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. He stated any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. The PC further stated in GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. These recommended improvements are submitted to the appropriate divisional authority annually for review and approval.

115.89 (b): The PAQ states that the agency will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public, at least annually, through its website or through other means. A review of the website: <https://www.geogroup.com/prea> confirmed that the current PREA Annual Report, which includes aggregated data for all GEO facilities, is available to the public online.

115.89 (c): 5.1.2-A, page 24 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. A review of the PREA Annual Report, which contains the aggregated data, confirms that no personal identifiers were publicly available.

115.89 (d): 5.1.2-A, page 24 and the PAQ indicate that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. A review of historical PREA Annual Reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, 5.1.2-A, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is a private for profit company. A review of the list of facilities and audit reports available on the agency website indicates that all GEO facilities have had a completed PREA audit.</p> <p>115.401 (b): The facility is a private for profit company. A review of the list of facilities and audit reports available on the agency website indicates that at least one third of the agency’s facilities are audited each year. The facility is being audited in the second year of the three-year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from incarcerated individuals.</p> <p>115.401 (n): The facility provided confirmation that the audit announcement was posted six weeks prior to the on-site portion of the audit. The auditor observed the audit announcement in each housing unit and in common areas on letter size white paper. The announcements were posted on bulletin boards within the housing units or were posted on the bulletin boards in the sally port of the housing building. The auditor observed that the audit announcement advised the incarcerated individuals that correspondence with the auditor would remain confidential unless the incarcerated individual reported information such as sexual abuse, harm to self or harm to others.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (a): A review of the website confirmed that the agency has uploaded final reports for audited facilities.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

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

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status 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?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

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

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a) Evidence protocol and forensic medical examinations		
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b) Evidence protocol and forensic medical examinations		
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c) Evidence protocol and forensic medical examinations		
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
	Does this specialized training include proper use of Miranda and	na

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender nonconforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b) Reporting to inmates		
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)		
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes