

PREA Facility Audit Report: Final

Name of Facility: Riverbend Correctional and Rehabilitation Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/01/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐
Auditor Full Name as Signed: Robert Manville	Date of Signature: 07/01/2026

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	05/26/2026
End Date of On-Site Audit:	05/28/2026

FACILITY INFORMATION	
Facility name:	Riverbend Correctional and Rehabilitation Facility
Facility physical address:	196 Laying Farm Road, Milledgeville, Georgia - 31061
Facility mailing address:	

Primary Contact

Name:	Angela Phams
Email Address:	aphams@geogroup.com
Telephone Number:	478-414-2325

Warden/Jail Administrator/Sheriff/Director

Name:	Angela Phams
Email Address:	aphams@geogroup.com
Telephone Number:	478-414-2325

Facility PREA Compliance Manager

Name:	Keith Kelly
Email Address:	KeKelly@geogroup.com
Telephone Number:	478-414-2320
Name:	Michael McRae
Email Address:	mmcrae@geogroup.com
Telephone Number:	229-315-4634

Facility Health Service Administrator On-site

Name:	Amber Conkle
Email Address:	amber.conkle@geogroup.com
Telephone Number:	478-414-2343

Facility Characteristics

Designed facility capacity:	1500
Current population of facility:	1495
Average daily population for the past 12 months:	1486

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18-82
Facility security levels/inmate custody levels:	Minimum/Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	249
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	15
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	4

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

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

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

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

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

Number of standards exceeded:

8

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.13 - Supervision and monitoring
- 115.17 - Hiring and promotion decisions
- 115.34 - Specialized training: Investigations
- 115.35 - Specialized training: Medical and mental health care
- 115.41 - Screening for risk of victimization and abusiveness
- 115.71 - Criminal and administrative agency investigations
- 115.86 - Sexual abuse incident reviews

Number of standards met:

37

Number of standards not met:

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-05-26
2. End date of the onsite portion of the audit:	2026-05-28

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:	Southern Crescent Sexual Assault Center, Crisis Line and Safe House of Central Georgia

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1500
15. Average daily population for the past 12 months:	1465
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1463
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	12
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	4
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	4
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	12

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	18
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	249
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	15
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	25
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed offenders from each housing unit.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2

50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I interviewed the mental health, medical, and intake staff, the PREA compliance manager, the unit manager, and a random sample of staff. I reviewed the screening instrument, which is uploaded to form an at-risk log with the reason the offender may be at risk. I also talked to the gay offenders to see if they were aware of any transgender offenders.

54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I interviewed the mental health, medical, and intake staff, the PREA compliance manager, the Lieutenant who is in charge of the special housing unit, a random sample of staff, and the facility administrator. I also reviewed the lock-up orders in the housing unit and all daily activity logs. I interviewed an offender who was in the segregation unit on self-protection to determine if it was fear of sexual abuse.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	14
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16

63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Unit Manager Mail Room Clerk Grievance Coordinator
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☒ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.	
71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No

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

☒ Yes

☐ No

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

During the site visit, the staff was actively involved with the staff who accompanied the auditor on the initial visit. Therefore, the auditor revisited the housing units with fewer staff members accompanying them. During the site reviews, the locations of cameras and mirrors, room layout, restrooms, and the placement of PREA posters and information were observed. Facility Notices in English and Spanish provided to the facility during the Pre-Onsite Audit Phase were found displayed in various locations throughout the facility. PREA reporting information and other PREA-posted information are in both English and Spanish and posted in all housing units and in numerous locations throughout the facility. Reminders of opposite-gender announcements are stenciled near the entries to housing units. The speed dial offender telephone was tested in several living units. Offenders are not required to utilize a PIN to contact the Georgia Tip Line or the PREA reporting line. During the site review, the auditors spoke informally with offenders, asking about their overall knowledge of the agency's zero-tolerance policy and the reporting methods available to them. Several offenders showed me how to use the telephone system. Most offenders were talkative and could articulate the agency's zero-tolerance policies. Every offender interviewed by the auditor during the tours and in the formal interview process reported feeling safe at this facility. Staff interviewed were engaging with the auditor and were also engaging with offenders. The auditor was able to contact the PREA Reporting Line, the Georgia TIP Line, and the Victim Advocate for emotional support. During the post-audit, it was determined that Southern Crescent will no longer provide victim services to offenders. Riverbend Correctional Facility is located at 196 Laying Farm Road in Milledgeville, GA. Riverbend Correctional and Rehabilitation Facility opened in 2011 under contract with GDC to provide secure care, custody, and control for minimum- and medium-security

male offenders. By contract, the facility does not serve blind or deaf offenders. The facility has a capacity for 1,500 offenders and employs 287 staff. The facility consists of 14 buildings with 277,635 square feet located on approximately 70 acres. There are four dormitory-style housing units with four pods each, housing 250 offenders; one housing unit with two dormitory-style pods and two-man cell housing pods, housing 250 offenders; one housing unit with four two-man cell housing pods, for 250 total offenders, and one lockdown unit with 50 segregation beds and 25 isolation beds.

The Receiving/Discharge area has holding cells with partitions for detainees to use restrooms in privacy. There is also an area for strip searches and for detainees to change clothes in privacy. There are offices located in this area that allow private interviews to be conducted. Zero-tolerance posters were displayed in the intake area. The auditor watched the intake process. When offenders arrive at the facility, they sign the facility property and the offender handbook. During the intake, mental health staff were conducting the PREA screening in a private office. It was noted that the Mental Health professional was engaged in conversation with the offender during the screening process. The conversation was in a private office, and the auditor could not hear what was being said.

The medical area consists of Examination rooms, observation rooms, a dental examination room, and a waiting area. The examination rooms had a screen tripod that is utilized when the examination includes any form of nudity by the offenders.

There are zero-tolerance posters in all food service areas.

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

There are recreational areas in this compound, including an activity center,

exercise equipment, hobby craft rooms, and an outdoor recreation area. There is a computer area where detainees can access learning programs. Zero-tolerance posters are located throughout the recreation area. The restrooms in each recreational area have partitions for privacy. There were PREA information boards in each recreational area. The Psychology Department contains a small conference room and individual offices for staff. There is a bulletin board with several informational posters for offenders, as well as a hotline number for PREA complaints. The Religious Services Department consists of a chapel area, group rooms, a music area, and offices. There were PREA posters in the religious services hallway and at the front entrance. There were no blind spots noted in this area.

The facility has replaced some of the cameras with high-definition cameras that were reviewed by the auditor. The new high-definition cameras were extremely impressive, with clarity and the ability to scan in and out for a complete view of the areas. The auditors' overall impression of the facility was that it is a clean and sexually safe environment in which PREA standards are reviewed and rehearsed by staff and offenders on an ongoing basis.

Documentation Sampling

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

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

☒ Yes

☐ No

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

The following documents were reviewed and retained by the auditor

- Random Staff PREA Questionnaire 8
- Accurate and Background checks for new staff 5
- Accurate and Background checks for promotion 2
- Annual PREA Questionnaire 24
- Background checks and approvals for five-year tenured staff 7
- Staff training, initial and yearly refresher 15
- Medical and Mental Health Training 7
- Offender initial intake orientation and receipt of handbook 15
- Offender Comprehensive Education 15
- Offender, Victim and Aggressor 15
- Reassessments 17
- Investigative files 3
- Incident Report of ongoing investigation 1
- Mental Health Assessment following an allegation 2
- Retaliation Logs 10
- Notification of Investigation outcome 3
- PREA unannounced Rounds 10

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	1	2	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	1	2	1

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	1	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	1	2	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

Staff-on-inmate sexual harassment investigation files

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

0

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

☐ Yes

☐ No

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

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

☐ Yes

☐ No

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

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

No text provided.

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

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

☐ Yes

☒ No

Non-certified Support Staff

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

☒ Yes

☐ No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination River Bend Correctional Rehabilitation Facility (RBCRF) LOP 10.22 Prison Rape Elimination Act (PREA). GEO PREA Organizational Chart 5.1.2 Zero Tolerance Policy Towards Sexual Abuse and Harassment 5.1.2-E PREA Investigation Procedure (Non-ICE).pdf 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure Employee Handbook Offender Handbook PAQ Interviews

Facility administrator

GEO PREA coordinator

Facility PREA Compliance Manager

115.11 (a):

PAQ Requires:

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

RBCRF LOP 10.22 Prison Rape Elimination Act and GEO Policy 5.1.2 exceed the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established, and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment.

RBCRF LOP emphasizes that it is the policy of The GEO Group, Inc. (GEO) that sexual activity between staff, volunteers, contract personnel, and offenders, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic or sexual nature. All employees, contractors, and volunteers are expected to have a clear understanding that GEO strictly prohibits any type of sexual relationship with offenders. This will be considered a serious breach of the standards of employee conduct, volunteer agreements, and vendor, service, and contractor agreements, and such relationships will not be tolerated. Engaging in a romantic and/or sexual relationship may result in employment termination and/or termination of contractual or volunteer status, or criminal charges. Program staff must take prudent measures to ensure the safety of both offenders and staff. Retaliation for filing a complaint will not be tolerated. In accordance with the Prison Rape Elimination Act of 2003 (PREA), all offenders identified as high risk for sexual victimization or those who have demonstrated sexually assaultive behavior will be assessed by a mental health provider or other qualified professional. Offenders with a history of sexually assaultive behavior or sexual victimization will be identified, monitored, and counseled.

Riverbend Correctional and Rehabilitation Facility will maintain a zero-tolerance approach towards preventing, detecting, and responding to sexual abuse and sexual harassment.

GEO Policy 51.2 includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in banned behaviors. Offenders are informed orally about the zero-tolerance policy and the PREA program during in-processing and during additional admission and orientation presentations. The orientation is offered in English and Spanish. Additional program information is contained in the offender manual and in postings distributed throughout the facility (as observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for offenders who do not speak or read English. Both institutional staff and offenders are provided with a wealth of opportunities to become familiar with PREA policies and procedures. All employees receive initial training, annual training, and updates throughout the year.

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

115.11 (b):

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

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

115.11 (c):

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

GEO ensures that all its facilities have a PREA Compliance Manager with sufficient

	time and authority to coordinate the facility's PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. At River Bend, the PREA compliance manager is supervised by the Facility Administrator. RBCRF provides support staff to assist the PREA compliance manager with their tasks in carrying out the PREA mandates from GEO. The administrative team meets regularly to develop strategies to foster a culture that provides a safe environment for staff and offenders. Throughout the tour, staff and offenders knew the PREA compliance manager's name and role at the facility. Both the GEO Group PREA Coordinator and Facility Compliance Manager advised that they have sufficient time and authority to coordinate efforts to comply with PREA standards. The facility provides additional support for PREA-related investigations, policy reviews, mock audits, and follow-up to the corporate PREA coordinator's office with questions or concerns. Compliance was determined by review of the agency organization chart, agency, and facility policies, both staff and offender training orientation PowerPoint presentations, posters, offender manual, and interviews with staff, contractors, volunteers, and offenders further provided evidence of compliance with this standard. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination River Bend Correctional and Rehabilitation Facility Contract with the Georgia Department of Corrections Work Statement Statement of Fact Interview PREA Coordinator GEO is a private provider and does not contract for the confinement of its offenders; therefore, this standard does not apply to this facility. The contracting statement of work mandates that the facility remain in full compliance with PREA standards. In an interview with the PREA coordinator for GEO, he indicated that the agency does not contract with any outside entity to house offenders. If the facility is operating at overcapacity, GEO would notify the contracting agency and document its

	current capacity. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination RBCRF Staffing Plan Unannounced Rounds 8/29/2025 Annual PREA Assessment Facility Schematics RBCRF LOP 10.22 Prevention and Intervention Program PAQ Interviews Facility Administrator PREA Compliance Manager Intermediate Staff PAQ 115.13 (a)(b): The agency shall ensure that each facility it operates develops, documents, and makes its best efforts to comply regularly with a staffing plan that provides for adequate staffing levels and, where applicable, video monitoring to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); (6) The composition of the offender population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factor.

The agency requires each facility it operates to develop, document, and regularly implement a staffing plan that provides for adequate staffing levels and, where applicable, video monitoring to protect offenders against abuse.

Since August 20, 2012, or the last PREA audit, whichever is later, the average daily number of offenders: 1486

The annual average daily number of offenders used to develop a staffing plan was 1,500.

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

The center provided a staff plan for 2025, a staffing plan assessment, and LOP 10.22

RBCRF LOP 10.22 mandates that each department supervisor shall evaluate the department's operations and propose operational improvements within allotted resources. Consideration shall be given to realistic coverage for all essential posts and for coverage required for training, days off, annual and sick leave, and other authorized and unauthorized absences.

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

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

The staffing plan is based on the following criteria:

- Generally accepted detention and correctional practices.
- Judicial findings of inadequacy.
- Findings of inadequacy from Federal investigative agencies.

- Findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant.
- The composition of the offender population.
- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- Applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse, and
- Other relevant factors.

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

There have been no judicial findings of inadequacy by federal investigative agencies or by internal or external oversight bodies relevant to this standard. All essential posts are filled each shift, and none are left open for savings. When programs are offered, staffing is increased to provide additional supervision. There has been no deviation from the staffing plan, as evidenced by interviews with the facility administrator and PAQ.

115.13 (c):

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

The facility provided policy RBCRF LOP 10.22 and annual assessment dated 8/29/2025

RBCRF LOP 10.22 mandates that, whenever necessary and at least annually, the staffing plan be reviewed and documented during the Annual PREA Facility Assessment. This completed form is submitted to the Corporate PREA Coordinator and the Corporate Divisional Vice President for signature and approval of any recommendations made to the established staffing plan, to include the deployment of video monitoring systems and other monitoring technologies or the allocation of additional resources to maintain compliance with the plan.

In an interview with GEO's PREA Coordinator, he reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the Annual PREA Facility Assessments, which he reviews and approves for each of the agency facilities annually. The latest staffing assessment was on September 24, 2025.

115.13 (d):

Each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

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

The facility housing unit logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night, and on the weekends. Additionally, the intermediate staff was interviewed. Each shift supervisor is required to visit each area of the facility at least once during each shift. The Administrative Duty Officer visits areas of the facility and conducts unannounced PREA rounds during the day, in the evenings, and on weekends.

The supervisor documents the visits in logbooks located at the entrances to the housing units. The ADO unannounced rounds are documented on the PREA unannounced rounds form, which is maintained by the chief of security and the PCM.

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

Facility Administrator Interview: We are contractually mandated to maintain a minimum mandatory post staffed by alert, able staff at all times. We accomplish this by paying overtime, holding over staff to man essential mandated posts.

Compliance Manager: We conduct an annual assessment that is reviewed by the GEO

	regional Director, the vice president of operations, and the GEO PREA coordinator. Compliance was further determined by staff interviews conducted during the tour of all areas of the facility and interviews with the Chief of Security, Facility Administrator, PCM, Human Resource Manager, and Correctional Staff; reviews of documented staffing rosters, daily supervisory checks, and facility workforce meeting records; pay period staffing reports, and the examination of the video monitoring system. A comprehensive tour of the facilities was conducted during the audit, which included identifying blind spots, reviewing camera coverage, and assessing staff availability in areas where offenders are assigned. The auditor conducted a detailed review of the cameras during the on-site tour. It was determined that the additional cameras and mirrors have enhanced the facility and reduced the blind spots where possible. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination, RBCRF Contract for Service Statement of Fact Interviews: Facility Administrator PREA Compliance Manager Medical Staff Intake staff 115.14 (a)(b)(c) The PAQ requires that the facility prohibit placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarter. In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. Agencies shall make every effort to avoid placing youthful inmates in isolation in compliance with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special

	education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. The facility provided a statement of fact RBCRF does not house youthful offenders. Compliance was determined by reviewing the Contract for Services, policy, and interviews with intake staff, the facility administrator, and the agency designee. The facility administrator provided a statement of fact that the facility is not allowed to house youthful offenders. Facility Administrator: All of our offenders are vetted by the U.S. Marshal or the local sheriff's office prior to their arrival at this facility. By contract, we are not authorized to house youthful offenders. Medical and mental health staff interviews indicated that they review all offenders authorized to accept during medical intake and ask offenders for their age. If an offender indicated they were under 18, we would notify the center administrator and place the youth in an isolated medical room until they could be removed from the facility. The Intake staff indicated that the facility does not accept individuals under 18. The notice to detain includes age, which is the first piece of information reviewed during the intake process. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination. 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure RBCRF LOP 10.22 Prevention and Intervention Program Interviews Random Staff Random Offenders Targeted Offenders

115.15 (a)(b)(c)(d):

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

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

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

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

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

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

The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

The facility provided policies, RBCRF LOP 10.22 Prevention and Intervention Program, and interviews with random staff, offenders, and specific transgender and female offenders.

RBCRF LOP 10.22 mandates that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

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

RBCRF does not house female offenders.

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

searches.

RBCRF shall document and justify all cross-gender strip searches and cross-gender visual body cavity searches of offenders.

LOP 10.22 mandates that Offenders should be allowed 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.

Riverbend shall not search or physically examine a transgender or intersex individual solely to determine their genital status. If the genital status is unknown, it may be determined during conversations 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.

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

RBCRF 10.22 enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their Breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The living area showers have curtains that provide for offender privacy while showering. Toilet areas have partitions with doors, allowing offenders to use the restroom without being seen by staff. The medical area has a wraparound curtain for privacy during examinations. All toilets in the living units have partitions and a wall in front of the bathroom to provide privacy. All other areas reviewed during the tour had partitioned or single toilets with doors to provide privacy. All residents stated they can shower, use the toilet, and change clothes without being seen by staff members.

The facility has implemented a policy requiring all staff of the opposite gender working in the units to announce themselves before walking the range, allowing offenders the opportunity to prepare from a privacy perspective.

Offenders interviewed acknowledged they were allowed to shower, dress, and use the toilet without being viewed by staff of the opposite gender. Postings are located throughout the living units, reminding person of the other gender to announce their presence.

Random Offender Interviews: Forty offenders were interviewed. Thirty-eight indicated that staff announce their presence when entering their living units. All offenders indicated they can shower, change clothing, and use the toilet without being seen by staff of the other gender. They all indicated there were partitions and curtains around the showers and bathrooms, and the facility did not have any group showers.

Staff interviews: All staff have received training in conducting cross-gender and

	transgender pat searches within the last 12 months. All were aware that their agency prohibits the search of a transgender or intersex offender to determine their sexual gender. Based on this analysis, the facility is substantially compliant with this provision and no corrective action is required.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination, RBCRF LOP 10.22 Prevention and Intervention Program PREA Poster English / Spanish- Large PREA Hotline Dialing Instructions English-Spanish PREA Posters English and Spanish, Access to Outside Confidential Services English-Spanish Interpreter Services for GDC Lionbridge -.pdf Inmate handbook - English/Spanish PAQ Interviews LEP offenders Low Vision Disabled Offender Hard-of-Hearing Offenders Cognitively disabled offender. Random Staff Intake staff 115.16 (a) PAQ requires that the agency establish procedures to provide disabled offenders

equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility provided LOP 10.22, PREA Posters, PREA Video Script, Offender Handbook, Offender PREA Brochure, TTY Tablet, and Contract with Big Language Solutions.

RBCRF LOP 10.22 mandates that the facility shall not discriminate against offenders with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services by the Americans with Disabilities Act and the provisions established in this policy. The facility has several bilingual staff members, and interviews with residents and staff indicated that they knew bilingual staff members and used their services to communicate with the offender population. Through policy and practice, the facility staff ensures that offenders with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has TTY machines for hard-of-hearing offenders. The auditor utilized the language.

115.16 (b)(c):

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

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

In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations: 0

The facility provided LOP 10.22, staff training, a list of bilingual staff, a Tablet, posters in English and Spanish, a contract for Language Line, and targeted offender interviews.

The targeted offenders interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA-related information (written information), including postings, Brochures, and handouts, is available in English and Spanish. The facility has access to translation services and written access in other languages. Staff may also read information to offenders when necessary. Agency and facility policies prohibit offenders from being relied on as readers or any type of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety. The facility maintains a

list of staff who are bilingual. During the onsite audit, two hard-of-hearing offenders, one low-vision offender, one cognitively disabled offender, two LEP offenders, and two disabled offenders were interviewed. All offenders indicated they were aware of PREA, had received training on PREA, and were aware of the auditor being at the facility during the onsite audit. The facility provided a list of staff who were Spanish-speaking. The language line staff were extremely fluent and provided the appropriate service to the auditor. All LEP offenders indicated that they received the handbook and other related PREA documents in Spanish.

RBCRF LOP 10.22 Prevention and Intervention Program mandates that the agency shall not

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

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

All staff interviewed indicated they would not use offenders to make any allegations or provide any training to other offenders. Eight of the staff interviewed indicated they would utilize other staff. four of the staff were bilingual. Eight of the staff interviewed were aware of the language line; however, they had not used the system.

Site Review

All posters were found to be in English and Spanish. TTY phones are in several living units. There is also a telephone in each housing unit that allows offenders to have face-to-face calls.

The agency head indicated that across all of GEO's facilities, we have developed PREA educational materials in various formats to ensure that individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. We have developed posters, pamphlets, videos, large-print materials, etc., and have provided TTY phones, access to language lines, and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on inmates to do this for us. GEO also reaches out to community-based resources (i.e., local colleges or organizations) that might be willing to assist us.

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

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following policies, directives, interviews, and documentation were reviewed in determining compliance with this standard: 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure GEO LOP 10.22-A Sexual Abuse/Assault Prevention and Intervention GEO online application form PREA annual disclosure waiver PREA promotional disclosure waiver PAQ Background Checks PREA Questionnaire Interview with Human Resources 115.17 (a)(b): The PAQ indicates: Agency policy prohibits hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor who may have contact with offenders who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The agency policy provided RBCRF LOP 10.22, Background check for employees and contractors, and GEO policy 5.1.2 A. GEO policy 5.1.2 A .and RBCRF LOP 10.22 mandate the following a. The River Bend Correctional Rehabilitation Facility is prohibited from hiring or promoting anyone (who may have contact with Individuals in a GEO Facility or

Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.

b. The River Bend Correctional Rehabilitation Facility will consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Offenders in the facility.

c. The River Bend Correctional Rehabilitation Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees, Contractors, and Volunteers every five years.

d. River Bend Correctional Rehabilitation Facility will ask all applicants and employees who may have contact with Offenders directly about previous sexual abuse misconduct as part of its hiring and promotional process, and during annual performance reviews for current employees.

e. River Bend Correctional Rehabilitation Facility shall also impose upon Employees a continuing affirmative duty to disclose any such conduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

f. Unless prohibited by law, Facilities shall provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former Employee upon receiving a request from an institutional employer for whom such Employee has applied to work.

When the hiring manager identifies a candidate for the job, the terms of the job offer will be submitted to the hiring authority for approval. The HR representative will communicate the offer to the candidate in writing (contingent upon successful background checks and drug screen), negotiate necessary terms (as approved by the hiring authority), and schedule a mutually convenient start date.

According to the Human Resources interview and documentation presented to the auditor, the facility forwards a request to the Georgia Department of Corrections to conduct a background check and approve the person for hire. The facility then forwards the information to Accurate to complete the final background check, which includes work history, education, and any PREA substantiated allegation of sexual abuse or sexual harassment.

Prior to submission for hire, promotion, during annual performance appraisals, and every five years, staff are asked the following questions.

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

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

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

115.17 (c):

The PAQ requires that, before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

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

According to the PAQ, 75 background checks were completed in the past 12 months.

115.17 (d):

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

The facility conducts criminal background checks through Accurate Background before engaging any contractor or volunteer. In the information provided on the Pre-Audit Questionnaire, in the past 12 months, there were 14 background checks for contractors.

115.17 (e):

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

Agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with offenders. In an interview with the human resource director, the facility maintains a spreadsheet on all staff hiring dates and completes a background check before the

staff's five-year tenure. This was verified by reviewing the personnel files of staff with five years' tenure.

115.17 (f):

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

RBCRF asks all applicants and employees who have contact with offenders directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Employees and contractors complete a PREA Disclosure and Authorization Form – Annual Performance Evaluation annually. For consideration for

For promotions or transfers, employees complete a PREA Disclosure and Authorization Form and a GEO internal PREA verification. The auditor reviewed ten questionnaire forms.

115.17 (g):

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

RBCRF LOP 10.22 Prevention and Intervention Program mandates that employees and contractors must disclose such misconduct referenced in this standard. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. Human Resources interviews indicate that the GEO policy mandates staff report any contact with law enforcement or civil courts on their first day back to work. She indicated she keeps a folder and shares it with the facility administrator during their morning briefings.

115.17 (h):

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

RBCRF LOP 10.22 mandates that, unless prohibited by law, GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.

The Human Resources interview indicated that the facility will request a signed release of information and forward it to the corporate office, which maintains the Sexual Abuse and Sexual Harassment database. The Corporate Office will forward the

	information to the prospective employer. Exceed compliance was determined through pre-audit documentation, the PAQ, interviews with the human resources director, and a review of 30 randomly selected staff files, including new hires, promotions, and contractor files. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following policies, directives, and documentation were reviewed in determining compliance with this standard: Facility Camera System Annual PREA Assessment Monitoring System Upgrades Statement of Fact There have been no additional modifications or expansions to RBCRF during the last audit period. The facility has not made any upgrades to the camera system. The facility underwent a significant upgrade in 2020, incorporating advanced cameras and monitoring systems. Compliance was determined through a review of facility camera coverage and interviews with the agency head's designee and the facility director. The new high-definition cameras offer the ability to zoom in and out and scan areas. In an interview with the agency head designee, he stated: GEO routinely uses new technology to better monitor staff and inmates within its facilities. GEO routinely adds or improves camera coverage within its prisons, jails, reentry, and youth facilities. New technology is added to screening areas to control contraband and help maintain the safety of our facilities. Corporate operations staff routinely meet with vendors to identify more efficient and effective ways to bolster security and safety across our facilities. The company monitors events at both the local and national levels to identify patterns where improvements can be made. This monitoring has been made possible by nationally implemented software applications and systems, enabling audit results and events to be tracked and compared more easily. The facility administrator stated that the facility conducts an annual assessment of staffing and camera coverage. There have been no additional cameras requested in

	the last 3 years. Based on this analysis, the facility is substantially compliant with this provision and no corrective action is required.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations, MOU with Southern Crescent Sexual 5.1.2-E PREA Investigation Procedure (Non-ICE) 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure. Interview with Crisis Center SANE staff Interviews: PREA compliance manager, Facility investigator Staff from Crisis Center Interview with staff from Southern Crescent Center 115.21 (a): The PAQ requires The agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The facility provided LOP 10.22 ensures that all allegations of sexual abuse or Sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The facility shall document all referrals. b. Due to client contract requirements, the facility may be required to follow specific client PREA investigations policies. If the client policy is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA Standards shall prevail, and a site-specific supplemental policy shall be developed. c. RBCRF shall ensure that:

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

The Georgia Department of Corrections is responsible for conducting criminal and administrative sexual abuse investigations. Prior to conducting an administrative investigation into non-criminal behavior, River Bend will ask the Georgia Department of Corrections whether it would like to do so. If they choose to defer to the facility, a trained investigator will conduct administrative investigations.

Staff interviewed indicated they were aware of their responsibilities to secure the scene; to ask offenders not to change clothes, take a shower, eat, use the restroom, or do anything that would destroy DNA evidence; to call their supervisor; and to stay with the victim until assistance arrived. Of the 14 staff interviewed, eight knew that Local Law Enforcement would conduct the criminal investigations. All knew that the GEO investigator would conduct an administrative investigation. Some of the staff indicated that GEO investigators would conduct Criminal and administrative investigations.

115.21 (b):

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

115.21 (b): Per interview with the PCM, the agency and facility follow a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". River Bend does not house youthful offenders.

115.21 (c):

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

The facility provided a signed MOU with Southern Crescent Center and contact information with the Crisis Center of Central Georgia for SANE.

115.21 (c): Baldwin County Hospital was contacted about SANE services. The hospital

indicated they would provide treatment and transfer the patient to a SANE facility located in Macon. The medical center provided telephone numbers, and the auditor called the Crisis Center. The Crisis Center indicated they provide SANE services, including in-house victim advocates, mental health counseling, and follow-up services for victims of sexual abuse.

In interviews with Crisis Center staff, all SANE staff have advanced training in conducting SANE. There is always SANE staff at the center or on call.

According to the information reported on the Pre-Audit Questionnaire, no SANE exam was performed in the last 12 months.

115.21 (d):

The PAQ requires that the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency will make a qualified staff member from a community-based organization or an agency available to provide these services. Agencies shall document efforts to secure services from rape crisis centers. For this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C.14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

RBCRF provided that they had an MOU with the Southern Crescent Sexual Assault Center for victim advocate service. Offenders are made aware of the victim Advocacy support services available to them and how to access them in the Inmate Handbook and on PREA posters displayed throughout the facility in English and Spanish.

An MOU was signed with Southern Crescent Sexual Abuse (SCSA). In an interview with the Southern Crescent Sexual Abuse Service, the center will no longer provide victim advocates and is no longer willing to continue the MOU with the correctional facility. When asked if the facility had been informed of this change, the staff at the SCSA indicated they were not aware whether they had informed the facility.

The facility has trained Mental Health Staff to provide victim advocacy services, emotional support, and mental health treatment.

As part of a corrective action plan, the center asked for volunteers to provide victim advocacy services. Originally, two staff members were trained to provide these services. Two additional staff members have volunteered and will complete the training in two weeks.

115.21 (e)(h):

The PAQ requires that, as requested by the victim, a qualified agency staff member or a qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory

	interviews, providing emotional support, crisis intervention, information, and referrals. The PAQ requires that a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The facility is working with the Crisis Center and searching for a qualified crisis center program to develop an MOU for victim advocates. At present, the center has trained two staff members to provide victim advocacy services for SANE. Staff received the training from the PREA resources center through Just Detention International, as listed in the PREA Dashboard. The center is also part of RAINN'S network for victim emotional support. RAINNS was contacted and provided the rape crisis center of Macon to provide emotional support. 15.21 (f): The PAQ requires that, to the extent that the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. 15.21 (f): Based on the statement of fact by the facility administrator and investigator, GDC staff conduct all criminal investigations at the facility. GDC may refer to State law enforcement for assistance in criminal investigations. GDC may request that the facility investigator conduct sexual harassment or non-criminal administrative investigations, or some parts of administrative investigations, such as staffing levels, blind spots, or staff neglect. The Facility Administrator and the facility compliance manager indicated during the interview that they have a working relationship with the GDC. The PCM indicated that GDC has a full-time contract monitor at the center who can provide updates on investigations. Based on this analysis, the facility has completed a corrective action and is substantially compliant with this provision.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

RBCRF LOP 10.22

PREA tracking report.

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

Interviews with

Agency head,

Facility investigator

115.22 (a):

PAQ requires the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 5

In the past 12 months, the number of allegations resulting in an administrative investigation: The PAQ indicated 3.

In the past 12 months, the number of allegations referred for criminal investigation: 1. This case is ongoing.

RBCRF LOP 10.22 and 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure establishes that the River Bend Correctional Rehabilitation Facility will 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.

The facility refers allegations to the Georgia Department of Corrections. Facility staff are required to preserve the crime scene until the investigator arrives to process and collect the evidence. The GDC and the facility investigator will process the evidence from the crime scene. Facility investigators are trained in conducting sexual assault investigations in confined settings/ prisons.

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

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

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

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

115.22 (b):

The PAQ requires;

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

GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure ensures that allegations of sexual abuse or sexual harassment that appear to be criminal are referred for investigation to an agency that has the legal authority to conduct criminal investigations. RBCRF facility

Administrator, RBCRF refers all allegations of sexual abuse that are criminal to the Georgia Department of Corrections. The facility documents all referrals of allegations of sexual abuse or sexual harassment. All allegations are documented and tracked on the PREA Case Tracking Log. An interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment, and referrals for criminal investigations, is published on the agency website at <https://www.geogroup.com/PREA>.

115.22 (c):

The PAQ requires:

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

Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.

The auditor reviewed the GEO Group website and established that the agency does describe the responsibility of the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RBCRF LOP 10.22 GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure Training curriculum. Training and roll call meetings. Annual Refresher Training Staff Attendance Record, Random staff training records. Random Staff Interviews 115.31 (a): The PAQ requires The agency shall train all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The facility provided the following. All staff are provided training that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the offenders and preserving the possible crime scene. Staff undergoes preservice training at the facility before making any contact with offenders. Fourteen staff were interviewed. All indicated they receive training on the following topics in the PREA service and at the GDC training academy. The preservice and annual training include: ■ Zero-tolerance policy for sexual abuse and sexual harassment

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

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

Fourteen random staff members were interviewed. All staff attended preservice training at the GDC Training Academy and annual in-service training, as evidenced by interviews and reviews of their training files.

During the tour of the facility, the auditor viewed a PREA training presentation and spoke with staff throughout the facility. A total of 8 staff were asked about training. Each indicated that they attend training each year. When asked, all indicated that it is part of the pre-shift briefing on a regular basis.

115.31 (b):

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

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

115.31 (c):

The PAQ requires:

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

The facility provided:

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

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

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

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

The facility provided:

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

They also sign a PREA Basic Acknowledgment Training form upon completion of general PREA training and a Cross Gender Pat Searches & Searches of Transgender and Intersex acknowledgment form. Documentation of annual PREA training for employees is recorded on individual training records maintained by the training coordinator.

A sample of fourteen (14) staff training files was reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed, and officers assigned to the restrictive housing unit also receive additional training. The extensive training provided and the staff's knowledge of PREA requirements confirmed that the facility is compliant with this standard. A review of documentation and staff interviews further confirmed that the facility is compliant with this standard.

In an interview with staff, administrators, and training staff, the facility conducts pre-service training that includes observing all areas of the center, classroom training,

	computer-based training, and specialized staff-provided training. The direct care staff then attend the GDC academy for five weeks, which includes the training curriculum noted in this standard. The staff then shadow staff for an additional two weeks before being assigned to a Post. This training provides an enriched environment that helps begin developing a PREA culture. Based on this analysis, the facility exceeds compliance with this provision, and corrective action is not required.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RBCRF LOP 10.22 Documentation of Contractor Training sign-in sheets Interview with Mental Health Provider Commissary Staff Volunteer for Canine Program 115.32 (a): The PAQ requires: All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility provided RBCRF LOP 10.22 mandates that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The facility employs 13 volunteer or contracted staff. 115.32 (b)(c): The PAQ requires: The level and type of training provided to volunteers and contractors are based on the services they provide and the extent of their contact with inmates.

	The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The facility provided: All contractors receive the same PREA training as employees before assignment and sign the training roster. The volunteer training curriculum was provided for review. The training included the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with intimates. Volunteers receive this training annually and sign a Documentation of Volunteer Training Form. Volunteer and contractor training is maintained in the volunteer electronic files. The mental health staff also received specialized training as mandated by standard 115.35. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.33 Inmate education	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RBCRF LOP 10.22 Offender Handbook Receipt of training for new arrivals, Receipt of training for transfers Offender PREA Brochure Facility PREA Postings Offender Receipt of PREA Comprehensive Education Offender Orientation Fourteen offender training files reviewed. 115.33 (a): The PAQ requires: During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The facility provided

RBCRF LOP 10.22 mandates that all offender receive information at the time of intake and if transferred from another facility, about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents, and are informed of the agency/facility policies and procedures for responding to such incidents.

In an interview with intake staff, on the day of arrival, offenders receive an Offender Handbook, a Sexual Assault Prevention and Reporting Offender/Student Information brochure, and sign a Receipt for Adult Offender Handbook and Adult Disciplinary Procedures form. This was observed during the audit of an offender's intake.

There are posters located throughout the intake area, including holding cells, walls, and sally port entrances, that indicate that Riverbend has a zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

115.33 (b)(c):

The PAQ requires

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

The facility provided:

Offenders receive comprehensive PREA on the day after their arrival at the facility. This is completed by a case manager who includes having the offender watch the PREA information video. Then she explains the posters, the facility's zero tolerance policy, how to report, and general information about PREA. They are provided with a brochure and handbook during the intake process.

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

115.33 (d):

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

The facility provided:

All PREA education provided to offenders is in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills. The offender handbook, the PREA brochure,

and all verbal information given are provided in both English and Spanish. A contract for translation services is provided to ESL offenders to translate into any other language. Many of the staff at the center are bilingual and provide training as needed. All of the staff assigned to the Intake area are bilingual. TTY machine is available for the hearing-impaired. A vision-impaired offender interviewed indicated that he understood the training and could read the large posters throughout the facility.

The facility also provided a statement of fact and a contract indicating that it does not house blind or deaf offenders.

115.33 (e):

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

In a review of 14 random offender files, all had documentation of receipt of written PREA education material. Additionally, over 40 offenders were interviewed and stated that they had received orientation training, PREA handbooks, and comprehensive training upon arrival at the facility.

115.33 (f):

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

The facility provided posters, including Sexual Assault Prevention and Reporting Posters, GEO Zero Tolerance Posters, and End the Silence Posters. And Victim Advocacy Services. These posters were informative and included telephone numbers and addresses. Also, a Notice of Audit was posted throughout the facility.

Posters also included

PREA Inmate Poster Spanish Small

PREA Poster Spanish - Large.

Inmate handbook - Spanish.

PREA Inmate Poster English Small.

PREA Poster English - Large Inmate.

PREA Hotline Dialing Instructions English/Spanish.

Access to Outside Confidential Services English-Spanish

Per interviews with the PCM and case manager, PREA education provided to offenders is available in formats accessible to all offenders, including those who are limited

	English proficient or have limited reading skills. The facility has PREA pamphlets, posters, handbooks, and forms available in both English and Spanish. The facility has bilingual staff who are used as interpreters. A contract with Language Line Services provides translation into any other language. The limited English-proficient offenders interviewed acknowledged that the information was provided in understandable formats. According to information reported on the PAQ, 1382 offenders were admitted to the facility in the past 12 months, and 100% received PREA information at intake. There were 1382 offenders with a length of stay in the facility of 30 days or more during the past 12 months, and 100% of these offenders received the comprehensive education. Forty offenders were interviewed. All offenders indicated they had received training upon arrival at the facility. The offenders interviewed indicated that they watched a video and were given information. Ten of the offenders indicated they did not read the information. All other offenders indicated that they read and understood the information they received upon arrival. Four of the offenders interviewed were LEP and indicated that staff at the intake were bilingual and provided information in their language. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RBCRF LOP 10.22 GEO Policy 5.1.2-E PREA Investigation Procedure (Non-ICE) Training Curriculum Specialized Training Certificates 115.34 (a): The PAQ requires, in addition to the general training provided to all employees pursuant to § 115.31, that the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The facility provided: RBCRF LOP 10.22 LOP 10.22 mandates that, in addition to the general training provided to all

	employees pursuant to §115.31, the agency ensure that, to the extent the agency itself conducts or assists in conducting an investigation, the employees will have been trained to conduct a sexual abuse investigation in a correctional setting. 115.34 (b): The PAQ requires specialized training that shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility provided: The facility Investigators have completed investigating sexual abuse in a confinement setting and have received additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse, delivered by the GEO training staff. The training curriculum was reviewed and included interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A copy of the training curriculum was provided for review. 115.34 (d): The PAQ requires that the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The facility provided: The facility has one trained investigator. The agency maintains documentation that investigators have received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. In review of the investigator's training files, the investigator has completed this specialized training, as well as general training provided to all employees, and documentation is maintained by the facility. In the interview with the facility investigator, he confirmed receiving specialized training and general PREA education provided to all employees, and was able to confirm the topics included in the specialized training he received. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

Signed PREA training Sign In Sheets

Training Curriculum

Interviews with Medical and mental health staff

115.35 (a):

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

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

115.35 (b):

The PAQ requires that if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

The facility provided a Statement of Fact that the medical and mental health staff do not conduct forensic examinations.

115.35 (c):

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

The facility provided:

Staff sign an acknowledgment of training in specialized and generalized PREA. The staff documentation is maintained in the GEO database and has been provided for review. Thirty-eight medical or mental health staff members received the training.

In interviews with medical and mental health staff, the staff indicated that the training

	included (1) how to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 115.35 (d): The PAQ requires all medical staff assigned to the facility to attend the same training as required mandated for employees by §115.31. The facility provided: The staff provided acknowledgment that the medical and mental health staff received this training. In addition to this training, the staff who were assigned to the facility through a contractor received specialized training. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure. PAQ RBCRF LOP 10.22 Screening intake by medical/mental health staff Completed the RBCRF Victim/Aggressor Classification screening form Completed PREA Vulnerability Reassessment Questionnaire Screening documents Mental health referrals. Mental Health Evaluations, Interviews with Mental Health Staff who conduct screenings

Random and Target Offender

Screening documents

115.41 (a)(b):

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

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

The facility provided

GEO Policy 5.1.2 A. and RBCRF LOP 10.22-A states, "a. All Individuals in a GEO Facility or Program shall be assessed during intake and upon transfer for their risk of being sexually abused by another Individual in a GEO Facility or Program or being sexually abusive towards another Individual in a GEO Facility or Program.

This screening shall take place within 24 hours of arrival at all Facilities utilizing an objective screening instrument. River Bend utilizes the Victim/ Aggressor Screening Assessment.

In addition to the screening instrument, individuals tasked with screening shall conduct a thorough review of any available records (e.g., medical files, pre-sentence investigation reports) to assist in risk assessment.

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

According to information provided on the PAQ, in the past 12 months, 1365 offenders who entered the facility were assessed for their risk of victimization or abuse upon arrival. Random sampling of offender files and offender interviews confirms that offenders were typically screened within 24 hours of arrival.

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

Intake screening takes place within 24 hours of the offender's arrival at the facility. The process used includes part of the initial intake. Once the offender is searched, they receive PREA pamphlets and handbooks. During that time, the mental health or trained case managers assigned to conduct the screening review the offender's file and meet with the offender. During this meeting, the staff introduced the screening instrument to the offender and explained its purpose. Mental Health staff who conduct the screening instrument discuss the offender's past history and discuss if he

had ever been a victim, his sexual orientation, any disabilities, and if he had ever been charged with a sexual offense. According to the staff who conduct the initial screening, all offenders are asked whether they would like to speak with a mental health counselor while at the facility. The offender is then asked to sign to acknowledge receipt of the screening. If the offender has a history of victimization or predator behavior, or if the offender admits to being transgender, the screening staff completes a referral that is sent to the mental health staff to set up an interview with the offender.

The facility also conducts medical screening that includes some of the same information as the screening instrument.

115.41 (c):

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

The facility provided:

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

115.41 (d)(e):

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

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

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

The Indicator Tool was reviewed. It contains:

- Whether the offender has a mental, physical, or developmental disability?
- The age of the offender?
- The physical build of the offender?

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

115.41 (f):

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

The facility provided policy RBCRF LOP 10.22, which requires that, within a set time, not exceeding 30 days from the offender's arrival at the facility, offenders be reassessed by their assigned Case Manager for their risk of victimization and abuse using the Follow-up, Annual & Reassessment Sexual Violence Assessment Tool.

According to the information provided on the Pre-Audit Questionnaire, 1278 offenders were reassessed within 30 days of their arrival.

Forty offenders were interviewed. Thirty-two of these offenders had been at the facility for more than thirty days. Each offender indicated they had been reassessed within the first 30 days.

The facility provides the auditor with randomly requested initial and reassessment for offenders who were interviewed as part of the formal interview process.

115.41 (g):

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

The facility provided LOP 10.22, which requires an offender's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Annually, during annual classification review assessments, offenders are reassessed for risk of victimization or abusiveness using

the Reassessment Sexual Violence Assessment Tool. Transgender offenders are reassessed a minimum of every six months.

115.41 (h):

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

The facility provided LOP 10.22, which mandates that offenders not be disciplined for refusing to answer questions or for failing to disclose complete information.

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

115.41 (i):

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

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

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

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

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

During the on-site assessment, the offender's files were reviewed. They were locked in a sliding cabinet in the records office and can only be accessed by entering the office and unlocking the cabinet.

All offenders are screened upon transfer into the facility, including those who leave the facility for court appearances or other administrative purposes.

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: Risk assessment log Screening documents GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure RBCRF LOP 10.22 Interview with PCM Staff who conduct screening Mental Health 115.42 (a): The PAQ requires that the agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility provided:) 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure and RBCRF 10.22 The agency uses the information from the risk screening form to make housing, bed, work, education, and program assignments to separate offenders at high risk of being sexually victimized from offenders at high risk of being sexually abusive. The facility maintains a Bed Location chart that determines the at-risk offenders and possible predator offenders. The classification and PREA compliance managers explained that before assigning an offender to a bed, the intake staff reviews the open beds to determine the rooms that house at-risk and possible predator offenders. This same information is utilized in programming and work assignments for offenders. LOP 10.22 and interviews with shift supervisors indicated that local operating procedures indicated Offenders identified as high risk with a history of sexually assaultive behavior or at risk for sexual victimization will be given a mental health evaluation. Based on the results of this evaluation, the following services will be provided as necessary: (5-ACI-3D-12) (5-ACI-3D-13) a. Case Management

b. Anger Management

c. Memo will be sent to the Classification Committee for appropriate security action which may include a request to transfer to a special treatment program; transfer to a facility with greater security; treatment of trauma; treatment of paraphilia's or referral to a psychiatrist.

The information gathered in the risk screening will be used to inform housing, bed, work, education and programming assignments with the goal of keeping separate.

115.42 (b):

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

The facility provides LOP 10.22

Local Operating procedure requires that individualized determinations be made about how to ensure the safety of each offender. Offenders at high risk of being sexually victimized are those at high risk of being sexually abusive. Determinations regarding the safety of each offender will be made on an individual basis. Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible, tracked as a potential victim, and housed separately from the potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. The PREA Compliance Manager will also maintain a tracking log of individuals who self-identify as LGBTI and their housing locations.

Copies of offender locator cards will be kept in a Locator Book in Intake. The Locator Book keeps a visual track of all offender housing. Offender locator cards will identify offenders who are Aggressors, Victims or Both using color-coded stickers

- i. A red sticker will identify Potential Aggressors,
- ii. A yellow sticker will identify Potential Victims,
- iii. An orange sticker will identify offenders who are both- these offenders meet criteria for Potential Aggressors and Victims.

Prior to moving offenders, the locator board will be checked to ensure that high-risk offenders are not housed in the same cell with offenders at high risk for victimization. After each transfer day, the Mental Health Department will communicate with Intake regarding the results of the Victim-Aggressor Screenings. This will be done to update the status of offenders arriving that day so the appropriate color-coded sticker can be placed on their Locator Card. After any event that changes the Victim-Aggressor status, Intake will be notified to ensure the appropriate coded sticker is used.

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure RBCRF LOP 10.22 Available Alternatives Assessment form - Attachment G. Statement of Fact PAQ Interview with Facility Administrator Lt. responsible for the Restrictive Housing Unit. 115.43 (a): The PAQ requires that the agency have a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The facility provided: GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure and LOP 10.22 Policy 5.1.2-A and LOP 10.22 indicated that involuntary placement in the restrictive housing unit may be used: - Only after an assessment of all available housing alternatives has shown that there are no other means of protecting the prisoner. - If the facility cannot conduct such an assessment immediately, the prisoner may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. - RBCRF shall utilize the "Available Alternatives Assessment form" to document the assessment. All completed forms shall be reviewed and signed by the facility administrator or assistant facility administrator upon completion. - If segregated housing is used, the offender shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify any restrictions imposed. Justification must include the services restricted, the reason for the restriction, and the duration of the limitation.

e. Involuntary segregated housing shall not ordinarily exceed 30 days.

f. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is necessary.

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

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

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

Two offenders who were housed in an involuntary status were interviewed by the auditor. One was housed pending disciplinary action, and the other was housed for refusing to move into another housing unit due to gang activity.

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

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

115. 43.(b):

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

The facility provided:

RBCRF LOP 10.22 If segregated housing is used, the offender shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify any restrictions imposed. Justification must include the restricted services, the reason for the limitation, and the duration of the restriction.

115.43 (c):

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

The facility provided:

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

115.43(d):

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

The facility provided: Available Alternatives Assessment form

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

115.43 (e):

The PAQ requires that, in cases where involuntary restrictive housing is used for longer than the initial 30 days, the facility will review the status every 30 days to determine if ongoing involuntary housing is needed.

The facility provided: The PAQ, the facility administrator, and the staff who supervise RHU interviews.

According to information provided on the Pre-Audit Questionnaire and in an interview with the Facility Administrator and security staff who supervise offenders in RHU, in the past 12 months, there has not been a time when an offender found at high risk of victimization or an offender who alleged sexual abuse was placed in an involuntary restrictive housing unit.

RBCRF LOP 10.22 mandates that, in cases where involuntary restrictive housing is needed for more than the initial 30 days, the facility shall review the status every 30 days to determine whether ongoing involuntary restrictive housing is necessary.

Compliance with this standard was determined through a review of procedures, observation during a tour, and interviews.

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives, and documentation were reviewed in formulating compliance with this standard: GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure PREA Hotline Dialing Instructions English PREA Poster English Inmate - Large MOU Southern Crescent Access to Outside Confidential Services English-Spanish PAQ RBCRF LOP 10.22 Program brochure PREA posters PREA hotline reporting posters Offender Handbook Utilizing the Offender phone system to call the reporting Posters GEO website 115.51 (a): The PAQ requires the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The facility provided 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure and RBCRF LOP 10.22 RBCRF LOP 10.22 and GEO Policy 5.1.2 A mandate that facilities provide multiple internal ways for offenders to report sexual abuse and sexual harassment privately, offer numerous internal ways for offenders to privately report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and provide multiple internal ways for offenders to privately report staff neglect or violation of

responsibilities that may have contributed to such incidents. Policies also mandate that a private entity or office be able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials and that the private entity or office allow the offender to remain anonymous upon request.

Policy 5.1.2-A stipulates that:

- a. Each facility shall provide multiple internal ways for individuals in a GEO facility to privately report sexual abuse and sexual harassment, retaliation by other individuals in a GEO facility or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- b. Facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security.
- c. Facilities shall also provide individuals in a GEO facility contact information on how to report sexual abuse or sexual harassment to a public, or private entity or office that is not part of GEO or the contracting agency, and that can receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.
- d. Facilities shall provide individuals in a GEO facility contact information on how to report sexual abuse and sexual harassment incidents to the facility PREA compliance manager.
- e. Employees shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.
- f. 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.

Offenders are informed in the Offender Handbook, on posters located throughout the facility, and by nearly all offender telephones.

RBCRF provides multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders are provided with the Sexual Assault Awareness Program brochure and the offender handbook. Various PREA posters and notifications posted by all phones provide reporting options. Interviews with offenders confirmed that they were aware of multiple internal channels for reporting.

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

Report all instances of Sexual Abuse/Harassment against you. A PREA allegation can

be reported in writing (sick call, counselor request form, grievance, or any paper format). Alternatively, you can report PREA allegations in person to any staff member. If you do not feel comfortable reporting an allegation to a member of the security staff, you may request to speak with the Chaplain, Medical and/or Mental Health Staff, or declare a medical emergency. PREA allegations can also be reported through third parties and anonymously. The number *7732 can be dialed from the offender's phones free of charge to report an allegation. This number is monitored by the Georgia Department of Corrections. Any allegations made to this number will be forwarded to the Facility PREA Compliance Manager for review. An allegation can also be made to the Facility PREA Compliance Manager/Mental Health Director.

The auditor tested the telephone system from several telephones, including the rolling telephone located in the restrictive housing unit. Whenever you pick up the phone, the user is asked to indicate English or Spanish. During the site review, the auditor used the telephone to access all reporting telephone numbers and reached a recorded message indicating that a message could be left. The message also said the offender can remain anonymous when leaving the message. The second number reached the Emotional Support staff. The Southern Crescent Center was accessed from the offender telephone system, and the auditor was able to connect with a live person at the rape crisis center. The staff member answering the phone indicated that she was an emotional support staff member and provided her limits of confidentiality.

In an interview with the PREA compliance manager, he indicated that the outside reporting line will text or call him upon receiving the allegation of sexual abuse. The auditor asked the recorded message to please notify the PREA compliance Manager as if this were a real report. The person did not notify the PREA compliance manager.

115.51 (b):

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

The facility provided the following response: Posters that describe how offenders can report allegations of sexual abuse or sexual harassment.

The facility also provides multiple external avenues for offenders to report allegations to a public or private agency outside RBCRF. Offenders are informed that, based on posted information, they can utilize the telephone system to call the GDC reporting line and leave a message. The information provided included that the person leaving the message may remain anonymous upon request.

According to the PREA compliance manager, the person receiving the message would

notify the PREA compliance manager and the facility administrator.

A poster with information on how to report is located throughout the facility.

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

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

The facility provided a statement of fact that the facility does not hold offenders solely for civil immigration purposes.

A tour of the facility found the

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

115.51(c):

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

RBCRF LOP 10.22 requires employees to accept reports made verbally, in writing, anonymously, and from third parties, and verbal reports shall be promptly documented.

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

115.51 (d):

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

	A GEO corporate phone number is provided to staff to report privately any sexual abuse or sexual harassment. The GEO website offers the following PREA information: GEO Employees may privately report sexual abuse or sexual harassment to the Chief of Security or facility management, if requested. They may also report sexual abuse or sexual harassment directly to the employee hotline, an independent professional service available 24 hours a day, seven days a week, on the Internet at www.reportlineweb.com/geogroup or by calling the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator directly at (561) 999-5827. Staff were aware of how to report and, if necessary, felt comfortable reporting privately to the RBCRF PREA compliance manager. Staff members carry a Sexual Abuse First Responder Card, which includes an employee hotline number and a website address for anonymous reporting of abuse. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence relied upon in making the compliance determinations: RBCRF LOP 10.22 Georgia Department of Corrections Policy 227.02 Grievance Procedure RBCRF Offender Handbook RBCRF Grievance Log Interview with Grievance Officer 115.52 (a) The PAQ requires that an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. The facility is provided. RBCRF LOP 10.22 and GDC policy 227.22 RBCRF LOP 10.22 provides that Riverbend Correctional Facility is contractually obligated to follow the Georgia Department of Corrections Grievance policy. After a grievance has been filed regarding alleged Sexual Abuse, the Grievance procedure stops, and the Grievance is immediately forwarded to the facility's PREA Compliance Manager and Facility Investigator for review. GDC policy states that the facility will follow the institutional Sexual Assault Response Team (SART) and process according to SOP 208.06, Prison Rape Elimination Act:

	Sexually Abusive Behavior Prevention and Intervention Program. GDC policy does allow offenders to make allegations of sexual harassment utilizing the grievance system. An offender may file a grievance, and the facility will review the grievance and, if the inmate is in imminent danger, will immediately provide protection to the inmate. The grievances will be forwarded to the GDC investigative unit for investigation. Compliance was determined by a statement of fact from the facility administrator and a review of the GDC grievance policy.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure.pdf Access to Outside Confidential Services English-Spanish Acknowledgment of Receipt of Orientation Offender PREA Handbook Acknowledgment of Receipt of Handbook Victim Advocate Posters Interview with Southern Crescent Sexual Abuse Center Attempt to Establish an MOU with Crisis Line and Safe House of Central Georgia Proposed MOU 115.53 (a) The PAQ requires the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. The facility provided Policy 5.1.2 A and documentation of the MOU and an attempt to establish an MOU

Policy 5.1.2 A addresses the agency/facility's policies on providing offenders with access to outside victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between the offenders and these agencies in a confidential manner.

The facility informs the offenders, and according to interviews with the facility compliance manager, of the extent to which their communications will be monitored.

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

The facility provides offenders with a handbook that includes information on how to access emotional support staff through the offender phone system. This information was located next to the offender's telephones.

During the onsite audit, the auditor called the Southern Crescent Center and spoke to an emotional support staff member.

The auditor had called the Southern Crescent center prior to the onsite audit and realized he had called the hotline, so he asked the hotline staff if the program had an MOU with the Riverbend Correctional Facility. She indicated she felt sure they had one and talked to the residents there from time to time.

During the post-audit documentation-gathering phase, the auditor felt he needed more definitive action and additional questions, so he called the business line and spoke with staff at the center. She indicated they no longer had an MOU with Riverbend; however, they would still accept calls from the center and speak with the residents there. When asked, the staff member indicated she was not sure if Riverbend had been made aware of the change since it was only determined to discontinue the MOU.

The PREA Compliance manager called the executive director of the Southern Crescent Center to discuss providing an MOU for victim emotional support. In interviews with the Southern Crescent Center, he was advised that the Southern Crescent would not be offering any services at this time, not even emotional support. They would not be willing to answer calls from the facility. She discussed various issues she is concerned about and would not feel comfortable continuing services with Riverbend.

The auditor called the hotline number and spoke with a staff member at the center, who provided emotional support. They were very familiar with the facility.

The PREA compliance manager has contacted the Crisis Line and Safe House of Central Georgia to attempt to establish an MOU with the Crisis Center. The Crisis Center already provides SANE services through the hospital and local law enforcement.

115.53 (b):

The PAQ requires that the facility inform inmates, before granting them access, of the

	extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities by mandatory reporting laws. The Residents PREA Handbook provides a phone number for RAINNS, and posters located throughout the facility provide the same information. The handbook and poster indicate that telephone calls to the center are confidential, and no one will listen to them. Now that the center no longer has access to the address of the Southern Crescent Center, the facility should provide the address to RAINNS until an MOU can be developed. 115.253 (c): The PAQ requires the agency or facility to maintain a memorandum of understanding (MOU) or other agreements with community service providers that can provide inmates with emotional support services related to sexual abuse. The facility provided the MOU with the Southern Crescent Sexual Abuse Service Center and RAINN'S telephone referrals. The facility was not aware that the Southern Crescent program was no longer willing to provide emotional support to offenders. The facility still operates RAINN'S, and the auditor called the number and spoke with a victim about emotional support through RAINN. Forty offenders were interviewed. Thirty-three percent of the offenders were aware of the victim advocacy program. That the calls were free, private, and no one would listen to their calls. The center is attempting to establish an MOU. The facility has full-time licensed mental health professionals who are available to all offenders. The center offenders also have access to RAINN'S telephone referral for emotional support. The center and some staff working for the program were unaware that the Southern Crescent had discontinued providing services to offenders at Riverbend. The facility completed a corrective action plan to attempt to establish an MOU with Crisis Line and Safe House of Central Georgia. Based on the corrective action plan, the facility is substantially compliant with this provision.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

	RBCRF LOP 10.22. GEO website Third-party reporting posters 15.54 (a): The PAQ requires the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The facility provided; Reporting Posters are visible in the visitation room and lobby, and are also included in the offender handbook. GEO provides a Reporting system on the GEO website (http://www.geogroup.com/PREA, Social Responsibility-PREA Certification Section), which offers information on ways for third-party reporting, including anonymous reporting. Third-party grievance forms are available on the website and are sent to the facility's Administrator. Offenders can accomplish third-party reporting by having a friend or family member contact the facility administrator or the Corporate PREA coordinator. Offenders can report third parties by having a friend or family member call the PREA hotline or email the GEO coordinators' office at PREAinfo@geogroup.com. Interviews with offenders demonstrated they knew how third-party reporting could be accomplished. Family and friends can contact the facility administrator, PREA compliance managers, or file a grievance on behalf of the offender. This information is posted in areas visible to staff. Visitor Poster includes anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. The visitation room had the offender reporting poster displayed for visitors. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure.

Staff training

Specialized medical training.

Mandatory Reporting Survey of Vulnerable Persons

GEO PREA Lesson Plan

Staff Report

Interviews

Random staff

Medical staff,

Mental health staff

Facility administrator,

PREA coordinator

PA

115.61 (a):

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

The facility provided

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

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

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

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

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

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

115.61 (b):

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

The facility provided

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

115.61 (c)(d):

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

The facility provided

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

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

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

	The medical and mental health staff indicated that the offender sign a statement that includes a limitation of confidentiality. The PREA Coordinator interview indicated that, unless precluded by state, federal, or local law, medical and mental health staff are required to report allegations of sexual abuse or sexual harassment made by someone under the age of 18 or someone considered a vulnerable adult under state or local law. 115.61 (e): PAQ requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The facility provided In an interview with the facility administrator and his executive team, the RBCRF reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the US Marshall Services and RBCRF facility investigators. Staff reporting posters are located throughout the facility. Staff carry a PREA card with this information for easy reference in making reports. According to statements, there have been no reports from third parties, contractors, or volunteers in the last 12 months. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contractors to report all allegations or suspicions of sexual abuse or sexual harassment to the shift supervisor and the PREA compliance manager, who is also the facility investigator. The facility administrator's interview indicated he expects that staff report all allegations of sexual abuse or sexual harassment immediately to their shift supervisor. Site Review: During the facility tour, staff were asked how they would report abuse or harassment. All indicated they would report to their immediate supervisor. Some indicated they would also report to the PCM. They are posting posters throughout the facility, including the staff roster room and break room. Staff were also aware of the GEO hotline, which allows them to make anonymous reports. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

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

Statement of Fact:

Interviews with

Agency Head

Facility Administrator

Random Staff

115.62 (a):

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

The facility provided:

Policy 5.1.2-A mandates that when the facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled confidentially, and conversations with the victim are sensitive, supportive, and nonjudgmental.

The PAQ indicated that in the past 12 months, there were 0 times it was necessary for the facility to take immediate action regarding an offender being in substantial risk of sexual abuse.

The facility administrator stated that if it were suspected that an offender was at significant risk of sexual abuse, he would immediately separate the abuser or victim and investigate.

Staff interviewed were aware of their responsibilities if they felt a offender was at risk of sexual abuse. The facility has multiple living units and would move the offender to another living unit.

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

All random staff indicated they would take immediate action to protect the victim. All indicated they would not allow the offender to return to his living unit or to the place where he was threatening.

	The facility administrator indicated that staff will take immediate action to protect the inmate from further harm and make necessary referrals to medical and mental health as appropriate. The facility agency head indicated that GEO takes immediate action to protect the victim from further harm and to refer them to necessary services (medical, mental health, etc.). Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RBCRF LOP 10.22. 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure. PAQ Interviews Agency head Facility administrator PCM PAQ requires the agency to have a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the agency or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. 115.63 (a)-(c): The facility provided LOP 10.22 Reporting to Other Confinement Facilities. In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0

	LOP 10.22 and policy 5.1.2-A mandates if a prisoner alleges that sexual abuse or sexual harassment occurred while confined at another facility, the facility shall document those allegations, and the facility administrator or in his/her absence, the assistant facility administrator where the allegation was made, shall contact the facility administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. The facility will maintain documentation confirming that it has provided such notification and that all actions taken in response to the incident have been documented. Copies of this documentation shall be forwarded to the PREA compliance manager and the corporate PREA manager with oversight of the facility. 115.63 (d) The PAQ requires that the agency or facility's policy requires allegations received from other facilities and agencies to be investigated in accordance with PREA standards. The facility provided LOP 10.22, which requires that, when the facility receives a notification of alleged abuse or harassment, it ensures the allegation is investigated in accordance with PREA standards. In an interview with the agency head, the housing facility administrator will report all received reports to the sending facility administrator within 72 hours. The agency head indicated that the administrator cannot designate staff to conduct this notification. The facility administrator interviewed indicated they are aware of that responsibility. He indicated that they would notify the sending facility and the local law enforcement investigator to investigate the allegation. The facility's PREA compliance manager indicated that he maintains all documentation in the center's PREA file. According to the PAQ and statement of fact, there have been no allegations by a receiving offender that they had been sexually abused or harassed. According to the PREA compliance manager's interview, there have been no reports from another facility of an offender making an allegation that occurred at RBCRF. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

PAQ RBCRF LOP 10.22

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

PREA lesson plan

PREA Responder pocket card Coordinated Response Plan

Investigative Reports Log

Interview

Random Staff

First Responders

Offender that claimed he was sexually assaulted.

115.64 (a):

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

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

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

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence. 0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

The facility provided LOP 10.22 states that upon receipt of a report that a offender was sexually abused or sexually harassed, or if the employee sees abuse, the first security staff member to respond to the report shall:

- a. Separate the alleged victim and abuser.
- b. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
- c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- d. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- e. Do not let the abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- f. If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.
- g. It is essential that all contact with the alleged victim be sensitive, supportive, and non-judgmental.
- h. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident.

115.64 (b):

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

Based on the PAQ there has been no first responder that was not a correctional staff member that was told by a offender that he had been inappropriately sexual touch.

LOP 10.22 requires that non-correctional staff who are first responders must request that the alleged victim refrain from taking any actions that could destroy physical evidence and then notify security staff.

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

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

All non-contact staff who were interviewed knew their duties and reported they received the training during yearly in-service and on reminder training that is sent out

	by the PREA compliance managers from time to time. All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. 100% of staff reported that they would immediately separate the offenders, keep the victims safe, and do what they could to preserve the crime scene. They would also advise the involved offenders not to wash, shower, change clothing, brush their teeth, eat, drink, or use the toilet. They all said they would also immediately call a supervisor and remain on the scene until relieved by responding personnel. All staff are trained as first responders and were issued a pocket card that lists the steps to take when responding to an allegation that a offender was sexually abused. One offender that made an allegation indicated he was high and was not sure what happened. He was immediately taken to medical, and his roommate was moved to another housing unit. He indicated that staff responded immediately after I made the allegation. He indicated that the allegation was determined to be unfounded. He indicated he was not sure but felt like someone had assaulted him when he was high. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: RBCRF LOP 10.22 - RBCRF PREA Coordinated Response Plan PREA Cards Interview Facility Administrator 115.65 (a): The PAQ requires that the facility develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff, first responders, medical and mental health practitioners, investigators, and facility leadership. The facility provided: RBCRF LOP 10.22 mandate that facilities have a coordinated response plan. The RBCRF Coordinated Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A PREA

	Incident Checklist for Incidents of sexual abuse and Harassment is completed to ensure that all steps of the plan are followed and proper notifications are made. The Coordinated Response Plan includes: The RBCRF is a comprehensive plan that includes Section I, Actions required after report of sexual abuse, the initial response, shift supervisor responsibilities, facility crime scene, and notifications required. Section II Initial Response Section III Notification Section IV medical responsibilities. Section V outlines mental health responsibilities. Section VI covers responsibilities when sexual harassment is alleged Section VII addresses responsibilities when sexual activity is alleged. Section VIII involves the investigator's responsibilities. Each of the above responses includes, but is not limited to, staff, contractors, victim advocates, OIG, and the GEO PREA coordinator. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Chief of Security, Lieutenants, the PREA Compliance Manager, the Lead Investigator, and members of the administrative staff are responsible for ensuring compliance with the plan. The Facility administrator indicated that the facility has a coordinated response plan, which is updated annually and is part of the staff's annual training. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

RBCRF LOP 10.22

GEO Policy 5.1.2- A

Interview with Agency Head

115.66 (a)(b)

The PAQ requires that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

The facility provided

RBCRF LOP 10.22-A and 5.1.2- A states, "GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged Employee sexual abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." The policies also state, "In every case where the alleged abuser is an Employee, Contractor or Volunteer, there shall be no contact with the offender pending the outcome of an investigation." Review of investigations demonstrates that RBCRF will separate the victim from the accused staff member in both sexual abuse and harassment by placing the staff member in a position where there would be no contact with the offender.

According to interviews and the Statement of Fact, the River Bend Correctional and Rehabilitation Facility does not have a Collective Bargaining Agreement.

The agency head indicated that GEO would not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged Employee sexual abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The facility administrator indicated that he could remove a staff member pending an investigation or place the employee in no-contact status.

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A Protection from Retaliation Logs PAQ Staff who provide retaliation monitoring, Facility Administrator Agency Head 115.67 (a): PAQ requires that the agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The facility provides GEO Corporate Policy 5.1.2-A The policy requires the facility to implement procedures to protect offenders and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by offenders or employees. The policies also state that the Facility PREA compliance manager and mental health personnel shall be responsible for monitoring retaliation of offenders in the facility. The human resources director is responsible for monitoring staff. 15.67 (b): The PAQ requires the agency to employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The facility provided: Policy 5.1.2 - A The policy states the agency has multiple protection measures, such as housing changes or transfers for offenders, victims, or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for

offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures are taken to protect that individual against retaliation.

The PREA compliance manager serves on the Retaliation Monitoring Team. He indicated that, as part of the initial meeting, the offender is offered the opportunity to contact the victim advocacy center as soon as possible after being informed of an allegation.

115.67 (c):

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

The facility provided interviews with the retaliation monitor.

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

No offender was retaliated against by another offender or staff.

115.67 (d):

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

The facility provided a policy and an interview with the Retaliation Monitor.

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

In interviews, the retaliation monitor indicated that he meets with the alleged victim weekly for the first several weeks, then every other week for at least 90 days. This is documented on the Retaliation Log.

The PCM indicated they received a copy of the log and briefing from Mental Health staff. They also see the alleged victim as soon as possible after the allegation is made.

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

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

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

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

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

115.67 (e):

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

The facility provided:

LOP 10.22 indicates that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well.

115.67 (f):

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

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

	retaliation for making a report. In the interview with the retaliation monitor, the PREA compliance manager, and the Human Resource Manager, the information provided on the Pre-Audit Questionnaire indicates that there have been no incidents of retaliation in the past 12 months. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure. RBCRF LOP 10.22 - At Risk Logs Statement of Fact Interview with Facility Administrator Staff who supervise the Restrictive Housing Unit Mental Health Assessment 115.68 (a) PAQ requires that the agency have a policy prohibiting the placement of offenders who allege to have suffered sexual abuse in an involuntary restrictive housing unit unless an assessment of all available alternatives has been made. A determination has been made that there is no available alternative means of separation from likely abusers. Policy 5.1.2 requires that involuntary restrictive housing units be used only after an assessment of available housing alternatives has shown that no other means of protecting the offender exists. Any use of a restrictive housing unit to protect an offender who is alleged to have suffered sexual abuse is subject to the requirements of 115.43. The number of inmates who are alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment:0

The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement:0

The facility provided:

GEO Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison

Policy mandates that any use of a restrictive housing unit to protect a prisoner who is alleged to have suffered sexual abuse or sexual harassment shall be subject to the requirements of "Protective Custody" (Section K) of this policy. This requirement is not limited to involuntary segregation and includes individuals who request protective custody because of an allegation of sexual abuse or sexual harassment.

Based on the PAQ, an interview with the Staff that supervises the RHU, the facility administrator, the facility has not utilized voluntary or involuntary restrictive housing for a PREA-related incident for the protection of offenders from sexual abuse in the last 12 months.

The facility utilizes a Sexual Abuse/Assault Available Alternatives Assessment whenever an offender claims he has been sexually assaulted or abused. The same form is used when offenders claim fear of being placed in the general population due to sexual orientation during the intake process. The alternative assessment provides options for housing of offenders without utilizing the Restrictive Housing Unit. The facility administrator provided a statement of fact that the facility has not placed an offender in involuntary segregation in restrictive housing during the last 12 months.

During the tour of the facility, the auditor reviewed the logbook, which provided the purpose of all offenders housed in the RHU. No offender was housed in voluntary or involuntary confinement for allegations of sexual abuse or sexual harassment, nor for fear of being sexually abused or harassed in the general population.

The facility administrator indicated that they would not utilize RHU to house victims of sexual abuse. They suggest that the facility is large enough to find appropriate housing for at-risk offenders. He also revealed he would house the abuser in RHU as a last resort; if he could not protect the victim, he would require that the victim be transferred. He indicated he has not had to transfer or house a victim in RHU since he was working at the facility.

The lieutenant who supervises the RHU indicated that there has not been anyone placed in the RHU who was a victim of sexual abuse or at risk of being sexually abused.

The auditor reviewed a random sample of the at-risk logs for the last 12 months and did not find anyone who was housed in the SHU for fear of being sexually abused. The auditor also reviewed all investigative reports from the past 12 months to determine housing assignments during this period.

Prior to utilizing the restrictive housing unit, the facility would conduct a mental

	health assessment that includes a PREA incident Report form. Compliance was determined by review of the PAQ and interviews with offenders who made an allegation of sexual abuse, touring the restrictive housing unit, and interviewing the staff that manages the unit and the facility administrator. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations, PREA Investigation Procedure GEO Corporation Policy 5.1.2-E PREA Investigation Procedure RBCRF LOP 10.22 Investigative files Interviews Facility administrator Investigators PREA coordinator PREA compliance manager 115.71 (a): The PAQ requires the agency/facility has a policy related to criminal and administrative agency investigations. The facility provided 5.1.2-E PREA Investigation Procedure and Local Operations Procedure 10.22 RBCRF has implemented these policies to ensure that all allegations of sexual abuse or sexual harassment is referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The facility shall document all referrals. All allegations will be subject to an administrative investigation conducted by a trained facility investigator or a GEO Office of Professional Responsibility investigator. Policy 5.1.2-E PREA Investigation Procedure requires that each facility shall have a policy in place to ensure that all allegations of sexual abuse or sexual harassment are

referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.

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

c. Each GEO operational subsidiary, business unit or program shall have a current policy in place to ensure that:

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

d. GEO shall publish its corporate investigations policy on its website.

e. Each facility shall attempt to secure a PREA MOU with local law enforcement outlining the responsibilities of each entity related to conducting PREA investigations that involve potentially criminal behavior. Unsuccessful attempts to secure a law enforcement MOU shall also be documented and retained by the facility.

f. Allegations of sexual abuse that include penetration or touching of the genital areas are referred to outside law enforcement agencies. Facilities shall document all referrals.

In an interview with the PREA compliance manager and as cognized in the PAQ, the center has attempted to establish an MOU with the local police. However, the police indicated they would not conduct investigations in the facility.

By contract, the facility is mandated to report all allegations of sexual abuse or sexual harassment to the Georgia Department of Corrections Investigative Unit.

The investigative staff interviewed indicated that they first review the allegations and then notify the client and the Georgia Department of Corrections Investigative Unit. If it is criminal in nature, they follow the response plan and protect the victim, crime scene, and evidence. The Georgia Department of Corrections Investigative Unit will review the allegation and advise the facility's investigator if the Investigative Unit will conduct the investigation or request that the facility investigator conduct the investigation.

115.71 (b):

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

The facility provided LOP 10.22

LOP 10.22 requires that facilities shall use investigators who have received specialized training in Sexual Abuse investigations. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility has three trained investigators who have completed specialized training in the investigation of sexual abuse allegations in a confinement setting. The facility provided documentation of specialized investigative training completed by its investigators. The investigator was interviewed and was extremely knowledgeable regarding conducting investigations in a confinement setting. All investigations reviewed were conducted by trained investigators.

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

115.71 (c):

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

The facility provided 5.1.2-E PREA Investigation Procedure and LOP 10.22

GEO policy 5.1.2-E PREA Investigation Procedure mandates that it is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators, and witnesses, and review prior reports of sexual abuse involving the suspected perpetrator.

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

15.71 (d):

The PAQ requires that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with

prosecutors as to whether compelled interviews may be an obstacle to subsequent criminal prosecution.

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

115.71 (e):

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

The facility provided RBCRF LOP 10.22

RBCRF LOP 10.22 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 offender or staff member. An offender who alleges sexual abuse is never required to submit to a polygraph examination.

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

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

The facility provided the GEO Corporate 5.1.2-E PREA Investigation Procedure, the RBCRF LOP 10.22, and the investigative files.

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

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

Documentation includes all direct evidence, including videos, phone calls, and DNA. It

consists of all interviews, the original allegations, housing assignments, referrals to Law Enforcement, the client, or the GEO Office of Professional Responsibility, and everything that was gathered in the investigation.

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

115.71 (g):

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

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

The facility administrator indicated they have a good working relationship with the GDC on-site monitor, who would assist in obtaining updates and investigative files.

There was one allegation of sexual abuse that was referred to Law Enforcement. This investigation is ongoing

115.71 (h):

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

RBCRF LOP 10.22 mandates that substantiated allegations of conduct that appear to be criminal shall be referred for criminal prosecution.

According to information reported on the Pre-Audit Questionnaire and in an interview with facility investigators, since the last PREA audit, there was no allegations of sexual abuse referred for prosecution.

115.71 (i):

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

The facility provided GEO Corporate 5.1.2-E PREA Investigation Procedure and RBCRF LOP 10.22-E and RBCRF LOP 10.22

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

115.71 (j):

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

The facility provided GEO Corporate 5.1.2-E PREA Investigation Procedure and RBCRF LOP 10.22

Both policies require that the departure of an alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The facility investigator indicated in the interview that they would work with GDC investigator to gather any information that was not previously gathered, such as statements. The facility will continue the investigation if the former staff member refuses to cooperate. If it is an offender, they would contact the receiving facility investigator to aid in the investigation.

115.71 (l)

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

The facility provided GEO Corporate 5.1.2-E PREA Investigation Procedure RBCRF LOP 10.22

Policy mandates that when outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation.

In an interview with the PREA Coordinator, he reported that facilities are required to check in with outside investigators at least every 14 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of the outcome of investigations are completed as required. In an interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation. The facility administrator indicated the facility has a close relationship with the on-site monitor, who can call the GDC investigators. She further indicated that the investigative unit provides status on investigations on a regular basis.

There were 5 allegations of sexual abuse or sexual harassment in the last 12 months. All allegations were sent to the GDC Investigative Unit. One allegation was accepted for investigation. The investigation is ongoing.

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

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations GEO Corporation Policy 5.1.2-E PREA Investigation Procedures RBCRF LOP 10.22 Report on Investigation: Investigator training curriculum, Interview with Facility Investigator 115.72 (a): The PAQ requires that the agency impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility provided RBCRF LOP 10.22, and the GEO Investigator training curriculum RBCRF LOP 10.22, and Investigator training indicate the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on interviews with investigators, findings are categorized as Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The findings will be based on the standard of proof of the preponderance of the evidence (51% of the evidence). The Investigator must objectively review all evidence that supports or contradicts the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding, and to support a finding of sexual abuse or harassment by a preponderance of evidence. Investigators must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or are confident that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case. The auditor reviewed three completed investigative reports and noted that each report included findings based on the preponderance of the evidence. Each finding included "Based on the Preponderance of the evidence....." Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

115.73	Reporting to inmates
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations GEO Policy 5.1.2-E PREA Investigation Procedure LOP 10.22 Investigative Report Notification of no contact Notification to Offenders 115.73 (a): The PAQ requires that, following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility provided: Policy 5.1.2-E and LOP 10.22 The above policies indicate that following an investigation of sexual abuse of an offender, the offender shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PREA Compliance Manager is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The offender receives a copy of the form, which is placed in the investigative file and forwarded to the PREA Coordinator's office. According to the PCM, a review of the investigative files confirmed that 3 notifications were provided to offenders. During the investigation process, when staff are involved, the staff and offender sign an acknowledgment that each will have no contact with the other. 115.73 (b): The PAQ requires that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. The facility provided RBCRF LOP 10.22 RBCRF LOP 10.22 stated that if the agency did not conduct the investigation, it shall request relevant information from the investigative agency in order to inform the inmate. According to the policy and the PREA compliance manager, if the facility did not conduct the investigation, it shall request the relevant information from the

investigative agency to inform the offender.

115.73 (c):

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

Policy 5.1.2-E PREA Investigation Procedure requires following an offender's allegation that an employee has committed sexual abuse against the offender; the facility is required to inform the offender of the outcome of the investigation. The offender is to be informed if the staff member is no longer posted within the offender's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility, or if the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73 (d):

The PAQ requires Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

GEO policy and procedure requires that, following an offender's allegation that another offender has sexually abused him, the agency will inform the alleged victim if the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73 (e):

The PAQ requires that all Notifications of Outcome of Allegations or attempted notifications be documented and filed in the corresponding investigative file.

In interviews with the PREA compliance manager, the offender is met, and the outcome of the investigation is explained. This helps offenders know what an unsubstantiated allegation means in layman's terms. There were four notifications to an offender located in the investigative file for the previous 12 months.

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

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporation Policy 5.1.2-E PREA Investigation Procedure RBCRF LOP 10.22 Investigative Files Interview with Facility Administrator Facility Investigator 115.76 (a): PAQ requires that Staff shall be subject to disciplinary sanctions, up to and including termination, for violating the agency's sexual abuse or sexual harassment policies. The facility provided Policy 5.1.2-E PREA Investigation Procedure Policy 5.1.2-E PREA Investigation Procedure outlines disciplinary action and employee disciplinary sanctions. Discipline up to and including termination can be imposed for substantiated violations. Based on the PAQ and review of investigative files, no person resigned or was terminated during the last 12 months. 115.76 (b): PAQ requires termination to be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Based on policy 5.1.2-E, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Based on the PAQ and a review of investigative files during the last audit cycle, no staff were disciplined for a PREA incident. 115.76 (c): PAQ requires disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The facility provided policy 5.1.2-E PREA Investigation Procedure, which mandates that all terminations for violations of the agency's policies on sexual abuse and sexual

	harassment, or for resignations, shall be reported to law enforcement and licensing agencies unless the activity was not criminal. During the interview with the facility administrator, the facility investigator indicated that one staff member had resigned during the investigation, which would be considered a presumptive termination if the allegation is substantiated. 115.76 (d): PAQ requires that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies The facility provided policy 5.1.2-E PREA Investigation Procedure and LOP 10.22 Both policies require that all terminations and resignations resulting from such conduct be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal. The staff at the RBCRF were aware of disciplinary sanctions under substantiated allegations of sexual abuse and sexual harassment. No PREA violation was reported to law enforcement for prosecution. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations 5.1.2-E PREA Investigation Procedure 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure LOP 10.22 Statement of fact PAQ Interview with Facility Administrator 115.77 (a): FAQ requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing

	bodies. The facility provided policies 5.1.2- E, 5.1.2-A and LOP 10.22 All policies and local operating procedures mandate that any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with offenders and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/ certifying bodies, unless the activity was clearly not criminal. Any contractor or volunteer who engages in sexual abuse, even though it was not criminal, will be reported to professional licensing/certifying bodies. 115.77 (b): The PAQ requires the facility to take appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The facility provided policies 5.1.2- E, 5.1.2-A and LOP 10.22 Policies mandate that, in cases not involving criminal activity, the facility take appropriate remedial measures and consider prohibiting further contact with offenders. During the previous year, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at RBCRF. The facility administrator's interview indicated he would take immediate action to remove the contractor or volunteer from contact with offenders. He would pull their identification cards and post a notice at the front entrance, stating that they were not to be allowed access to the facility. If it were a contractor, the administrator indicated he would notify the contractor's supervisor immediately so the supervisor could assign a replacement staff member for the task. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives, and documentation were reviewed in formulating compliance with this standard: GEO Corporate Policy 5.1.2-E

Offender Handbook

PREA Posters of Zero Tolerance

115.78 (a):

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

The facility provided Policy 5.1.2-E, and the offender handbook

Policy 5.1.2-E outlines discipline and prosecution related to disciplinary sanctions for offenders. RBCRF offender handbook outlines category 10, a first-level offender discipline (the greatest category offense), which involves assaulting any person (including sexual assault)

The facility administrator interviewed indicated that sanctions are included as part of our internal disciplinary process, rather than as criminal sanctions imposed by law enforcement following a criminal finding of guilt.

115.78 (b):

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

The facility provided Policy 5.1.2-E,

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

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

115.78 (c):

The PAQ requires that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The facility provided Policy 5.1.2-E

As required by the policy, the offenders' mental disabilities or mental illness is discussed as possibly contributing to the violation. In an interview with the mental health staff, all offenders are seen by the mental health staff prior to the disciplinary

hearing and are provided with guidance to the disciplinary staff.

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

115.78 (d):

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

The facility provided Policy 5.1.2-E

The RBCRF facility provides mental health interventions to its offenders.

In discussion with mental health staff, mental health counseling generally involves interventions in group settings, but in cases of offenders with mental illness, one-on-one counseling can occur. The RBCRF PCM acknowledged using mental health staff services on an as-needed basis for offender discipline.

115.78 (e):

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

The facility provided Policy 5.1.2-E

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

115.78 (f):

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

The facility provided Policy 5.1.2-E

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

115.78 (g):

The PAQ requires that an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not,

	however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The facility provided Policy 5.1.2-E, PREA posters, videos, education, and training. The agency and RBCRF have a zero-tolerance policy for sexual abuse and sexual harassment. Policy 5.1.2-E outlines the potential sanctions for sexual abuse and sexual harassment. Facility PREA posters, videos, education, and training outline the potential sanctions for sexual abuse and sexual harassment. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making the compliance determinations GEO Corporate Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure Facility Intake Risk Assessment Referral to MH Consent for Mental Health Services form Mental Health Evaluations 115.81(a). The PAQ requires that if the screening under § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility provided Policy 5.1.2-A, Facility Intake Assessment, and Referral to MH. Policy 5.1.2-A requires that during the initial PREA Screening, if the offender reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the offender will be referred to mental health for further evaluation within 14 days. Upon reviewing the 30-day follow-up assessments, the offender discloses prior victimization not reported during the initial screening. The PREA Compliance Manager will then refer the offender to mental health for further evaluation. Medical and mental health providers, according to their professional judgment, determine the nature and scope of these services. In the information reported on the Pre-Audit Questionnaire, 100% of the offenders assigned to the facility in the past 12 months who disclosed prior victimization were offered a follow-

up meeting with the Mental Health Provider. At the time of the audit, three offenders who claimed prior victimization were interviewed. The auditor reviewed resident screening files, and referrals were documented for all offenders who were interviewed.

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

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

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

115.81 (b):

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

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

The facility provided Policy 5.1.2-A, Facility Intake Assessment, and Referral to MH

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

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

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

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

Any information related to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as

	otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The facility provided intake medical/ mental health evaluations, including Consent for Service forms, and interviews with medical and mental health staff. Medical and mental health staff have offenders sign for treatment or services upon arrival at the center. Based on interviews, medical and mental health staff indicated they would be required to get consent on reporting information about prior sexual victimization that did not occur in an institutional setting unless the victimization occurred when the offender was under the age of 18. Based on interviews with mental health services, offenders who report prior sexual victimization and those who disclose previously perpetrating sexual abuse are being referred for evaluation, and consent forms or refusals are being obtained. The Mental Health provider indicated that mental health staff conduct screenings for all new offenders and offer services during the intake process. They noted that if any resident claims prior victimization or if screeners identify offenders as at risk, they are seen upon arrival and spoken with in private, with an offer of a follow-up meeting on the same day or the following day. The medical staff sees offenders who are at risk of being victimized on an ongoing basis. If they indicate they would like to continue seeing a mental health provider after the initial interview based on the intake screening, the offender is placed on the mental health provider's case load and seen either weekly or monthly. Mental Health and Medical files are maintained in the medical area and are off limits to all non-medical or mental health staff. The mental health staff provided documentation of the screening instrument, referral, and their corresponding clinical notes. All information is kept in secure files and off limits to all other staff. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations. GEO Corporation Policy 5.1.2-A Coordinated Response Plan

Medical and Mental Health Assessments Statement of Fact

Interviews with Medical Staff Mental Health Staff

The Crisis Center

115.82 (a):

PAQ requires that Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The facility provided Policy 5.1.2-A and interviews with mental health/medical staff.

Policy states, "Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. There were no SANE at the facility in the last three years.

Medical staff interviews indicated that the facility has medical staff on site twenty-four hours a day and utilizes the Baldwin County Medical Center Emergency Room for medical needs and the Crisis Center for SANE services. The Crisis Center was contacted, and they indicated that they have a SANE staff on call 24 hours a day.

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

115.82 (b):

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

The facility provided Policy 5.1.2-A and conducted interviews with first responders.

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

115.82 (c)(d):

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

	Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility provided Policy 5.1.2-A Offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical staff indicated that it is part of the SANE process, and she would follow up when the offender returns to the facility. There is no charge to the offender for medical services. Medical Staff interviewed reported that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They also stated that once the report is received, the offender will be seen immediately. The medical and mental health staff verified that the professional judgment of the treatment and crisis intervention staff determines the nature and scope of such services. The medical administrator also verified that they provide information about, and timely access to, sexually transmitted infection prophylaxis, where medically appropriate. An interview with a Mental Health Director verified that mental health also meets with an offender within 24 hours of an alleged incident of sexual abuse to offer supportive counseling. Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations, 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedures Interviews with Mental Health staff 115.83(a): The PAQ requires the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in

any prison, jail, lockup, or juvenile facility.

The facility provided Policy 5.1.2-A, mental health staff interviews, and mental health evaluations

Policy 5.1.2-A outlines ongoing actions after reports of sexual abuse. Medical and mental health evaluations, and treatment where appropriate will be provided to all victims of sexual abuse that occur in any prison, jail, lockup or juvenile facility.

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

115.83 (b)

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

The facility provided Policy 5.1.2-A, which included interviews with medical and mental health staff.

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

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

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

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

According to an interview with the medical staff, the level of care provided is at least equal to, if not better than, the community level of care. They also verified that victims of sexual abuse are offered information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. Services are provided at no charge to the offender. Per the Statement of Fact, RBCRF has not had any instances of sexual abuse where ongoing medical and mental health services have been needed in the past PREA Cycle months.

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

The facility houses male offenders.

The facility provided policy 5.1.2-A, medical file review, mental health referrals, and an interview with medical and mental health staff.

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

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

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

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

115.83 (g):

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

The facility provided Policy 5.1.2-A

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

115.83 (h)

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

The facility provided Policy 5.1.2-A and an interview with a mental health staff member.

Mental Health staff interviewed indicated that the facility meets with abusers and offers mental health services when an allegation is substantiated. During the last 12 months, offenders who sexually abused other offenders were moved before the conclusion of the investigation.

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

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations GEO Corporation Policy 5.1.2-A Report of Investigation Incident Review Committee (After Action Report) PAQ 115.86 (a): The PAQ requires that the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The facility provided Policy 5.1.2-A, and a review by the Incident Review Committee. Policy 5.1.2-A requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. At the time of the PAQ, there were 3 investigations that required an incident review team meeting. GEO has developed an Incident Review Committee report that contains all of the elements of an incident review team meeting. 115.86 (b): The PAQ requires that the review be conducted within 30 days of the conclusion of the investigation. The facility provided Policy 5.1.2-A Policy mandates that the review be conducted within 30 days of the conclusion of the investigation. A review of all the Incident Review Committee reports found that they were completed within 30 days after the completed investigation. 115.86 (c): The PAQ requires the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The facility provided Policy 5.1.2-A and an after-action report, which included a sign-in sheet for participants.

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

115.86 (d):

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

The facility provided Policy 5.1.2-A and after-action reports

A review of the Incident Review Committee documented that the team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status, or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented, and whether the staffing levels at the time of the incident were adequate.

The PREA compliance manager serves on the committee and works with the team to prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager. There were five after-action reports completed during the last 12 months.

115.86 (e):

The PAQ requires the facility to implement the recommendations for improvement or to document its reasons for not doing so.

The facility provided Policy 5.1.2-A and three after-action reports.

In interviews with the facility administrator and PREA compliance manager. As part of the after-action report, the facility submits the report to the corporate office for approval. The facility then develops an after-action report and a Corrective Action Plan, which are also submitted to the corporate office. The facility completes the

	corrective action plan and submits the completed documentation to the corporate office. Based on this analysis, the facility conducted after-action reports for sexual harassment and for unfounded allegations of sexual abuse, which exceed the compliance with this provision, and corrective action is not required.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations in the GEO Corporate Annual Report GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure GEO Group Annual Reports (2022-2024) PREA Survey. 2026 115.87 (a): The PAQ requires that the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and a set of definitions. The facility provided GEO Corporate Policy 1300.05-A and the GEO Corporate Annual Report. GEO policy 5.1.2 A -A mandates that all facilities under the GEO umbrella collect uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to utilize a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at 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. 115.87 (b): The PAQ requires the agency to aggregate the incident-based sexual abuse data at least annually. The facility provided Policy 5.1.2 A GEO policy mandates that the Facility PREA Compliance Managers shall be responsible for compiling data collected on sexual activity, sexual harassment, and sexual abuse incidents and forwarding statistical reports to the Corporate PREA

Coordinator. The PREA Compliance Manager ensures that data is compiled and submitted to the PREA Coordinator every month using the Monthly PREA Incident Tracking Log. In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Compliance Manager ensures that a PREA Survey is created, updated, and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment, sexual activity, and voyeurism. At least annually, the PREA Coordinator aggregates this data.

115.87 (c)(d):

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

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

The facility provided the GEO Annual Report, 2023 and 2024.

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

In an interview with the PREA coordinator, all allegations of sexual abuse and sexual harassment are reviewed by the regional PREA coordinator team members, the

Corporate investigative unit, facility administrator, and regional supervisor. The yearly report is reviewed during the facility's PREA assessment.

115.87 (e):

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

This provision of this standard does not apply to this facility. The agency does not contract for the confinement of offenders.

115.87 (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice by June 30.

According to an interview with the PREA coordinator, GEO shall, upon request, provide such data from the previous calendar year to the Department of Justice by June 30.

The facility provided copies of the monthly and annual logs for review. The log contained all elements required by policy.

	Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations GEO Policy 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure. GEO Annual PREA Data Comparative Report 2023 -2024 115.88 (a): The PAQ requires the agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The facility provided the GEO Corporate PREA Policy 5.1.2 A and the GEO Annual PREA Data Comparative Report 2023 -2024. Policy 5.1.2 A -A states, “GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such reports shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of GEO’s progress in addressing sexual abuse. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO’s website or the client’s website as required by contract. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The agency head interview indicated that reports shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. The agency coordinator interview indicated that the agency 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, and training. (115.88) Additionally, all our clients, except USMS, include GEO PREA data in their annual PREA reports. Facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. GEO has a secure PREA Portal with restricted access to retain all the PREA data. Every incident is entered into the portal by the PREA managers at each facility, and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program.

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

The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its PREA programs.

Additionally, all our clients, except USMS, include GEO PREA data in their annual PREA reports.

115.88 (b)(c):

The PAQ requires that such a report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

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

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

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

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

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

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

	A review of the annual reports verified the information provided by these interviews. 115.88 (d): The PAQ requires that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The facility provided the GEO Annual PREA Data Report 2022, 2023,2024 Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO’s annual report. The PREA coordinator interviewed indicated that GEO only reports statistical data and incident types, excluding personally identifiable information for confidentiality purposes A review of the GEO website for the last 3 years confirmed the findings of the assessment team. The GEO annual report provides more information than is required, and at the same time provides the person reviewing the report with a detailed look at PREA in action in GEO facilities. Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations, GEO Corporate Policy 5.1.2 A GEO Annual PREA Data Report Interviews with PREA Coordinator 115.89 a): The PAQ requires the agency shall ensure that data collected pursuant to § 115.87 are securely retained. The facility provided EPDF Policy 1300.05 and an interview with the PREA compliance manager and the PREA coordinator. Policy 5.1.2 A mandates that all case records associated with claims of sexual abuse be maintained and filed in a secure file cabinet in the PREA compliance manager’s

office. During the tour of the facility, the auditor noted that the PREA compliance office was locked in each visit by her office. The auditor was required to return all investigative files to the PREA compliance manager when leaving the conference room during the review. The auditor noted that all computers in the case manager, medical, and mental health areas were closed if no one was in the offices. Interviews with case managers indicated that they do not have access to investigative files on their GEO database.

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

115.89 (b):

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

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

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

115.89 (c):

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

The facility provided the GEO Corporate PREA Procedure 1300.05-A and an interview with the PREA coordinator.

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

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

115.89 (d):

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

The facility provided GEO Corporate Policy 5.1.2 A

Policy 5.1.2 A mandate that data collected according to this procedure shall be securely retained by the Facility or Corporate office for at least 10 years or longer if

	required by state statute. Before making aggregated sexual abuse data publicly available, all personal identifiers must be removed. All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/ or counseling, are retained by Federal and state statutes and guidelines specified by the contract authority. Confinement Facilities ensure that the data collected is securely retained for at least 10 years. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations GEO Policy 5.1.2 A 115.401 (a): The PAQ requires that, during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency or by a private organization on the agency's behalf is audited at least once. The facility provided GEO LOP Policy 5.1.2 A GEO policy 5.1.2-A states, "During the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department shall ensure that each Facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice." GEO's Contract Compliance Department ensures that a PREA auditor certified by the Department of Justice audits each facility at least once. This is the fifth PREA audit of Riverbend Correctional Facility. According to GEO's PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities was audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle, many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3-year cycle. 115.401 (b):

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

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

115.401 (h):

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

The auditor had full, unfettered access to all data and documentation, all staff and offenders, and all contractors and volunteers. Access to offender, staff, and investigative files, and to training, intake, classification, and risk assessment records was made available throughout the audit process. The auditor was provided with various logs, including allegations, referrals to medical and mental health, and retaliation monitoring. Housing logbooks that showed unannounced rounds, offender movement, and other operational information for each housing location were available. All interviews, random staff and offenders, targeted offenders, and specialized staff were conducted in a private manner. There were no refusals for interviews. Sexual safety and the safety of staff and offenders at the RBCRF are top priorities. All areas of the facility were observed during the original tour of the facility. During the on-site audit, the auditor reviewed several areas of the facility. Staff and offenders were randomly interviewed during the tour. The facility staff granted the auditor unfettered access to speak privately with staff and offenders.

115.401 (i):

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

I requested personnel files, offender files, training records, investigation files, logbooks, and pertinent forms used to conduct the audit process. The facility allowed the audit to review personnel files and mark documents needed from each of the files reviewed. The facility uploaded these files to the OAQ portal. All other documentation required was provided to the auditor in a timely manner.

115.401 (m):

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

I interviewed specialized staff, random staff, and both targeted and random offenders during the onsite audit. Interviews were conducted in a private office.

115.401 (n):

	The PAQ requires that inmates shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Offenders were notified at least 6 weeks prior to the onsite audit, via posted facility notices in English and Spanish, that they could send confidential correspondence to the Auditor. Interviews with offenders stated that they have seen a posting. One offender contacted the Auditor prior to or during the audit. The offender was interviewed and indicated that he had not sent the mail and identified the offender who he suspected had sent the letters. The staff responsible for the mail was interviewed. She indicated that all mail addresses to legal entities and the PREA auditor are treated as confidential and private, and that she only places a stamp on the mail and sends it to the addressee. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (https://www.geogroup.com/prea) to be available to the public. This is the fifth PREA audit of Riverbend Correctional Facility. The audit reports are posted on the website within the 90-day requirement for public availability. This is the fifth PREA audit of Riverbend Correctional Facility. According to the PREA coordinator and review of the website, the audit reports are posted on the website within the 90-day requirement

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.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

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

	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)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes

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

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

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

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

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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?	no
	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.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

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

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

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

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

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

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

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

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

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

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

	can be arranged?	
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	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.	yes
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.)	na
	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.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	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.)	na
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.)	na
	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,	na

	does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	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.).	na
	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.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	na

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na
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.)	na
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?	no
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

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

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

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

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

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

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who	yes

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

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

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

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

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

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

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

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

	the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes