

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report August 1, 2021

Auditor Information

Name: Karen S. Dalton	Email: ksddrph@aol.com
Company Name: Dalton Consulting, LLC	
Mailing Address: P.O. Box 11481	City, State, Zip: Whittier, CA 90603
Telephone: 562.652.0179	Date of Facility Visit: June 16-17, 2021

Agency Information

Name of Agency: The GEO Group		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.geogroup.com/PREA (Social Responsibility Section)			

Agency Chief Executive Officer

Name: Jose Gordo	
Email: jgordo@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Trina Maso de Moya	
Email: tmasodemoya@geogroup.com	Telephone: 561-999-8116
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator: 102 (46 prisons/jails; 35 reentry; 7 youth; 14 ICE)

Click or tap here to enter text.

Facility Information

Name of Facility: Long Beach Community Residential Center

Physical Address: 2233 E. 69th Street

City, State, Zip: Long Beach, CA 90805

Mailing Address (if different from above):
Same as above

City, State, Zip: Same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.geogroup.com/PREA (Social Responsibility Section)

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Facility Director

Name: Tisha McAfee

Email: tmcafee@geogroup.com

Telephone: 562-663-0711 Ext. 112

Facility PREA Compliance Manager

Name: Same as above

Email: [Click or tap here to enter text.](#)

Telephone: [Click or tap here to enter text.](#)

Facility Health Service Administrator N/A

Name: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#)

Telephone: [Click or tap here to enter text.](#)

Facility Characteristics

Designated Facility Capacity:	112	
Current Population of Facility:	90	
Average daily population for the past 12 months:	85	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	Adults (19-77)	
Average length of stay or time under supervision	6-15 months	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months	207	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	204	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	204	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	24	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	10
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (CDCR)) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Long Beach Community Reentry Center (LBCRC) is located in Long Beach, California, in the county of Los Angeles, the most populous county in the United States. The city of Long Beach is the 7th most populous city in California. Long Beach is a part of the Gateway Cities region and the port of Long Beach is the second busiest container port in the United States. The official motto of Long Beach is "The International City". The center opened in 2004 and is a Male Community Reentry Program (MCRP) for California Department of Corrections and Rehabilitation (CDCR) parolee population. The LBCRC is operated by The GEO Group. The facility's rated capacity is 112, with an average daily population over the past 12 months of 85. The LBCRC houses all male residents between the ages of 19-77. The facility does not house youthful residents. On the day of arrival for the onsite portion of the audit there were 83 residents.

Karen Dalton, a U.S. Department of Justice (USDOJ) Certified PREA Auditor for Adult Jails and Prisons, and a Doctor of Public Health conducted the Prison Rape Elimination Act (PREA) Audit of the Long Beach Community Reentry Center.

The GEO Group requested a bid from Dr. Dalton to audit the LBCRC. A bid was submitted on March 24, 2021 and was accepted and signed by the GEO Group on April 8, 2021. The auditor received a flash drive on April 16, 2021 that included the facility Pre-Audit Questionnaire (PAQ), facility floor plan with camera locations, corporate and local policies, and mission statements. The onsite portion of the audit was scheduled for June 16-17, 2021. With COVID 19 safety protocols in effect, the auditor and all staff and residents at the facility wore face coverings at all times. The LBCRC underwent a previous PREA Audit with the final report being issued May 31, 2018. Access to any and all information was provided to the auditor throughout the entire audit process.

PRE-ONSITE AUDIT PHASE

On May 7, 2021 the auditor reached out via email to the Facility Director, who is also the PREA Compliance Manager (PCM) to introduce herself and request a time for a telephone call. The Facility Director responded immediately, and a telephone call was set up for May 11, 2021. During the phone call the auditor and Facility Director discussed audit philosophy, expectations, and dates of the onsite portion of the audit. The director was energetic and enthusiastic, noting the hard work of facility staff had done to prepare for the upcoming audit. The director was prideful and eager to showcase her facility. We discussed COVID 19 protocols to ensure interviewing occurred in the safest manner possible.

On June 3, 2021 a documentation request was sent to the Facility Director. Although much of the documentation had been received on the flash drive, had anything changed or been updated this would be an opportunity to provide the update. The Facility Director indicated via email there had been no updates. On June 11 an email was sent to the director solidifying the schedule for the upcoming onsite visit.

The PAQ and supporting documentation received on April 16, 2021 was thoroughly reviewed. The documentation was complete and supporting documents very helpful as the auditor began to triangulate the information and prepare for the onsite visit. There was no issue log submitted as the information and documentation received from the facility was complete. Confirmation of PREA Audit Notice postings was

sent via email March 24, 2021. The postings were in both English and Spanish and were posted throughout the facility. While onsite, the auditor confirmed the audit notice postings. These postings were in the entry way, staff offices and common areas, resident housing, and resident common areas such as the multipurpose room and the laundry area. There was no correspondence received from the LBCRC, and the mail process for residents was reviewed with the Facility Director. Residents can place outgoing mail in sealed envelopes and in a mail drop which is collected by the U.S. Postal Service daily.

Included in the request for documentation needed by the auditor upon arrival at the facility were complete listings of staff and residents with positions and housing respectively. A list of files the auditor would need access to, and any forms or logs mentioned in the PAQ. The documentation request included:

- Complete staff and resident rosters
- Residents with disabilities
- Residents who are LEP (Limited English Proficient)
- Residents who identify as LGBTI
- Residents in isolation or segregated housing
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Staff organization chart
- Volunteer and contractor roster
- Grievances and or allegations made in the past 12 months
- Any investigative reports for sexual abuse or sexual harassment reported at the facility
- Residents the facility has determined to be at heightened risk of sexual victimization
- Residents the facility has determined to be at heightened risk of sexual abusiveness
- Coordinated Response
- Staffing Plan
- Training curriculum for staff
- Resident PREA education
- Cross gender strip search documentation
- Unannounced rounds log
- Documentation of any use of interpreter services
- Statement of search preference form
- PREA After Action Review Form
- PREA Vulnerability Reassessment Questionnaire
- Resident Referral Verification
- At Risk Log
- Risk Assessment Tool

There were zero allegations of sexual abuse or sexual harassment made in the past 12 months at the LBCRC, therefore there were no cases in progress, no determinations, no retaliation monitoring, and no referrals made for investigations.

On May 19, 2021 the auditor reached out to Just Detention International (JDI) to inquire if any correspondence had been received from the Long Beach Community Reentry Center. On May 21, 2021 JDI responded confirming they had not received any correspondence. An internet search was conducted on the LBCRC regarding any litigation, DOJ involvement, federal consent decrees, Bureau of Justice Statistics (BJS) data and news articles. No information of concern was revealed, however, a positive news story focused on a back-to-school backpack giveaway activity coordinated at the facility. This activity took place during the pandemic yet assured that children of the LBCRC residents had their back-to-school necessities. The Facility Director has made attempts to enter MOUs with College Medical Center in Long Beach with no success. Residents can access outside confidential emotional support services by calling the RAINN National Sexual Assault Hotline at 1-800-656-4673.

The LBCRC partners with the Long Beach Police Department for any criminal issues pertaining to the facility, including the investigation of any criminal allegations of sexual abuse and sexual harassment. The CDCR or GEO Group Office of Professional Responsibility (OPR) conducts administrative investigations. The OPR has an agency investigator assigned to the LBCRC, if needed.

ON SITE AUDIT PHASE

On Wednesday, June 16, 2021 the auditor arrived at the Long Beach Community Reentry Center at 0700 hours. The auditor spent two full days on site conducting an in-brief, site review, interviews, documentation review, and an out-brief. Day one the auditor hours were 0700-1730, and 0730-1830 hours on day two. The facility is located just off the 91 Freeway and Cherry Avenue. Located in a highly industrial area, turning onto 69th Street which dead ends and the Long Beach Community Reentry Center entrance is at the end of the dead-end offset to the left. The facility is well marked as a GEO Facility. The Facility Director and Security Manager greeted the auditor outside the facility and provided an escort through the secured and locked entryway. Without an escort the facility is accessible through a push button alert system. Upon entering the facility is a lobby with a restroom to the left (where urine samples are collected), and a lobby window with central control located in the center. Adjacent to the lobby window is the multipurpose area, and beyond the lobby window are offices, housing dormitories, resident restrooms, showers, laundry, kitchen, and an outdoor recreation area. The facility is extremely clean. Directly across from the lobby window is one of three public, pay-type telephones with a PREA Poster hanging next to it.

There is a camera in the lobby area and 25 additional cameras located throughout the facility. Once inside the facility the auditor was screened for COVID 19 via a questionnaire, had a temperature check, and was provided access to the facility. The auditor was escorted to her work area and was shown an office where interviews could be conducted. The Facility Director had notebooks put together with all the documentation requested, including back up information the director felt would be helpful to the auditor. The auditor had access to all areas throughout the facility, access to any information requested, and full access to residents and staff while on site.

The auditor and Facility Director met for the in brief. The auditor provided her auditing philosophy and methodology as being both inclusive and a partnership with the desire to showcase efforts of sexual safety within the facility. A plan for interviewing residents and staff members was drafted, and the Facility Director was highly organized in making the interviews continuous with little time wasted in between. This was greatly appreciated. The facility employs 24 individuals, with four CDCR staff members on site. There are currently five vacancies and one employee on a leave of absence status, leaving 22 individuals currently working at the LBCRC. A total 39 interviews took place during the onsite phase of the audit. This included 16 residents (12 Random; 4 Targeted), and 18 LBCRC staff (13 Random; 5 Specialized), with some interviews utilizing multiple specialized interview protocols. Additionally, two GEO Corporate Staff provided input, two CDCR staff and one rape crisis center staff were interviewed.

The facility currently operates at a 9:1 resident to monitor ratio. The facility employs program counselors who play a unique and important role in the operation of the facility. The counselors meet regularly with the residents to assist with any needs the residents may have. The counselors are responsible for teaching classes to residents, i.e., life skills, drug and alcohol education, etc. The counselors maintain resident files that include an Orientation/Intake Section, Health Questionnaire and documents, HIPPA Privacy Practice, Drug Screen Consent and CDCR Medical Documents. Another section focuses on the US Results, Incident Reports and Treatment Plans. A copy of the resident's driver's license, social security card, are maintained in the resident files. Education, employment and discharge plans are included as well. Counselors each maintain a caseload of 25-30 residents.

As a means to knowing the resident population at the LBCRC, the Facility Director/PCM conducts the intake and risk screening on every resident. Residents are received from CDCR Monday thru Friday, and the director indicated conducting the intake and risk screening gives insight into the residents and she takes one thing learned from the resident and uses it as a conversation starter. It was evident during the site visit the

director knew her residents and created an environment conducive for success. The director maintains the risk screenings in her office to assure the information is kept confidential. Should an incident occur, the Facility Director/PCM would conduct retaliation monitoring as well. Larger files of the resident's activities, employment, counseling services are maintained by each counselor. During the onsite phase there were no intakes conducted.

Cross-gender announcements were always made. When entering housing areas, restroom and shower facilities staff announced their presence. The auditor observed cross-gender announcements made throughout the facility tour. Although the residents may have personal cell phones, and computers, the facility had three pay phone style phones available for residents to use. The auditor utilized the pay type phone to call the phone numbers on the PREA poster. All numbers connected properly for residents to make a report of sexual abuse or sexual harassment. The auditor talked with several residents during the facility tour, however most of them are employed and were out to work, or they worked overnight or PM shifts and were sleeping. When the auditor noted her reason for being there (to conduct the audit) the residents were aware of the site visit. All residents who were asked were familiar with sexual safety efforts at the LBCRC.

PREA posters and audit notices were displayed throughout the facility. When interviewed, counselors and Monitor I and II staff indicated their duties include ensuring posters and PREA information are readily available to the residents. Postings were seen in the lobby area, the housing areas, multipurpose room, a group area, and by the entrances to showers and restrooms.

The LBCRC operates 24 hours a day, seven days a week. Three shifts are managed; 0700-1530, 1500-2330, and 2300-0730. The onsite staff includes the Facility Director who is also the PREA Compliance Manager, a Security Manager, Office Support Specialist, Employment Specialist, Driver, Data Entry Clerk, four Program Counselors, one Cook 2 and two Cooks, four Monitor II, four Monitor I and a Maintenance Technician. There are four California Department of Corrections and Rehabilitation (CDCR) staff onsite, and the Agency PREA Head and PREA Coordinator, and investigators from OPR work out of the GEO Corporate Offices in Boca Raton, Florida.

Eighteen of the 22 staff available were interviewed. Thirteen staff were interviewed with random protocols. Since every employee of the LBCRC is trained in first responder duties, first responder protocol was used in five of the random staff interviews. Five staff members were interviewed with specialized staff protocols including, intermediate or higher-level staff, human resource, intake, PREA Compliance Manager, contract administrator, staff conducting risk assessments, incident review team member, and staff responsible for monitoring retaliation. The GEO Agency Head and Corporate PREA Coordinator, and a rape crisis center staff member were interviewed remotely. The LBCRC does not utilize volunteers or contractors.

A total of 16 resident interviews were conducted, twelve random and four targeted. Of the targeted, two were Limited English Proficient, one was hard of hearing, and one was physically disabled. Beginning with the fourth resident listed, every eighth resident thereafter was selected to be interviewed to ensure at least one resident from each housing area was interviewed. There were no barriers in identifying targeted individuals. The Facility Director/PCM had a list prepared of all targeted individuals at the facility upon the auditor's arrival. Residents of different ages and lengths of stay were interviewed.

The auditor randomly pulled 22 resident files. Contained in each file was information collected during the intake process, the completed risk assessment, 30-day and 6-month (if applicable) reassessments, acknowledgement of receiving the PREA Education Manual for Residents, and any referrals or discipline information. The counselors maintain details of relevant information such as ensuring the referrals were followed through with, or documentation if the resident declined, courses completed, job referrals, and generalized case management notes. Additionally, counselors conduct a COMPAS (Correctional Offender Management Profiling for Alternative Sanctions) assessment on each resident. The Facility Director/PCM makes all housing decisions to ensure those residents at risk for victimization are not housed with those at risk for abusiveness.

The facility has not had an allegation of sexual abuse or sexual harassment in the past 12-months, or during this audit cycle. The facility reported zero grievances as well. With no allegations of sexual abuse or sexual harassment, there were no investigative files to review, however the Facility Director/PCM was able to articulate the investigative process for the LBCRC.

Staff interviews began immediately upon the auditor's arrival due to shift changes and to ensure interviews were conducted with staff from each shift. Once interviews of those staff members ending their shift were complete, the facility tour was conducted. Upon completing the facility tour, interviews with staff, residents, file review, and observation continued. The second day all interviews and file review concluded, and an out brief was held with the Facility Director/PCM, the auditor, and a GEO executive representative (via telephone).

The auditor outlined several areas where operation excellence was noted. The organization and preparation for this audit was evident. The Facility Director/PCM was commended on the knowledge of the facility, the details and history on how the facility has made small changes that have made big differences in safety and security of its residents. One such modification was that during urinalysis (UA) testing, a clear shower curtain was put up so staff could observe the UA collection process without appearing to be invasive or to seem voyeuristic. Another was restructuring the resident PREA Posters to ensure residents knew the difference between internal and external reporting.

The auditor utilized the National PREA Standards for community confinement, the Auditor Compliance Tool for Community Confinement Facilities, available evidence provided by the Facility Director/PCM, corporate and local policy and information obtained during the interviews to draw conclusions for each standard, indicating either exceeds, meets, or does not meet the requirements of the standard.

At the time of the out briefing no areas of identified corrective action were made. The final report was submitted to The GEO Group on 08/01/2021.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Long Beach Community Reentry Center is a private, for profit community corrections center operating under The GEO Group. The GEO Group's vision is to be the world's leading provider of evidence-based rehabilitation across a diversified spectrum of correctional and community reentry services. Their mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, correctional, community reentry and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to their care.

The mission statement of the LBCRC is to provide a healthy, drug-free, safe, and secure environment within which we will provide treatment and education services that focus on changing addictive and criminal behaviors. "We provide our participants with the knowledge and skills necessary to lead a productive lifestyle prior to reintegration into their communities, medical care, housing, family reunification, mental health, social support, and employment."

The facility is located at 2233 E. 69th Street, Long Beach, CA 90805. The facility has been operational since 2004. The facility operates as a Male Community Reentry Program (MCRP) in partnership with the California Department of Corrections and Rehabilitation (CDCR). During the second quarter of 2017 The GEO Group obtained the facility and continued the partnership with CDCR. The CDCR contracts with The GEO Group for male offenders who meet the criteria to be housed in a reentry setting and are desirous of the structured program. The rated capacity is 112. The Facility Director/PCM indicated a lower than usual resident population due to the COVID-19 pandemic. Upon arrival at the facility there were 83 residents.

The Long Beach Community Reentry Center is located in a highly industrial area. The 15,000 square foot, one-level structure has always operated as a reentry center. The main entrance of the facility is to the left of the dead-end street. A gated staff parking area is adjacent to the facility entrance. When entering the building there is a Control Station where visitors and participants sign in and out of the facility. Due to the COVID-19 pandemic, visiting had been curtailed with the exception of a few socially distanced group events. Security Monitors I man the main control area with a CDCR Correctional Officer assigned a desk in the main control area. Security cameras were displayed in main control and all cameras were operational. CDCR provides staff on all three shifts. Personnel from CDCR includes safety staff as well as correctional counseling staff.

The building is a rectangular formation, with staff offices behind main control, and a large multipurpose room opposite main control. The multipurpose room is used for visiting and group sessions and has a small library for residents to use. Within the multipurpose room is a computer lab where residents can work on resume creation, job search, or have virtual interviews with potential employers. During the audit tour a resident was preparing for a job interview in the computer room. There is a small outside area residents can access from the multipurpose room. Beyond this area is a location for several bicycles that residents utilize to get to and from work, personal and job-related appointments. Program counselor offices are just outside the multipurpose room.

The Long Beach Community Reentry Center has two large dormitory areas that are sectioned off into 10 multi-bunk housing areas. The housing areas have 6-foot partition walls, open air, and simple entryway. There are no doors on the housing areas. At each entryway was a PREA Poster, an Audit Notice, and a cross-gender announcement reminder. The configuration of the housing areas coupled with cameras minimizes blind spots. The main walls of the building areas contained framed motivational posters, with bulletin boards containing multiple levels of information, such as proper COVID-19 precautions, notice of medication times, instruction on obtaining passes, class schedule and facility rules. There are three resident telephones that can be accessed as well hand sanitizer dispensers throughout the facility. There is an outdoor recreation facility that contains a basketball court and benches for the residents to use. Beyond the outdoor recreation area is a sally port where all new residents arrive. Upon arrival, CDCR confirms their arrival, and the intake process begins with the LBCRC.

Access to Dormitory one is through a set of double doors next to the lobby. Access to Dormitory two is through the double doors as well but can also be accessed through a doorway off the kitchen and dining area. Within the 10 housing areas six house nine residents each, one houses 11, two house 14 and one houses 19. The housing area with 19 beds is primarily those individuals working P.M. and overnight shifts so they can sleep while others are awake.

Security checks are done hourly, with three head counts completed and logged per shift. CDCR staff also conducts security checks. Monitor IIs conduct and log PREA Unannounced rounds every shift. Residents are pat searched by Monitor I staff upon returning to the facility regardless of where they have been. There are fixed cameras that cover the interior and exterior of the building. Camera footage is reviewed by supervisors regularly as part of their duties and responsibilities. Residents are fed three times per day and for those working they are provided a sack lunch to take with them.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded: 115.211 – Zero tolerance of sexual abuse and sexual harassment; PREA coordinator, 115.213 – Supervision and monitoring, 115.217 – Hiring and promotion decisions, 115.231 - Employee training, and 115.233 – Resident training

Standards Met

Number of Standards Met: 36

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

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

Long Beach Community Reentry Center Policy 2019-1 – Oversight

Long Beach Community Reentry Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)

The GEO Group Sexual Harassment Training Curriculum

LBCRC Staff Meeting Minutes 06/15/2021

LBCRC Staff Meeting Minutes 05/25/2021

LBCRC Staff Meeting Minutes 04/26/2021

LBCRC Staff Meeting Minutes 03/23/2021

The GEO Group Corporate Organization Chart

Long Beach Community Reentry Center Organization Chart

Interviews

PREA Coordinator

Facility Director/PREA Compliance Manager

Findings

- (a) Both the GEO Corporate Policy 5.1.2-A and the Long Beach Community Reentry Center (LBCRC) Policy 2019-1 mandate zero tolerance of sexual abuse and sexual harassment. The corporate policy mandates that each facility have a zero-tolerance policy, and further denotes that if a facility is required to follow specific client PREA policy and the client policy is less restrictive than the National PREA Standards, the PREA Standards shall prevail, and a site-specific supplemental policy shall be developed. Both the corporate and local policy include a plan for implementation of a zero-tolerance environment that includes how the agency prioritizes prevention, detection, and response to any such allegations. Definitions of prohibited behavior regarding sexual abuse and sexual harassment are included in the corporate policy, and the Long Beach Community Reentry Center Policy 2019-6 specifies sexual conduct between employees, volunteers or contractors and residents, regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions. A review of meeting minutes from the LBCRC dated 06/15/2021 confirms a 1.5-hour GEO Group approved training on sexual harassment, which covers definitions, identification, reporting, and tabletop exercises.

The LBCRC provided several months of staff meeting agendas and supplemental information. Each monthly staff meeting focuses on some aspect of prevention, detection, response, and management of sexual safety.

- (b) The agency employs and has designated an upper-level, agency wide PREA Coordinator who indicated the corporate PREA team, which includes two PREA Coordinators for its Reentry and Youth Services Division work closely with the facility PREA Compliance Managers (PCM) to ensure sexual safety in its facilities. Forty reentry PCMs report to the PREA corporate team. The agency PREA Coordinator attributes annual internal audits as a means to identify any out of compliance issues, and to improve the overall quality of sexual safety in its facilities. Job duties of the PREA

Coordinator and PREA Compliance Manager are outlined in both the corporate and LBCRC policies. Both the PREA Coordinator and Facility Director/PCM acknowledge having sufficient time and authority to maintain sexual safety in their assigned facilities/facility.

Conclusion

Based on GEO Corporate Policy 5.1.2-A, local policy 2019-1 and 2019-6, a review of the corporate and facility organization charts, various meeting minutes and interviews with the PREA Coordinator and Facility Director/PCM, the LBCRC is found to exceed compliance with standard 115.211.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Long Beach Community Reentry Center Policy 2019-1 – Oversight
Special Terms and Conditions for California Department of Corrections and Rehabilitation - Agreement Number C5609258

Interviews

Facility Director/PCM

Findings

The LBCRC does not contract with other agencies for the confinement of its residents, therefore this standard is not applicable. However, GEO Corporate Policy 5.1.2-A indicates that it will adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards. Further, contractors providing services who have direct contact with individuals in GEO Facility or Program shall be obligated to comply with applicable PREA standards and shall be monitored to ensure compliance with these PREA standards. The LBCRC indicates in policy 2019-1 that the center shall ensure that all contracts (as well as contract renewals) with other entities include the entity's obligation to adopt and comply with the PREA standards. Contractors providing services who have direct contact with Individuals at the LBCRC shall be obligated to comply with applicable PREA standards and this obligation shall be incorporated into their new contract or contract renewal. Contractors shall be monitored to ensure compliance with these PREA Standards.

The Facility Director/PCM, who is also the facility contract compliance manager indicated that the LBCRC has a good working relationship with the California Department of Corrections and Rehabilitation.

Conclusion

The GEO Group is a private, for profit entity and does not contract with other entities for the confinement of their residents. Therefore, this standard is not applicable.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 - Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Center Policy 2019-1 – Oversight
 Long Beach Community Reentry Center Staffing Plan
 Long Beach Community Reentry Center Annual PREA Facility Assessment – 2020
 Long Beach Community Reentry Center Annual PREA Facility Assessment – 2019
 Long Beach Community Reentry Center Annual PREA Facility Assessment – 2018
 PREA Unannounced Supervisor Rounds Log 2018, 2019, 2020
 Long Beach Community Reentry Center One Week Staff Schedule
 Long Beach Community Reentry Center Floor Plan

Interviews

Facility Director/PREA Compliance Manager
 PREA Coordinator
 Random Staff

Findings

- (a) GEO Corporate policy 5.1.2-A requires a staffing plan to be developed and documentation made when best efforts to comply with the staffing plan are unmet. Long Beach Community Reentry Center policy 2019-1 assembles a staffing plan which

provides adequate levels of staffing. This policy was created to identify and solve issues before they become concerns. Video monitoring is documented on the facility floor plan with no modifications being made during the past 12 months. The camera system is observed continuously via main control. All cameras were operational during the onsite phase of the audit. Staffing and camera placement consider the resident population and facility layout. The staffing plan is developed by the Facility Director/PCM and approval is obtained from the CDCR as well as the agency PREA Coordinator.

- (b) The facility has no deviations from the staffing plan in the past 12-months. Previous PREA Annual Facility Assessments (2019) showed deviations due to staffing vacancies. The LBCRC is able to mitigate deviations from the staffing plan through overtime.
- (c) As indicated by the Facility Director/PCM, the staffing plan is reviewed and documented annually. The review considers staffing patterns, camera placement and, if any allegations were made a complete review of staffing and supervision would be part of the investigation as well as the after-action review.

The facility runs three security shifts; Days (0700-1530), PMs (1500-2330), and the Overnight (2300-0730). One male staff member is required by policy to be on duty each shift. Facility management, counselors, maintenance, and the job developer are primarily on day shift, however the Facility Director/PCM indicated these shifts can be modified to meet facility needs.

The LBCRC takes supervision and monitoring very seriously. Throughout a 24-hour period several layers of added security checks take place. Nine formal security checks (three each shift) and hourly informal head count checks are conducted by security staff. These checks are documented as are the upper-level unannounced rounds that occur throughout the facility, which are not required per the standard. The unannounced rounds require managers to document the date and time of the round, noting cross gender announcing, adequate PREA signage, and staff/resident communications. Any comments or concerns are documented. Inmate/resident concerns are documented as well. Supervisors were able to articulate the methodology for unannounced rounds acknowledging they are prohibited from alerting other staff or residents of the rounds. The Security Manager, who recently promoted to the position noted checking for appropriate behaviors of both staff and residents while conducting unannounced rounds.

Conclusion

Based on the policy review and extensive documentation review, unannounced rounds being conducted, observation of staff, and staff interviews the Long Beach Community Reentry Center exceeds standard 115.213.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- 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 No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents 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 No
- Does the facility have procedures that enables residents 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No

- If a resident’s genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Center Policy 2019-4 – Resident Searches, Viewing, and Contraband

National PREA Resource Center, The Moss Group, and BJA Training Curriculum – Guidance in Cross-Gender and Transgender Pat Searches – 2016

The GEO Group Prison Rape Elimination Act (PREA) Basic Training Acknowledgements (2021, 2020, 2019)

The GEO Group Statement of Search Preference Form
 Statement of Fact

Interviews

Facility Director/PREA Compliance Manager

Random Staff
Random Residents

Findings

- (a) The GEO Corporate policy 5.1.2-A prohibits cross gender strip searches and cross gender visual body cavity searches except in exigent circumstances. An offsite Medical Practitioner is required for a cross gender, exigent circumstance visual body cavity search. LBCRC policy 2019-4 prohibits resident strip and body cavity searches. Should an exigent circumstance occur, the Facility Director will request authorization to remove the offender from the program and return to CDCR custody. Since the LBCRC does not conduct strip searches of any type, there is no documentation of cross gender strip or visual body cavity searches of residents.
- (b) The LBCRC does not house female residents, therefore this provision does not apply.
- (c) GEO Corporate policy 5.1.2-A requires both documentation and justification of any cross-gender pat searches and does not allow cross gender strip searches and visual body cavity searches. The LBCRC is an all-male facility. LBCRC Policy 2019-4 requires pat searches to be documented on a pat search log. There have been no cross-gender strip or pat searches at the LBCRC in the past 12-months.
- (d) The GEO Corporate policy 5.1.2-A requires each facility to implement policies and procedures which allow individuals in a GEO Facility or program 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. LBCRC policy 2019-4 requires residents to change their clothes in the resident bathroom area. Further, residents have the right to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, excluding exigent circumstances. Both policies require cross-gender announcements when entering housing units or any areas where individuals in a GEO facility or program are likely to be showering, performing bodily functions, or changing clothes. Local policy requires the cross-gender announcements to be made loudly. Residents indicated female staff always make announcements when they are entering the housing, restroom, or shower areas. Further, they indicated male staff will announce when a female is on the floor as well. Staff report they are required to make cross-gender announcements and some staff members indicated it has become routine to announce themselves when they are on the facility floors.
- (e) Neither the GEO Corporate Policy 5.1.2-A, nor LBCRC Policy 2019-4 allow for any type of searches to be conducted on transgender or intersex individual for the sole purpose of determining genital status. Both policies indicate conversations with the individual or a broader medical exam, review of medical record by a medical practitioner can be utilized to understand the resident's genital status. Further, corporate policy 5.1.2-A states that unless written mandate dictates otherwise, searches of transgender and intersex individual shall be performed in one of three ways as determined by the facility administrator; searches only conducted by medical staff, searches conducted only by female staff, or asking the individual to identify gender of staff with whom they would feel most comfortable conducting the search. The GEO Group has developed at *Statement of Search Preference* form that allows transgender and intersex individuals to decide their search preference. Split searches are prohibited by both corporate and

local policy. Staff indicated, and a statement of fact submitted that there have been no transgender or intersex individuals at the LBCRC, or in the past year.

- (f) A review of staff training records shows that all individuals employed at the LBCRC have been trained in conducting cross-gender pat searches and respectful searches of transgender and intersex residents. A review of the curriculum, developed by the National PREA Resource Center, The Moss Group, and BJA Training Curriculum – Guidance in Cross-Gender and Transgender Pat Searches – 2016, covers searches, trauma, exigent circumstances, proper pronoun use, respectful communication, definitions, and prohibited actions.

Conclusion

Provisions (a)(b)(c)(d)(e) and (f) are documented in policy, on-site observation, review of curriculum and training records, and through staff and resident interviews. Based upon the review and analysis of all available evidence, the LBCRC is found in compliance with standard 115.215.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:
Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:
Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:
Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:
Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts

to prevent, detect, and respond to sexual abuse and sexual harassment, including:
Residents who have speech disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
LBCRC Policy 2019-2 – PREA Intake and Orientation
LBCRC PREA Education Manual for Residents in English and Spanish
LBCRC PREA Education Manual for Residents – Large Print – English and Spanish
LBCRC PREA Poster
TTY Machine
LBCRC Language Line Solutions Quick Reference Guide
PREA, What You Need to Know Video
Statement of Fact

Interviews

Agency Head
Facility Director/PREA Compliance Manager
Targeted Residents
Random Staff

Findings

- (a) The GEO Corporate Policy 5.1.2-A and LBCRC Policy 2019-2 mirror their requirements for ensuring residents with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual safety in its facilities. As indicated by the Agency Head and the Facility Director/PCM, all GEO facilities have developed PREA education materials in various formats. On-site, the LBCRC has PREA posters and PREA Education Manual for Residents produced in both English and Spanish. The PREA Education Manual for Residents is also produced in large print. There were two residents who were LEP, and no blind or low vision residents. One resident was hard of hearing, however he was able

to hear clearly with hearing aids which he wore during the interview. One resident was physically disabled with no other disabilities. During the facility tour, the TTY machine was readily available, as was a quick reference guide for the language line solutions for any language other than English or Spanish. The video *PREA, What You Need to Know* plays throughout the housing unit in both English and Spanish.

Two residents who were Spanish speakers indicated the PREA information was provided to them in Spanish. The Facility Director/PCM acknowledged during the interview and through a *Statement of Fact* there had been no use of residents for interpreters, readers, or assistants during the past 12 months.

- (b) Staff interpreters are used for residents speaking Spanish as their first language. However, in the event a staff member was not available to speak Spanish, the Language Line Solutions quick reference guide with explicit instructions on how to use the services is available to all staff members.
- (c) Staff acknowledged during interviews they would not rely on resident interpreters at any time. They further understood the LBCRC policy prohibits the use of resident interpreters and their training in first responder duties relied on effective communication with the residents being important should there be an allegation of sexual abuse or sexual harassment.

Conclusion

The documentation provided coupled with interviews and policy show compliance with provisions (a)(b) and (c) of standard 115.216 and therefore the LBCRC is found in compliance.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
 Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or

have in place a system for otherwise capturing such information for current employees?
 Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

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

LBCRC Policy 2019-1 – PREA Staffing and Facility Requirements

LBCRC Employee Files

The GEO Group Employment Application

The GEO Group Background Release Form

External Approval E-Mail Correspondence from CDCR for LBCRC Applicants

Live Scan Results for LBCRC Applicants

The GEO Group Prison Rape Elimination Act (PREA) Disclosure and Authorization Form – Annual Performance Evaluation

The GEO Group Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer Form

Accurate – Criminal Background Check

Career Builder – Criminal Background Check

Interviews

Facility Director/PREA Compliance Manager

Office Support Specialist/Human Resources Manager

Findings

- (a) A review of GEO Corporate Policy 5.1.2-A and LBCRC Policy 2019-1, hiring individuals or soliciting the work of contractors and or volunteers who have engaged in, been convicted of engaging in, or has been civilly or administratively adjudicated to have engaged in sexual abuse or sexual activity in the community or in any type of confinement facility. Although the Long Beach Community Reentry Center does not utilize volunteers or contractors, their policy addresses the prohibition of utilizing them under any circumstance that applies to general hiring practices of employees. The CBES – CareerBuilder Employment Screening was utilized for employee background checks. Individuals hired in 2021 have their background checks completed by Accurate. Additionally, the CDCR also conducts a criminal background check for potential employees. The LBCRC Office Support Specialist maintains record of the hiring, promotional, transfer, and annual evaluation process for each applicant. The Facility Director/PCM is involved in every hiring decision and is responsible for ensuring the background process is completed in a timely manner. Each applicant file reviewed included the application which includes the PREA Questionnaire discussed in provision (f). The LBCRC employee files were well organized and showcased a consistent pattern of the hiring process.
- (b) All incidents of sexual harassment are considered when hiring, promoting, or enlisting the services of a contractor or volunteer. When considering hiring or promoting individuals both the Corporate Policy and LBCRC Policy consider any allegations of sexual harassment. Both policies also require an affirmative duty to disclose any such incidents.
- (c) A review of ten personnel files and interview with the Office Support Specialist showed all files included a criminal background records check and inquiries with previous

employers. *The GEO Group Background Release Form – Disclosure and Consent* was included in all files reviewed, and the Office Support Specialist indicated the form is required to be submitted as part of the application process.

- (d) The Long Beach Community Reentry Center does not utilize contractors or volunteers for their operation. Although the GEO Group Corporate Offices contracts with a telephone provider who provides pay phones in the facility, the contract is negotiated at the corporate level.
- (e) An annual driver's license check is completed as is a five-year criminal background check for every employee at the Long Beach Community Reentry Center.
- (f) At both the initial application process and for every annual performance evaluation, employees from the LBCRC are asked the following on *The GEO Group Prison Rape Elimination Act (PREA) Disclosure and Authorization Form Annual Performance Evaluation*;
 - a. Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution?
 - b. 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?
 - c. 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?

Completion of the form requires an explanation for any "yes" response.

- (g) *The GEO Group PREA Disclosure and Authorization Form Annual Performance Evaluation*, GEO Corporate Policy 5.1.2-A, LBCRC Policy 2019-1, and initial employee application indicate any omission regarding misconduct, or the provision of material false information shall be grounds for termination. There have been no terminations at the Long Beach Community Reentry Center for material omissions, failure to report, or provide false information.
- (h) As part of the initial application process, employees complete and sign a form indicating a criminal background check will be conducted. Further, the *Background Release Form Disclosure and Consent* provides information that allows for an employee's information to be released upon request.

Conclusion

Provisions (a)(b)(c)(d)(e)(f) and (g) were documented through a review of employee files, policy, and interviews with facility management. Based upon the review and analysis of all available evidence, the highly organized process and files, the Long Beach Community Reentry Center is found to exceed compliance with standard 115.217.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 LBCRC Policy 2019-1 – PREA Staffing and Facility Requirements
 LBCRC Facility Design with Camera Locations
 LBCRC Annual PREA Assessments – 2018, 2019, 2020
 Purchase Order for Camera, Wire, Switch, and Monitor Replacement (2019)

Interviews

Agency Head
 PREA Coordinator
 Facility Director/PREA Compliance Manager

Findings

GEO Corporate Policy 5.1.2-A and Long Beach Community Reentry Center Policy 2019-1 requires considerations of sexual safety be made when acquiring a new facility or making facility upgrades. The Agency Head indicated that GEO is the world leading in providing sound and effective security measures in the facilities it manages and operates. Additionally, acknowledging the security and safety of their residents and staff is at the forefront of every decision made by the company. The Facility Director/PCM indicated that based on the Annual PREA Facility Assessment the camera system was replaced in 2019 and since the replacement there have been no upgrades or installations of camera or surveillance equipment. During the facility tour all cameras appeared to be properly working.

Conclusion

The LBCRC is found to be in compliance with standard 115.218 based on the evidence presented and reviewed, and staff interviews.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (b)

- 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 No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes 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 agency *a/ways* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- 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 No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA and Evidence Collection)
LBCRC Policy 2019-6 – Sexual Abusive Behavior, Prevention, and Intervention Program (PREA)
SAFE/SANE Provider Information
Email Documentation – MOU Agreement Attempt with College Medical Center
Peace Officer Standards and Training (POST) Guidelines on Adult/Adolescent Sexual Assault Investigation Publication
LBCRC PREA Education Manual for Residents
LBCRC PAQ
Review of College Medical Center Website

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate Policy 5.1.2-E outlines the agency's requirements for following uniform evidence protocol when investigating sexual abuse allegations. LBCRC policy 2019-6, addresses the requirements of the LBCRC in response to reports of recent sexual abuse allegations. The LBCRC PAQ and the Facility Director/PCM indicates the center does not have any facility-trained investigators responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. However, the Facility Director/PCM indicated the GEO Group Corporate Offices – Office of Professional Responsibility (OPR) has trained investigators who would be assigned to the LBCRC if an allegation of sexual harassment or any allegation requiring an administrative investigation was made. The Long Beach Police Department will conduct all criminal investigations. The department officers are POST (Peace Officer Standards and Training) certified and trained appropriately via the POST Guidelines on Adult/Adolescent Sexual Assault Investigation protocol. Staff interviews revealed that upon any discovery or notification of sexual abuse an immediate notification to the Facility Director would be made. The Facility Director/PCM stated her staff understand the expectation of immediate notification regardless of time or day. In the past 12-months there were no allegations of sexual abuse at the LBCRC. Therefore, there were no forensic exams conducted.
- (b) The LBCRC does not house youthful residents, therefore, provision (b) of this standard is not applicable.
- (c) Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. Forensic Exams are provided through the College Medical Center in Long Beach, CA. Additionally, a resident requiring a forensic exam can be transported to any hospital in the Los Angeles area that has an opening. These sites include; The Providence Little Company of Mary Sexual Assault Response Team, LAC+USC Medical Center Violence Intervention Program (VIP), The Rape Treatment Center UCLA, and San Gabriel Valley Medical Center. All entities ensure the forensic exams, and any other related services are provided at no cost to the resident. In the past 12 months, there have been no residents requiring transport for forensic exams.
- (d) The LBCRC has attempted to secure a Memorandum of Understanding in August 2020 with College Medical Center via email correspondence to provide victim advocacy and other support services to resident victims of sexual abuse. The attempt was unsuccessful however the Facility Director/PCM will continue to solidify the partnership. Residents are made aware of the confidential emotional support services available to them and how to access them in the PREA Education Manual for Residents, and on the PREA posters displayed throughout the facility in both English and Spanish. When interviewed, participants were aware of the confidential emotional support services available to them and how to access them. The RAINN telephone number is provided to the residents.
- (e) GEO Corporate Policy 5.1.2-E indicates upon request by the victim and with the victim's consent, a victim advocate shall be made available to accompany the victim through examinations and investigatory interviews.

Conclusion

Provisions (a)(b)(c)(d) and (e) are documented in corporate and local policy, and interviews with staff. Based upon the review and analysis of all available evidence, the LBCRC is found compliant with standard 115.221.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)
LBCRC Annual PREA Tracking Log
California Department of Corrections and Rehabilitation (CDCR) Website – PREA Investigations
CDCR Department Operations Manual (DOM) Chapter 5 – Adult Custody and Security Operations
The GEO Group Website – Investigations

Interviews

Agency Head
Facility Director/PREA Compliance Manager
Random Staff

Findings

- (a) GEO Corporate Policy 5.1.2-A requires its facilities to have in place a policy that ensures all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency. The Long Beach Community Reentry Center refers criminal allegations of sexual abuse to the Long Beach Police Department, with notifications made to the GEO Corporate OPR and CDCR. Further, GEO Corporate Policy 5.1.2-E provides policy protocol for the referrals. In the past 12-months there have been zero allegations of sexual abuse or sexual harassment made by residents or staff at the LBCRC. With zero allegations, there have also been zero referrals for administrative or criminal investigations. The Agency Head acknowledges the requirements of allegation referrals from its corporate offices, client contract requirements, and local law enforcement agencies.

- (b) The Long Beach Community Reentry Center maintains an Annual PREA Incident Tracking Log. The logs submitted for 2018, 2019 and 2020 show no incidents at the facility. The form is broken out by month and includes the type of allegation (inmate/inmate or staff/inmate) whether the alleged incident was involving sexual activity or staff voyeurism, names of persons involved, and their race and sex. Additionally, the form includes the PREA Incident Survey number, and the outcome and agency name the incident was referred to. This information is provided to the CDCR and GEO Corporate Offices no later than the 5th day of each month for the previous month. The aggregate information is provided on the GEO Group's website.
- (c) The CDCR Department Operations Manual (DOM), policy section 54040.12 outlines the expectation for investigations. GEO Corporate Policy 5.1.2-E requires that its facilities ensure referrals of allegations for investigations are properly made. Staff indicated they would immediately make notification to the Facility Director/PCM in the event of an allegation. The agency website www.geogroup.com includes the policy 5.1.2-E and includes the referral process for administrative and criminal referrals for investigations.

Conclusion

Provisions (a)(b) and (c) are met through documentation of policy and staff interviews, therefore the LBCRC is found in compliance with standard 115.222.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes
 No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes
 No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- 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 No
- 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 No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

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

LBCRC Policy 2019-1 – PREA Staffing and Facility Requirements

The GEO Group PREA DOJ 2019 In-Service Training Curriculum

The GEO Group Prison Rape Elimination Act (PREA) Basic Training Acknowledgement forms signed by staff

The GEO Group Prison Rape Elimination Act (PREA) In-Service Training Acknowledgement forms signed by staff

LBCRC 2020/2021 Monthly Staff Meeting Agendas and Minutes

LBCRC Employee Files

Interviews

Facility Director/PREA Compliance Manager

Random Staff

Findings

- (a) The Long Beach Community Reentry Center policy 2019-1 states employees shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention program prior to working with residents, which is also required by GEO Corporate Policy 5.1.2-A. The Facility Director/PCM provides the required PREA training to all newly hired staff before they have contact with residents. Staff acknowledged receiving PREA training immediately upon being hired and did not have contact with the residents prior to being trained. A review of the GEO Group PREA DOJ 2019 In-Service Training curriculum outlines the ten training requirements (1) Zero Tolerance Policy for Sexual Abuse and Sexual Harassment, (2) Fulfilling responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, (3) Resident's rights to be free from sexual abuse and sexual harassment, (4) The right of residents and employees right to be free from retaliation for reporting, (5) The dynamics of sexual abuse and sexual harassment in confinement, (6) Common reactions of sexual abuse and sexual harassment by victims, (7) How to detect and respond to signs of abuse, (8) avoiding inappropriate relationships, (9) Effective communication with LGBTI residents, and (10) Compliance with relevant laws related to mandatory reporting. Several training segments were above and beyond the minimum requirements of the standard. The following outline the means by which the Long Beach Community Reentry Center exceeds in staff training:
- a. The Facility Director/PCM meets one on one with each staff member and provides the initial PREA training.
 - b. The Facility Director/PCM conducts monthly staff meetings that includes some form of PREA refresher, reminder, and discussion. For example, the March 23, 2021 Staff Meeting Agenda and Minutes includes information on sexual harassment, the definition, the seriousness of sexual harassment, and a review of how to identify sexual harassment. Several staff identified the staff meetings as a constant reminder of sexual safety at the facility.
 - c. Objective 4 – Freedom From Retaliation provides employees with reasons why a resident might not want to report and barriers to reporting allegations of sexual abuse and sexual harassment

- d. Objective 6 – Detection and Response details not only general signs to look for if someone is being abused, but breaks down observations to be aware of physically, visually, environmentally as well as behaviorally.
- e. Objective 7 – Disciplinary Sanctions and Corrective Action – provides an overview and includes a slide entitled “Are You Compromised”. This slide asks 12 “yes” or “no” questions and acknowledges that one “yes” answer indicate at risk behaviors that could lead to inappropriate relations and should be discussed with a supervisor immediately. The questions asked are:
 - i. Do you look forward to seeing a particular inmate when you come to work?
 - ii. Have you done anything with an inmate you would not want your supervisor or your family to know about?
 - iii. Would you be reluctant to have a coworker observe your behavior for a whole day?
 - iv. Do you talk about personal matters with inmates?
 - v. Have you said anything to an inmate that you would not want tape recorded?
 - vi. Do you have thoughts or fantasies of touching a particular inmate?
 - vii. Do you have the right to touch an inmate whenever and wherever you want?
 - viii. Do you have a feeling of not being able to wait to share good/bad news with an inmate?
 - ix. Do you think inmates are not allowed to say no to your, no matter what you ask?
 - x. Have you ever allowed an inmate to talk about past sexual experiences or sexual fantasies, or tell sexual jokes in your presence?
- f. Section 8 of the training includes a disclaimer slide that both acknowledges discussions regarding the LGBTI community can be uncomfortable, personal opinions of such must be set aside and recognize safety and professionalism as the cornerstone of the facility operations.

- (b) The GEO Group Prison Rape Elimination Act (PREA) DOJ 2019 In-Service Training curriculum, Objective 8 – Limits to Cross-Gender Viewing and Searches shows respectful pat searches of both male and female residents. Pat search considerations include distinctions on pat searching breasts and inner thighs. The LBCRC houses only male residents, and the GEO Corporate Policy 2.1.5-A indicates if staff are transferred to another facility where female residents are housed additional training will be provided.
- (c) All employees of the Long Beach Community Reentry Center receive the PREA In-Service training immediately upon being hired. A review of random employee files confirms training has been provided. A separate notebook with just the PREA Basic and PREA In-Service training records was reviewed and shows training for every employee, and employees acknowledged the training via signature. Furthermore, a refresher training is provided annually to every employee.
- (d) Both the GEO Group Prison Rape Elimination Act (PREA) In Service Training Acknowledgement and Prison Rape Elimination Act (PREA) Basic Training

Acknowledgement are signed and dated by the employee and a witness, which is the individual providing the training. Employee files show acknowledgement of both initial and annual training confirmed by signature.

Conclusion

Using evidence from corporate and local policy, staff interviews, and a review of the training curriculum provide justification for meeting this standard. The training curriculum substantially exceeds the minimum requirements of this standard, as does the documentation of monthly PREA briefings. The Long Beach Community Reentry Center is found to exceed standard 115.231.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?
 Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Long Beach Community Reentry Center Policy 2019-1 – PREA Staffing and Facility Requirements
Statement of Fact

Interviews

Facility Director/PCM

Findings

Corporate policy 5.1.2-A requires all contractors and volunteers to be trained on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to their assignment, and that the training be based on the services and level of contact the contractors and volunteers will have with the residents. The Long Beach Community Reentry Center has not utilized volunteers or contractors during this audit cycle. However, policy 2019-1 states that volunteers and contractors will receive training.

Conclusion

Provisions (a)(b)(c) and (d) were documented by policy and a staff interview. There were no volunteers or contractors utilized during this audit cycle. Based on the information provided, the LBCRC is compliant with standard 115.232.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No

- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Center Policy 2019-2 – PREA Intake and Orientation
 Long Beach Community Reentry Center PREA Poster – English and Spanish
 Long Beach Community Reentry Center PREA Resident Education Manual – English, Spanish, and Large Print
 Long Beach Community Correctional Reentry Center Acknowledgement of Receipt of PREA Educational Manual
 Long Beach Community Reentry Center PREA Video – PREA – What You Need To Know

Interviews

Facility Director/PCM
 Random Residents
 Random Staff

Findings

- (a) During the intake process at the Long Beach Community Reentry Center residents are provided a copy of the *Long Beach Community Reentry Center PREA Resident Education Manual*. The manual is reviewed with each resident by the Facility Director/PCM. The manual covers the center's zero-tolerance policy, how to report sexual abuse and sexual harassment, and their right to be free from retaliation for making a report. GEO Corporate Policy 5.1.2-A and Long Beach Community Reentry Center Policy 2019-2 outline requirements for resident education indicating such education will take place within 24 hours of arrival. The Facility Director/PCM discussed her responsibility to provide a thorough overview of the zero-tolerance policy and PREA information and uses the initial PREA overview as a way to learn about each resident at the facility. Staff acknowledged the director provides the initial PREA education materials to residents, and were able to articulate posters, the education manual, and reviews when group classes were being held as means to ensuring information is dispersed throughout the facility. All residents interviewed acknowledged and appeared to understand the center's zero-tolerance policy, how to report, and their right to be free from retaliation and not be punished for making a report. Zero residents

reported needing to make a report. Furthermore, residents reported receiving the information within hours of arriving at the facility.

A cross reference review of resident files showed that residents had been provided the information with the director process. Each resident file contained a resident signed copy of the *Long Beach Community Correctional Reentry Center Acknowledgement of Receipt of PREA Educational Manual*.

Residents are also required to watch a video entitled "PREA – What You Need To Know". All residents interviewed acknowledged watching the video. Each resident signed an acknowledgement they had viewed the video covering the zero-tolerance policy, right to report, and free medical and mental health care should they need it and how to contact the RAINN to acquire confidential emotional support services.

- (b) All residents arriving at the Long Beach Community Reentry Center are arriving from a California Department of Corrections and Rehabilitation (CDCR) facility. There are no direct intakes at the center. Long Beach Community Reentry Center Policy 2019-2 specifically states that PREA refresher information is provided whenever an offender from another facility is received. Most residents interviewed acknowledged learning about PREA initially at their CDCR facility and were provided a review and specific information during intake at the LBCRC.
- (c) It is the policy of The GEO Group (5.1.2-A) and The Long Beach Community Reentry Center (2019-2) to provide PREA education and information to the residents of community reentry facilities needing assistance with hearing, sight, learning and language limitations in accessible formats. For non-English speaking residents all PREA related materials are printed in Spanish. If an individual speaking a language other than English or Spanish were to arrive, either the Language Line Solutions would be utilized, and the PCM/Facility Director would ensure the resident's language needs were met. During this audit cycle there have been no residents needing to utilize the Language Lines Services or speaking any other language than English or Spanish. A large font copy of the PREA information is maintained at the facility as is a TTY machine. The resident PREA Educational Manual is gone over with each resident one-on-one with the Facility Director/PCM, and any learning difficulties are addressed during the one-on-one process.
- (d) Each resident at The Long Beach Community Reentry Center is required to sign for the receipt of the PREA education manual and the viewing of the PREA video. Resident files as well as an aggregate file maintained by the Facility Director/PCM confirm the documentation of participation in education sessions on sexual safety.
- (e) Upon entering The Long Beach Community Reentry Center, a bulletin board is hung and contains PREA reporting information in English and Spanish, how to make a report, who to make the report to, that reporting is confidential, can be anonymous and can be done by a third party. The poster defines internal and external reporting mechanisms. This PREA information is displayed throughout the facility. All residents interviewed acknowledged having a copy of their PREA education manual in their possession.

Conclusion

The Long Beach Community Reentry Center has a robust resident education program that through policy, printed materials, video, and interviews with both staff and residents ensures provisions (a)(b)(c)(d) and (e) have been met. The assurance and confirmation that all residents receive the information in a one-on-one setting provides evidence of an exceeds standard rating for standard 115.233.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, 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 115.221(a).)
 Yes No NA

115.234 (b)

- 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 115.221(a).) Yes No NA
- 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 115.221(a).) Yes No NA
- 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 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (c)

- 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 115.221(a).) Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
The GEO Group Course GEO 286 PREA Specialized Investigative Training Performance Objectives

Interviews

Facility Director/PREA Compliance Manager

Findings

GEO Corporate Policy 5.1.2-A requires any facility investigator receive specialized training on conducting investigations in a confinement setting. The Long Beach Community Reentry Center Facility Director/PCM indicated there are no facility investigators on site, however the specialized training is required of all GEO Corporate investigators at the Office of Professional Responsibility, and should an allegation be referred for investigation, a corporate investigator would be assigned. GEO Course Code GEO286 entitled PREA Specialized Investigation Training includes the following six performance objectives:

- a. Identify how trauma can affect a victim's cooperation in an investigation
- b. Describe the Forensic Medical Exam Process and the Role of Victim Advocates
- c. Identify best practices and policy requirements on evidence collection in confinement settings.
- d. Understand the use of, and the difference between Miranda and Garrity
- e. Learn techniques for interviewing and interrogating during investigations of sexual abuse in confinement settings
- f. Explain criteria required for administrative action and prosecutorial referral

The Facility Director/PCM understood the investigative process and was able to articulate the responsibility of working with the CDCR, Long Beach Police Department, and the GEO Corporate Office of Professional Responsibility (OPR).

Conclusion

Based on The GEO Group Corporate Policy and staff interview, the Long Beach Community Reentry Center is found compliant with provisions (a)(b) and (c) of Standard 115.234.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- 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 No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)

Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

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

Interviews

Facility Director/PREA Compliance Manager

Findings

The GEO Corporate Policy 5.1.2-A outlines specialized training for medical and mental health practitioners. Each facility is required to train full and part-time medical and mental health staff who work regularly in its facilities on detecting signs of sexual abuse and sexual harassment,

preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and sexual harassment, and proper reporting of allegations or suspicions of sexual abuse and sexual harassment.

The Long Beach Community Reentry Center does not utilize medical or mental health staff at its facility at any time. If medical or mental health services are needed, they are provided off site.

Conclusion

The GEO Group Corporation has policy requirements that pertain to facilities utilizing medical and mental health care practitioners. The Long Beach Community Reentry Center does not utilize medical or mental health providers, therefore this standard does not apply to the LBCRC.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?
 Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?
 Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Center Policy 2019-3 – PREA Screening/Admission
 The GEO Group Reentry Facilities PREA Risk Assessment
 The GEO Group PREA Vulnerability Reassessment Questionnaire
 Resident Files

Interviews

Facility Director/PREA Compliance Manager
 Random Sample of Residents

Findings

- (a) Both the GEO Group and The Long Beach Community Reentry Center have policies that address screening for Risk of Victimization and Abusiveness. The policies, 5.1.2-A and 2019-3 respectively require the assessment be conducted at intake and upon transfer to another facility. The Long Beach Community Reentry Center does not transfer residents to other facilities; however, the Facility Administrator/PCM does conduct the risk assessment with each resident. This was confirmed during resident interviews.
- (b) Both corporate policy (5.1.2-A) and The Long Beach Community Reentry Center policy (2019-3) requires the resident be assessed and screened within 24-hours of arrival at the facility, exceeding the requirement of the 72-hours from the PREA national standards. Residents are received Monday through Friday at the LBCRC. The LBCRC received 207 residents during the past 12-months. The Facility Director/PCM maintains an alphabetical filing system in her office that confirms all residents entering the facility are assessed within 24 hours of arrival. Residents recalled being asked specific questions such as whether they had previously been sexually abused or sexually abusive, how they identify, and their perception of safety.
- (c) (d) and (e) The GEO Group has developed a comprehensive objective screening instrument. The Facility Director/PCM conducts a thorough review of any available

records (i.e., medical files or pre-sentence investigative reports) to assist with the risk assessment. The Long Beach Community Reentry Center reviews all documentation received from the CDCR as well, looking for information that will assist in better understanding the needs each resident might have. The GEO risk assessment screening instrument considers all nine criteria required under provisions (d) and (e) and utilizes it in the following manner:

- a. Eleven elements for risk of victimization, with one point given for each affirmative response: 1. Have you ever been approached for sex/threatened with sexual assault while incarcerated?, 2. Have you ever been the victim of sexual assault?, 3. Do you have any reason to fear placement in general population?, 4. Younger (< or = to 21 years of age) or elderly (= or > than 65 years of age), 5. Small stature (men: <5'6" and <120 pounds) (women <5'0" and <118 pounds), 6. Does the resident have a developmental/mental/physical disability?, 8. First-time offender, 9. Criminal history of sex offenses with adult/child victims, 10. Criminal history is exclusively nonviolent, and 11. History of prior sexual victimization while incarcerated. A score of 3 or more on these items, or YES to questions 2, 9, or 11 will warrant the resident as at risk for victimization.
 - b. There are six elements for at risk of abusiveness, with one point given for each affirmative response. These include: 1. Convicted sex offender with adult or child victim, 2. History of domestic violence as a perpetrator, 3. Prior crimes of violence (excluding sex offenses), 4. Incident reports for violent offenses while incarcerated (excluding sexual misconduct), 5. Incident reports for sexual misconduct while incarcerated, and 6. History of prior sexual abuse perpetration while incarcerated. A score of 3 or more or YES to elements 1 or 6 warrants the resident as at risk for abusiveness.
 - c. Collectively of the 17 elements, a YES response to items 2, 9, 11 for risk of victimization, and 1 and 6 for risk of abusiveness requires a referral to the Facility Director/PCM. If the total score between both victimization and abusiveness is 3 or greater, a referral to mental health is made. The screening tool asks if the resident requires a referral, if yes, the date of the referral, and an indication the referral must take place within 48-hours. The Facility Director/PCM makes all housing decisions.
- (f) Both GEO Corporate (5.1.2-A) and Long Beach Community Reentry Center (2019-3) require a reassessment within 30 days, or upon additional relevant information received, through a referral, request, or allegation. The Facility Director/PCM conducts all reassessments.
 - (g) If the resident provides additional information rendering the need for a reassessment the Facility Director/PCM will conduct the reassessment immediately. All reassessments were completed within 30-days. A review of resident files shows a completed risk screening as well as the initial 30-day reassessment.
 - (h) Corporate and local policy prohibit a resident from being disciplined for refusing to answer any of the questions or providing incomplete responses during the risk screening process.
 - (i) The information obtained from residents entering The Long Beach Community Reentry Center are maintained in the Facility Director/PCM's office and visible on a need-to-

know basis. Security staff at the LBCRC do not see the results of resident risk assessments.

Conclusion

Based on the evidence provided which included policy, review of documentation, interviews, and practice, The Long Beach Community Reentry Center is found in compliance with provisions (a)(b)(c)(d)(e)(f)(g)(h) and (i), and standard 115.241.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always

refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation

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

Long Beach Community Reentry Center Policy 2019-3 – PREA Screening/Admission Statement of Fact – Residents requiring referrals

The GEO Group Reentry Facilities PREA Risk Assessment

Long Beach Community Correctional Reentry Center Resident Referral Verification

Long Beach Community Correctional Reentry Center “At-Risk” Log

Long Beach Community Reentry Center LGBTI Tracking Log

California Department of Corrections and Rehabilitation (CDCR) – PREA Policy/Article 44

Interviews

PREA Coordinator

Facility Director/PREA Compliance Manager

Findings

- (a) Parameters for utilizing information obtained from the PREA Risk Assessment for housing, bed, work, education, and program assignments are provided in GEO Corporate policy 5.1.2-A and The Long Beach Community Reentry Center policy 2019-3. The PREA Coordinator, as well as the Facility Director/PCM acknowledged using this information as a means of keeping individuals at high risk of victimization separate from those at high risk for abusiveness. The Facility Director/PCM maintains an “at-risk” log

that contains information on those residents who are at risk for victimization, abusiveness.

- (b) Policies reviewed (corporate, local) state individualized determinations are made with respect to the safety of each resident. Facility Director/PCM supported the policies by acknowledging resident CDCR files are reviewed, appropriate referrals are made if a resident is determined to be at risk of abusiveness or victimization.
- (c) Both the GEO Corporate Policy, Long Beach Community Reentry Policy, and CDCR Policy state that in making housing and programming assignments for transgender or intersex offenders, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. There have been no transgender or intersex residents at the Long Beach Community Reentry Center during the audit cycle.
- (d) Policy 5.1.2-A from GEO Corporate and 2019-6 from The Long Beach Community Reentry Center instruct that a transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.
- (e) Both GEO Corporate policy 5.1.2-A and The Long Beach Community Reentry Center policy 2019-3 require separate shower and changing areas for transgender and intersex residents. Residents at The Long Beach Community Reentry Center are required to change clothes in a restroom/changing area so as not to be in a state of undress at any time a staff member enters their housing area.
- (f) As indicated by the PREA Coordinator, no GEO facilities are under a consent decree or lawsuit that would allow for dedicated housing for LGBTI inmates. Further, The Long Beach Community Reentry Center does not have any housing dedicated to a resident's LGBTI identification, nor are residents housed based solely on their identification as such.

Conclusion

Based on corporate, local, and CDCR policies, a review of resident's files, and interviews with staff, The Long Beach Community Reentry Center is found proficient in provisions (a)(b)(c)(d)(e) and (f) and therefore meets standard 115.242.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Policy 2019-2 – PREA Intake and Orientation
 The GEO Group Employee Reporting Options Poster
 Long Beach Community Reentry Center PREA Resident Reporting Options Poster
 Long Beach Community Reentry Center PREA Resident Education Manual
 Long Beach Community Correctional Reentry Center Acknowledgement of Receipt of PREA Educational Manual
 Email Correspondence – Attempt to secure MOU for Confidential Emotional Support Services
 LBCRC Sexual Abuse First Responder Pocket Card
 The GEO Group Website

Interviews

Random Staff
 Random Residents
 Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate policy 5.1.2-A and Long Beach Community Reentry Center policy 2019-2 outline various requirements for resident reporting options. The policies cover reporting sexual abuse, sexual harassment, retaliation by other residents or staff for making a report, and reporting staff neglect or violation of responsibilities that may have contributed to the abuse. Staff and residents were very knowledgeable on how to report, with most of the residents stating they felt comfortable reporting to a staff member and would also tell a family member or report the abuse with their personal cell phones.
- (b) The LBCRC provides multiple internal and external ways for residents to report sexual abuse and sexual harassment. The LBCRC PREA Poster outlines reporting indicating informing a staff member immediately, contacting the PREA Compliance Manager (Facility Director McAfee), calling the Long Beach Police Department (which can be

done anonymously), or reporting to the California Office of the Inspector General. The LBCRC PREA Education Manual for Residents covers reporting in several additional ways. These include telling someone, submitting a grievance, and talking to a trusted friend or family member. The LBCRC Acknowledgement of Receipt of PREA Education Materials also provides residents with the telephone number to RAINN, the National Sexual Assault Hotline 1-800-656-4673

If a resident wishes to report via U.S. Mail, the facility will provide them with paper and a stamped envelope. The resident is not required to give a reason for requesting the paper and envelope. The envelope is sealed by the resident and placed in the outgoing U.S. Mailbox. Staff do not search or review outgoing mail.

- (c) GEO Corporate policy 5.1.2-A states that employees shall accept reports made verbally, in writing, anonymously and from third parties. During interviews with staff, they were able to provide information such as any report made by a resident would be immediately reported to the Facility Director, or if it is after hours the shift supervisor. Supervisory staff indicated if a report was made to them, they would immediately reach out to the Facility Director. The director takes calls 24 hours per day, 7 days per week. Any report of sexual abuse or sexual harassment, regardless of how it is made is documented on an incident log.
- (d) The GEO Group website and policy 5.1.2-A outlines employee reporting options stating that reports can be made to the Chief of Security or facility management. Staff indicated they would feel comfortable reporting to the Facility Director. Staff were also aware of the corporate Employee Hotline, (866) 568-5425, which is an independent, professional service available to them 24 hours per day, 7 days per week, and a reporting portal. This number is listed on the Sexual Abuse First Responder pocket card carried by all employees. The www.reportlineweb.com/geogroup website utilizes a drop-down menu to establish the country, state, and facility the report is being made about. A report for sexual abuse or sexual harassment (PREA) will be found under the "Abuse" tab. The corporate website also provides a direct phone number to the agency wide PREA Coordinator (561) 999-5827 for making reports.

Conclusion

Provisions (a)(b)(c) and (d) were documented by policy, posters, pamphlets, resident education manual, and during interviews with staff and residents. The GEO Group website provided confirmation of compliance as well. Based upon the review of all evidence provided, The LBCRC is found in compliance with standard 115.251.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual

abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No 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.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No 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.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No 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.) Yes No 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.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Center Policy 2019-5 – Grievance Process
 Long Beach Community Reentry Center PREA Education Manual for Residents
 Long Beach Community Reentry Facility Resident Handbook
 Statement of Fact

Interviews

Facility Director/PREA Compliance Manager
 Random Residents

Findings

- (a) GEO Corporate policy 5.1.2-A and Long Beach Community Reentry Center policy 2019-5 clearly outlines the administrative procedures for handling all resident grievances, including those regarding sexual abuse. The Long Beach Community Reentry Center written grievance procedure is approved by the CDCR. Grievance information is also provided to the residents in the PREA Education Manual for Residents.

- (b) Neither GEO Corporate nor the LBCRC impose a time limit on submitting a grievance regarding sexual abuse, however time limits are imposed for any grievance that does not allege an incident of sexual abuse.
- (c) LBCRC policy 2019-5 and the PREA Education Manual for Residents indicates if the allegation involves the Facility Director, the grievance may be submitted directly to the referring agency, the GEO PREA Coordinator and or the GEO Residential Reentry Services Manager and mailing addresses are provided.
- (d) Corporate policy 5.1.2-A states an extension of up to 70 days can be made, and a final decision is required to be issued within 90-days (not including time consumed by individuals in preparing any administrative appeal). During the past 12-months there were no grievances filed at the LBCRC. Residents referenced the grievance paperwork, and the box where grievances could be placed.
- (e) The PREA Education Manual for Residents, corporate policy and local policy outline the ability of third parties, including fellow residents, staff members, family attorneys or advocates to assist with the filing of grievances. Any refusal to have a request processed on the resident's behalf would be documented in the resident file. There were no third-party reports made during the past 12-months.
- (f) Emergency grievance procedures are outlined in GEO Corporate policy 5.1.2-A, Long Beach Community Reentry Center policy 2019-5, and the PREA Education Manual for Residents. The Facility Director is the center's grievance coordinator and would make the determination on whether the issue raised is a life-threatening situation. Emergency grievances are required by both corporate and local policy to be given top priority with an initial response provided within 48 hours and a final decision made within 5 days. There were no emergency grievances filed within the past 12-months at the Long Beach Community Reentry Center.
- (g) Corporate policy 5.1.2-A acknowledges individuals in a GEO Facility or Program may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. There was no documentation at the LBCRC of any disciplinary actions being taken as there were no bad faith, or grievances alleging sexual abuse at the center in the past 12-months.

Conclusion

The GEO Group and Long Beach Community Reentry Center outlined provisions (a)(b)(c)(d)(e)(f) and (g) through policy and via the resident education manual. Staff and resident interviews showed knowledge of the grievance process. Based upon the review and analysis of all available evidence, the Long Beach Community Reentry Center is found in compliance with standard 115.252.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)
 Long Beach Community Reentry Center PREA Resident Education Manual

Long Beach Community Reentry Center PREA Posters
Email Correspondence – Attempt at MOU for confidential emotional support services

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) GEO policy 5.1.2-A, and LBCRC policy 2014-6, addresses the agency and local policy on providing participants with access to outside, confidential emotional support services related to sexual abuse. The facility has made multiple attempts to secure an MOU with College Medical Center in Long Beach. The Facility Director/PCM reports there has been no response from the medical center and will continue to reach out. Participants are informed in the LBCRC PREA Education Manual for Residents that they can call 1- 800-656-4673 and be connected to the RAINN National Hotline Network or they can obtain a list of victim advocate organizations from the PREA Compliance Manager. The LBCRC PREA posters displayed throughout the facility, in both English and Spanish, includes the telephone number to the RAINN National Hotline Network (1-800-656-4673), where advocates are available 24 hours a day, seven days a week. A resident telephone was used to dial the RAINN hotline number and the auditor was immediately transferred to The Forensic Nurse Specialists in Los Alamitos, CA.
- (b) Participants are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Residents were aware of their access to confidential emotional support services. No one reported using the hotline but did indicate they would use their personal cell phones to contact RAINN if they needed to.

Conclusion

Provisions (a)(b) and (c) are confirmed through policy, written materials, and interviews with residents and community-based providers. Based on this evidence, the Long Beach Community Reentry Center is found in compliance with standard 115.253.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Long Beach Community Reentry Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)
The GEO Group Third Party Reporting Options Poster – English and Spanish
The GEO Group Website

Interviews

Facility Director/PREA Compliance Manager
Random Residents
Random Staff

Findings

GEO Corporate policy 5.1.2-A, and LBCRC Policy 2019-6, the agency has a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. LBCRC policy indicates if the facility receives notification of alleged abuse, the Facility Director shall ensure that the allegation is referred for investigation in accordance with PREA standards.

Information on third party reporting is found on facility staff postings and is made available on the GEO website at <http://www.geogroup.com/PREA>. The posters state third party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. Residents and staff interviewed were aware of this method of reporting. The Facility Director/PCM indicated there have been no third-party reports of sexual abuse made to the Long Beach Community Reentry Center in the past 12-months.

Conclusion

This standard was documented with staff and resident interviews and a review of information available on the corporate website and posters. Based on this information the Long Beach Community Reentry Center is found to be in compliance with standard 115.254.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- 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 No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- 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 No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- 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 No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)
 Fifty State Survey of Vulnerable Person Statutes – NIC/WCL Project on Addressing Prison Rape

Interviews

Facility Director/PREA Compliance Manager

Random Staff

Findings

- (a) The GEO Group and The Long Beach Community Reentry Center have written policy (5.1.2-A and 2019-6, respectively) that stipulate reporting duties. In both policies, staff are required to immediately report any knowledge, suspicion, or provide information relevant to an incident of sexual abuse or sexual harassment. This includes any information related to an occurrence in a facility that is not part of the agency or facility. Staff neglect or violation of responsibilities that contributed to the occurrence are reportable as well. Finally, reporting stipulations apply to any form of retaliation as well. Staff were very aware of their reporting requirements and would not hesitate to report to the Facility Director/PCM any incidents, including retaliation.
- (b) Both GEO Corporate (5.1.2-A) and Long Beach Community Reentry Center (2019-6) address the confidentiality of information related to sexual abuse, sexual harassment, retaliation. Staff understood the need to keep the information confidential. The Facility

Director/PCM is the gatekeeper of information on each resident, and protected all information related to the residents confidential, stating that little information is provided to security staff. The Facility Director/PCM did report that, when necessary, she will discuss confidential information with her Security Manager and CDCR staff, always in the most confidential manner.

- (c) The Long Beach Community Reentry Center does not have on-site medical or mental health practitioners, however GEO Corporate policy 5.1.2-A does state that practitioners at any GEO Facility of Program shall inform individuals of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
- (d) Corporate policy 5.1.2-A and Long Beach Community Reentry Center Policy 2019-6 address vulnerable adults and acknowledge that the California includes individuals in correctional treatment centers in the Fifty State Survey of Vulnerable Persons Statutes. The LBCRC does not house individuals under the age of 18.
- (e) All allegations require immediate reporting to designated investigators according to both corporate and local policy. The LBCRC does not have a trained investigator, however all staff indicated any report of sexual abuse, sexual harassment, retaliation, or suspicious behavior would be reported to the Facility Director/PCM. Staff also reported that the Long Beach Police Department handles the investigation. The Facility Director/PCM indicated her obligation to report was to the GEO OPR (Office of Professional Responsibility), CDCR, and the Long Beach Police Department. The GEO OPR would assign a trained investigator if needed.

Conclusion

The policies presented, coupled with staff interviews, and a review of the California statutes on vulnerable persons documented the requirements of this standard. Based on the review and analysis of the evidence, The Long Beach Community Reentry Center is found in compliance with standard 115.261.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Long Beach Community Reentry Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Statement of Fact

Interviews

Facility Director/PREA Compliance Manager
Random Staff

Findings

GEO Corporate policy 5.1.2-A requires immediate action to protect an alleged victim when it is learned an individual is at substantial risk of imminent sexual abuse. Staff are required to respond to all allegations of sexual abuse and sexual harassment and assume that regardless of the source of the report, the report is credible. The Long Beach Community Reentry Center policy 2019-6 requires immediate action of protection to occur as well. Both policies give action steps for protection, including protecting and respecting the victim's security, identity, and privacy in a confidential manner, and instructing conversations and contact with the victim being sensitive, supportive, and non-judgmental. LBCRC policy further directs there shall be no contact between the alleged abuser and the alleged victim pending the outcome of the investigation. Staff indicated an immediate implementation of first responder duties with an immediate report to the Facility Director/PCM would occur if risk of imminent abuse were recognized. The Facility Director/PCM indicated staff would protect the victim and an immediate report to OPR and CDCR would be made.

The LBCRC did not have any allegations of sexual abuse or sexual harassment which put the victim at substantial risk of imminent abuse in the past 12-months.

Conclusion

Based on policy and staff interviews, The Long Beach Community Reentry Center is found to be in compliance with standard 115.262.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
 Statement of Fact

Interviews

Agency Head
 Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate policy 5.1.2-A requires that in the event an individual in a GEO facility or program alleges sexual abuse occurred while confined at another facility, the allegation shall be documented, and notification made to the facility administrator where the alleged abuse occurred. The Long Beach Community Reentry Center designates notification to the facility administrator where the alleged sexual abuse occurred to be made by the Facility Director/PCM. During the past 12-months there have been no reports of sexual abuse occurring at another facility. The GEO Agency Head noted any allegation received from another facility would be referred to the designated investigators (internal or external) for investigations. Reporting to another confinement facility is also covered in the 2019 GEO PREA In-Service Training under Objective 5 – Describe how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- (b) The corporate policy and Long Beach Community Reentry Center policy further states notifications to the facility administrator where the alleged abuse occurred must be made as soon as possible, but no later than 72 hours after receiving notification.
- (c) It is stipulated in the corporate policy 5.1.2-A that documentation of any notifications and all actions taken as a result be maintained by the PREA Compliance Manager and forwarded to the Corporate PREA Coordinator.
- (d) Both GEO Corporate and Long Beach Community Reentry Center policy outline the obligation to fully investigate any notification received of an allegation of sexual abuse from another facility. There were no reports or notifications made to LBCRC regarding allegations of sexual abuse in the past 12-months. The GEO Agency Head stated that GEO facilities are required to enter these types of allegations on their monthly PREA report submissions and into the PREA Database where they can be tracked.

Conclusion

Provisions (a)(b)(c) and (d) were documented by corporate and local policy and by corporate and local staff interviews. Based upon the review and analysis of all available evidence, The Long Beach Community Reentry Center is found in compliance with standard 115.263.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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 No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Statement of Fact

The GEO Group Prison Rape Elimination Act (PREA) DOJ 2019 In-Service Training Curriculum

Training Records of Random Employees

First Responder Pocket Cards

Interviews
Random Staff

Findings

- (a) First responder duties are outlined in GEO Corporate policy 5.1.2-A, and Long Beach Community Reentry Center policy 2019-6. The LBCRC trains all employees on first responder duties. All security personnel as well as non-security administrative personnel and management receive training in first responder duties during their in-service training. Additionally, all staff carry first responder pocket cards. This card directs the first responder to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect evidence; request the alleged victim and alleged abuser not engage in any action that could destroy evidence.

Staff indicated they were well trained on first responder duties and stated they would also make immediate notification to the Facility Director/PCM. In the past 12-months there were no allegations that a resident had been sexually abused. Staff referred to their first responder cards when asked about first responder duties. A review of employee files showed signed acknowledgement that the staff member had received and understood their PREA in-service training.

- (b) All staff at The Long Beach Community Reentry Facility are trained in the same manner as first responders. This includes both security and non-security staff. Any staff member receiving an allegation of sexual abuse would request the alleged victim not take any action that could potentially destroy evidence.

Conclusion

Provisions (a) and (b) were documented in policy, training curriculum, first responder badges and interviews with staff. Employee files document staff are trained as first responders. Based upon the review and analysis of all available evidence, The LBCRC is found in compliance with standard 115.264.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Long Beach Community Reentry Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
Long Beach Community Reentry Center's PREA Coordinated Response Plan
PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment
Emergency Response Contact Numbers and Addresses

Interviews

Facility Director/PREA Compliance Manager

Findings

The GEO Corporate policy 5.1.2-A requires that each facility have a written coordinated response plan, and that the plans coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Long Beach Community Reentry Center has developed a comprehensive coordinated response. There are six main sections to the coordinated response. These include:

1. Actions required after a report of sexual abuse
2. Initial response
3. Notification required when sexual abuse is alleged
4. Evidence protocol
5. Responsibilities when sexual harassment is alleged
6. Responsibilities when sexual activity is alleged

An after-action checklist is utilized to ensure all reporting and after-action requirements have been completed. The Long Beach Community Reentry Center utilizes emergency medical services for allegations and a list of emergency response contact numbers and addresses is readily available to ensure appropriate services are secured.

Conclusion

A review of policy and the Long Beach Community Reentry Center's written coordinated response plan, standard 115.265 is found to be in compliance.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Long Beach Community Reentry Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection
Statement of Fact

Interviews

Agency Head

Facility Director/PREA Compliance Manager

Findings

GEO Corporate policies 5.1.2-A and 5.1.2-E collectively covers the ability to protect individuals from contact with abusers, by stating no contact orders being implemented between alleged abuser and victim. Additionally, for facilities that have collective bargaining agreements, and as reported by the Agency Head, none of GEO's collective bargaining agreements prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.

As reported by the Facility Director/PCM, and via a Statement of Fact, the Long Beach Community Reentry Center does not have a collective bargaining unit.

Conclusion

Based on corporate policy and interview, and local acknowledgement and staff interviews, The Long Beach Community Reentry Center is found in compliance with standard 115.266.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- 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 No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Long Beach Community Reentry Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Statement of Fact

Resident Protection from Retaliation Log
Employee Protection from Retaliation Log

Interviews

Agency Head
Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate policy 5.1.2-A provides protection against retaliation for both staff and individuals in a GEO Facility. The policy designates the Facility PREA Compliance Manager or Mental Health personnel as responsible for monitoring retaliation. The Long Beach Community Reentry Center Facility Director is responsible for monitoring retaliation, as stated in policy 2019-6.
- (b) The Agency Head and Facility Director note housing changes, transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations as part of their protection duties.
- (c) Both corporate and local policy require monitoring for retaliation for at least 90-days following a report of sexual abuse or sexual harassment. The Facility Director stated that 90-days is a starting point, and if more monitoring is needed the 90-days would be exceeded. All information pertinent to the monitoring will be added to the *Resident Protection from Retaliation* log. In the past 12-months there were no incidents of retaliation at The Long Beach Community Reentry Center.

- (d) The Long Beach Community Reentry Center Facility Director/PCM shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist.
- (e) Both corporate and local policy address protection for any other individual cooperating with an investigation who fear retaliation. Protection will occur for up to 90-days and all information pertinent to the monitoring will be documented on the *Employee Protection from Retaliation* log.

Conclusion

Provisions (a)(b)(c)(d) and (e) are defined in corporate and local policy and confirmed by interviews with staff. There have been no incidents of retaliation during the past 12-months. Based on the review and analysis of all available evidence, The Long Beach Community Reentry Center is found in compliance with standard 115.267.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- 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
 No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.271 (g)

- 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 No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- 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 No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)

Long Beach Community Reentry Center Policy 2019-1 – PREA Staffing and Facility Requirements

Long Beach Community Reentry Center Policy 2019-5 – Grievance Process
Long Beach Community Reentry Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)
Long Beach Community Reentry Center Annual PREA Incident Tracking Log

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate Policy 5.1.2-E provides comprehensive language regarding criminal and administrative investigations. Corporate policy requires investigations for all allegations of sexual abuse and sexual harassment. Corporate policy 5.1.2-E requires the facility administrator and contracting agencies be notified prior to investigating all allegations of sexual abuse and sexual harassment. Long Beach Community Reentry Center Policy 2019-1 states all alleged sexual conduct shall be thoroughly investigated. LBCRC Policy 2019-6 discusses promptness in addressing allegations of sexual abuse and sexual harassment. Policy 2019-5 discusses allegations being investigated objectively. The LBCRC works with GEO's Office of Professional Responsibility (OPR) for administrative allegations of sexual harassment. The Long Beach Police Department conducts criminal allegations of sexual abuse. The Facility Director/PCM indicated the client (CDCR) is notified for any allegation of sexual abuse or sexual harassment made at the LBCRC, as is the GEO OPR.
- (b) The LBCRC Facility Director/PCM indicated if allegations of sexual harassment are made, a trained investigator from the GEO OPR will be assigned to conduct the investigation. The Long Beach Police Department utilizes California POST (Peace Officer Standards and Training) certified officers who have all received specialized training in investigations.
- (c) The Long Beach Police Department would be the responsible entity for criminal investigations, and as directed by GEO Corporate policy 2.1.5-E, the LBCRC would fully cooperate with the Long Beach Police Department in the investigative process.
- (d) Corporate policy 5.1.2-E outlines 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. There were no allegations of sexual abuse referred for investigation to the Long Beach Police Department, and therefore referred for prosecution.
- (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by a person's status as an individual in a GEO facility or program, or staff as stated in corporate policy 5.1.2-E. Furthermore, no individual in a GEO facility or program who alleges sexual abuse will be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation.
- (f) Administrative allegations at The LBCRC are conducted by the GEO OPR after notification to the CDCR and OPR have been made. An *Annual PREA Incident Tracking Log* is completed by the Long Beach Community Reentry Center and includes the type of allegation (inmate on inmate or staff on inmate), the alleged incident (sexual abuse, sexual harassment, willing sexual activity, or staff voyeurism), persons involved, their

race and sex, the PREA Incident Survey number and whether the allegation was deemed substantiated, unsubstantiated, unfounded, or ongoing. If the allegation was referred, the agency it was referred to is listed as well.

- (g) An interview with the Facility Director indicated during the past 12-months there have been zero allegations of sexual abuse or sexual harassment, but that if there had been, regular communication with the investigating agency would occur. This would ensure that those investigations being criminally investigated are documented with a thorough description of evidence, and all reports provided to the center, noting this information would be passed to the CDCR and OPR.
- (h) There were no substantiated criminal allegations of conduct that were referred for prosecution, as is required by GEO Corporate policy 5.1.2-E.
- (i) Corporate policy 5.1.2-E requires written reports be retained whether administrative or criminal investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than 10 years.
- (j) There is no reason for an investigation to terminate prior to its conclusion according to the Facility Director/PCM.
- (k) This provision is not applicable.
- (l) The requirement of GEO corporate policy 5.1.2-E is that facilities cooperate with outside investigators and endeavor to remain informed about the progress of investigations. The LBCRC director has not been involved in any investigation being conducted by the Long Beach Police Department but maintains knowledge of this requirement of corporate policy.

Conclusion

The GEO Corporate policy regarding investigations is robust and thorough. There were no investigative reports to review as LBCRC has not had any administrative or criminal investigations conducted within the last audit cycle. Based upon policy and staff interviews, provisions (a)(b)(c)(d)(e)(f)(g)(h)(i)(j) and (l) are met. Provision (k) is not required to be audited. The LBCRC is found compliant with standard 115.271.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)

Interviews

Facility Director/PREA Compliance Manager

Findings

GEO Corporate policy 5.1.2-E establishes as an evidentiary standard for administrative investigations facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.

Conclusion

Based on the corporate policy, standard 115.272 is found in compliance.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in the agency’s facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is

responsible for conducting administrative and criminal investigations.) Yes No
 NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)

Long Beach Community Reentry Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Statement of Fact

Notification of Outcome of Allegation Form – English and Spanish

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate policy 5.1.2-E requires that at the conclusion of an investigation, the facility investigator or staff member designated by the facility administrator shall inform the victim of sexual abuse in writing whether the allegation has been found substantiated, unsubstantiated, or unfounded. The Long Beach Community Reentry Center policy 2019-6 indicates all sexual abuse and sexual harassment investigations shall adhere to GEO Corporate policy 5.1.2-E.
- (b) If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual is required by GEO Corporate policy 5.1.2-E. In the past 12-months there were zero investigations completed by an outside agency and zero residents alleging sexual abuse at the LBCRC.

- (c) LBCRC Policy 2019-6 states that it will follow the GEO Corporate Policy 5.1.2-E for any investigation conducted. Corporate policy stipulates that in addition to the victim being notified by the facility administrator in writing whether the allegation was substantiated, unsubstantiated or unfounded, if the alleged abuser was an employee, the victim shall also be informed whenever the employee is no longer posted within the victim's housing unit/area, the employee is no longer employed at the facility, the facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility, or the facility learns the employee has been convicted on a charge related to sexual abuse within the facility. The LBCRC had no investigations, and therefore zero notifications in the past 12-months.
- (d) Similarly, GEO Corporate Policy 5.1.2-E states victims will be notified when the agency learns the alleged abuser has been indicted or convicted on a charge related to sexual abuse when the alleged abuser is another resident.
- (e) Although there have been no allegations made at the Long Beach Community Reentry Center in the past 12-months, a blank copy in both English and Spanish of the *Notification of Outcome of Allegation* form was provided. This form includes the facility, report date, PREA incident number, date, time and area of the incident, the victim's name and whether the alleged abuser was a resident or staff member. The form further provides a definition for substantiated, unsubstantiated, and unfounded findings. The findings section indicates who conducted the investigation; the facility or an outside agency, and the outcome determination. The abuser status is listed with a checklist that mirrors the required notification scenarios in provisions (c) and (d) of this standard. The form is signed and dated by the resident and includes who issued the notice and their title.

Conclusion

Provisions (a)(b)(c)(d) and (e) were documented in policy. Additionally, although no allegations have been made and thus no investigations conducted the LBCRC does have a form in place to make appropriate notification to residents regarding the findings of any allegation. Based upon the review and analysis of the available evidence, The Long Beach Community Reentry Center is found in compliance with standard 115.273.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- 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 No

115.276 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)

Long Beach Community Reentry Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Long Beach Community Reentry Center Policy 2019-1 – PREA Staffing and Facility Requirements

The GEO Group Employee Handbook (Sexual Abuse and Sexual Harassment)

Statement of Fact

Employee Files

Interviews

Facility Director/PREA Compliance Manager

Office Support Staff/HR

Findings

- (a) GEO employees, including those employed at The LBCRC may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. This is well documented in GEO Corporate Policy 5.1.2-E, Long Beach Community Reentry Center Policy 2019-1, and The GEO Group Employee Handbook.
- (b) GEO Corporate Policy 5.1.2-E states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Facility Director/PCM indicated there have been no staff who have violated agency sexual abuse or sexual harassment policies, and no one at the facility has been terminated or resigned prior to termination for violating sexual abuse or sexual harassment policies. The Office Support Staff/HR confirmed there had been no violations or terminations from the facility in the past 12-months
- (c) According to GEO Corporate Policy 5.1.2-E, 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 Long Beach Community Reentry Center has had zero staff from the facility disciplined short of termination, for violation of agency or local sexual abuse or sexual harassment policies.
- (d) Both corporate 5.1.2-E and LBCRC (2019-1) policies require all terminations and resignations for sexual abuse be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. The center has had no reports to law enforcement or licensing agencies for violations of policy in the past 12-months. A review of employee files did not reveal any discipline, termination, or resignation for violations of the agency's zero-tolerance policy.

Conclusion

Provisions (a)(b)(c) and (d) were defined in the corporate policy, local policy and confirmed by the Facility Director/PCM and Office Support Staff. Based upon the review and analysis of all available evidence The Long Beach Community Reentry Center is found in compliance with standard 115.276.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)

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

Long Beach Center Policy 2019-1 – PREA Staffing and Facility Requirements
Statement of Fact

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) Both GEO Corporate policies 5.1.2-A and 5.1.2-E discuss contractors and volunteers being prohibited from contact with individuals in a GEO facility or program when they engage in sexual abuse or sexual harassment. The policy directs notification to law enforcement and relevant licensing bodies unless the activity was clearly not criminal. Because there were zero contractors or volunteers utilized at The Long Beach Community Reentry Center in the past 12-months, there have been no action taken in reference to standard 115.277.
- (b) Any other violation by a contractor or volunteer would prompt the agency to consider whether to prohibit further contact with residents. The Facility Director acknowledged verbally and through a statement of fact that no discipline or remedial measures were taken against any contractor or volunteer during the past 12-months, as no contractors or volunteers were at the facility during this time. LBCRC policy 2019-1 however does address discipline and possibly termination from a contractor or volunteer status should they engage in sexual abuse or sexual harassment at the center.

Conclusion

Provisions (a) and (b) are defined in agency policy and confirmed in local policy and discussions with the Facility Director. Based upon the review and analysis of all available evidence, The Long Beach Community Reentry Center is found in compliance with standard 115.277.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- 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 No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA)

Long Beach Community Reentry Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Long Beach Community Reentry Center Resident Handbook

Long Beach Community Reentry Center Resident Files

Interviews

Facility Director/PREA Compliance Manager

Findings

- (a) GEO Corporate Policy 5.1.2-E outlines disciplinary sanctions for individuals in a GEO facility or program. The Long Beach Community Reentry Center Resident Handbook provides information on the disciplinary process, and scale for violations of resident rules. In the past 12-months there have been no allegations of sexual abuse or sexual harassment at the LBCRC and therefore no criminal or administrative findings or sanctions for residents.
- (b) GEO Corporate Policy 5.1.2-E indicates sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories.
- (c) GEO Corporate Policy 5.1.2-E also requires that the disciplinary process considers whether a resident's mental disability or mental illness contributed to his or her behavior with determining type of sanction to be imposed.
- (d) The LBCRC does not offer on-site therapy, counseling, or other interventions designed to address the potential causes or motivations for abuse. However, the center does have a process for referring to medical and mental health professionals. Residents have the right to refuse these referrals. A review of several resident files shows general medical and mental health referrals are made and can be refused by the resident.
- (e) Residents are not subject to the disciplinary process for sexual contact with an employee unless it is found that the employee did not consent to the contact, according to GEO Corporate policy 5.1.2-E.
- (f) GEO Corporate Policy 5.1.2-E indicates a report of sexual abuse made in good faith by an individual in a GEO facility or program, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying. The Facility Director/PCM indicated that all allegations of sexual abuse and sexual harassment are taken seriously and taken at face value without a preconceived notion that any lying or false reporting has occurred.

(g) Both the GEO Group and The Long Beach Community Reentry Center prohibit all forms of sexual activity between residents. Consideration is given to each incident that occurs, and The LBCRC uses a code of "WSA". Willing Sexual Activity when it is determined the sexual activity is not coerced, and the incident is not constituted as sexual abuse.

Conclusion

Provisions (a)(b)(c)(d)(e)(f) and (g) are defined in both the corporate policy, and the resident handbook. Based upon the review and analysis of all available evidence, the LBCRC is found to be compliant with standard 115.278.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident 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 No

115.282 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Long Beach Community Reentry Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Statement of Fact

PREA Risk Assessment Screening

The Long Beach Community Reentry Center PREA Education Manual for Residents

Interviews

Facility Director/PREA Compliance Manager

Random Staff/First Responders

Findings

- (a) GEO Corporate Policy 5.1.2-A discusses in detail and provides directives for individuals who have been sexually victimized being provided access to emergency medical and mental health services. The Long Beach Community Reentry Center policy 2019-6 provides information directly related to access to emergency medical and mental health care being provided to residents at any local community facility. These services are to be provided at no cost to the victim and referrals will be timely.
- (b) The Facility Director/PCM walked the auditor through the referral process for medical and mental health care since there have been no victims referred for offsite emergency medical or mental health services related to sexual abuse or sexual harassment. Referrals for other medical and mental health services were reviewed and found to be consistent with provision (a). All staff at the LBCRC are trained as first responders and

indicated if a resident required emergency medical and or mental health care, they would make immediate notification to the Facility Director.

- (c) Information related to access to medical and mental health care for the Long Beach Community Reentry Center residents is outlined in the LBCRC *PREA Education Manual for Residents*.
- (d) GEO Corporate Policy 5.1.2-A, LBCRC policy 2019-6, and the education manual for residents all indicate treatment services are provided to the victim without financial burden. The policies and education manual do not require victims to name their abuser and are not required to cooperate with the investigation to receive such services.

Conclusion

Provisions (a)(b)(c) and (d) are covered in corporate and local policy Based on the review and analysis of all available evidence, the Long Beach Community Reentry Center is found to be in compliance with standard 115.282.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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 residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- 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 No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

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

The Long Beach Community Reentry Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Statement of Fact

Long Beach Community Reentry Center referrals for medical and or mental health services

UCLA Rape Treatment Center website

LAC+USC VIP Program website

San Gabriel Valley Medical Center website

PREA Risk Assessment Screening

Long Beach Community Reentry Center PREA Education Manual for Residents

Interviews

Facility Director/PREA Compliance Manager

UCLA Rape Treatment Center Representative

Findings

GEO Corporate Policy 5.1.2-A discusses in detail and provides directives for individuals who have been sexually victimized being provided ongoing access to medical and mental health services. The LBCRC policy 2019-6 provides information directly related to access to ongoing medical and mental health care being provided to residents at a local medical facility, including the UCLA Rape Treatment Center. These services are to be provided at no cost to the victim and referrals will be timely. The LBCRC has highlighted several local entities the center utilizes for medical and mental health care.

The Facility Director/PCM walked me through the referral process for medical and mental health care since there have been no victims referred for offsite emergency medical or mental health services related to sexual abuse or sexual harassment. Referrals for other medical and mental health services were reviewed and found to be consistent with provisions (a)(b) and (h), with various referral sites utilized. Both the victim and abuser are referred for a mental health evaluation immediately upon meeting the threshold scores deeming a need for referral during the PREA Risk Assessment screening. Ongoing, comprehensive, free counseling services are provided to victims of sexual assault at the UCLA Rape Treatment Center, the San Gabriel Valley Medical Center, LAC+USC Violence Intervention Program, and the Forensic Nurse Specialists.

For provisions (c)(d)(e)(f) and (g), a review of the UCLA Rape Treatment Center and San Gabriel Valley Medical Center websites include information on services being provided consistent with the community level of care, Testing for sexually transmitted infections is conducted at the medical centers. Both the UCLA Rape Treatment Center and San Gabriel Valley Medical Center provides free, comprehensive, state-of-the-art treatment for sexual assault victims – adults and children – 24 hours a day.

Information related to access to emergency and ongoing medical and mental health care services are provided to residents in the *PREA Education Manual for Residents*.

Conclusion

Provisions (a)(b)(c)(f)(g) and (h) are covered in corporate and local policy. Provisions (d) and (e) are not applicable since the LBCRC is an all-male facility. Based on the review and analysis of all available evidence, the Long Beach Community Reentry Center is found to be in compliance with standard 115.283.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- 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 No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Long Beach Community Reentry Center Policy 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)
 The GEO Group PREA After Action Review Report

Interviews

Facility Director/PREA Compliance Manager
 Specialized Staff – Incident Review Team Member
 CDCR Staff

Findings

- (a) GEO Corporate and Long Beach Community Reentry Center policies 5.1.2-A and 2019-6, respectively provide requirements for conducting a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been

determined substantiated or unsubstantiated. In the past 12-months there were zero allegations and therefore zero sexual abuse incident reviews.

- (b) Both corporate and local policy require sexual abuse incident reviews to occur within 30-days of the determined outcome of the investigation.
- (c) The Facility Director, Security Manager, and CDCR representatives comprise the LBCRC Incident Review Team. The Facility Director indicated and is offered in corporate policy 5.1.2-A that the corporate PREA Coordinator may be consulted as part of a sexual abuse incident review.
- (d) GEO Corporate policy 5.1.2-A requires the use of The GEO Group PREA After Action Review Report for every incident review conducted at any of their facilities or programs. This three-page report considers whether the allegation or investigation indicates a need for a change in policy, practice, or facility structure to better address sexual safety at its facilities or programs. Page 1 of the report includes the facility, region/division, date, time, and area the incident occurred, the PREA #, after action review date and who submitted the report. The allegation finding and date, who the investigator was, a short summary of the incident and the involved parties conclude the first page. Page 2 notes any and all documentation utilized during the investigation, and the name and titles of the after-action review team for the incident being reviewed. Five questions are asked and answered with “yes” or “no” responses. These questions are:
 - a. Is there a need to change policy or practice to better prevent, detect or respond to sexual abuse?
 - b. Was incident motivated by race, ethnicity, gender identity LGBTI status or perceived status, gang affiliation, or motivated or otherwise cause by other group dynamics,
 - c. Are there any physical barriers present in the area where the incident allegedly occurred that may enable abuse,
 - d. Are the staffing levels inadequate in the area where the incident allegedly occurred during different shifts, and
 - e. Is there a need for deployment or augmentation to monitoring technology to supplement supervision by staff in the area where the incident allegedly occurred.

Staff interviewed stated they had never been involved in an incident review but were familiar with the requirements. Further, staff acknowledged the Facility Director would be the main point of contact for such reviews.

- (e) Page 3 of The GEO Group PREA After Action Review Report requires a detailed description for all questions stated above with an affirmative response. Also required is the question “were the actions taken by staff in regard to this incident reasonable and appropriate based on policy”. If the response is “no”, a detailed explanation is required. Finally, and recommendations or results of the after-action review are documented, and the facility administrator signature and date are required. Completed after-action reviews are required to be emailed to the Corporate PREA Coordinator no later than 10 working days after the review and retained in the investigative file of the corresponding PREA incident. There have been no allegations and therefore no incident reviews conducted during the past 12-months.

Conclusion

Provisions (a)(b)(c)(d) and (e) are addressed in policy and in the required after-action review report. Based on the documentation and interviews with staff, the Long Beach Community Reentry Center is found to be in compliance with standard 115.286.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.287 (c)

- 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 No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexual Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Long Beach Community Reentry Center Policy 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA)
Long Beach Community Reentry Center PREA Incident Tracking Logs (2018, 2019, 2020)
The GEO Group PREA Annual Report – 2019 & 2020

Interviews

Facility Director/PREA Compliance Manager

Findings

Provisions (a)(b)(c)(d)(e) and (f) are covered in corporate policy 5.1.2-A. The Long Beach Community Reentry Center collects monthly data on sexual abuse and sexual harassment on their PREA Incident Tracking Log. LBCRC Policy 2019-6 requires the PREA Compliance Manager to collect the monthly data and forward it to the corporate PREA Coordinator each month. This data is then aggregated and used in The GEO Group's annual PREA report. The GEO Group's PREA Annual Reports for 2019 & 2020 were reviewed and are available to the public at the agency's website www.geogroup.com under the social responsibility section.

Upon request, The GEO Group provides data collected to the Department of Justice for the previous calendar year no later than June 30th.

Conclusion

A review of the corporate website, the corporate annual reports, and interview with the PREA Compliance Manager provides confirmation that the Long Beach Community Reentry Center is found in compliance with provision 115.287.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- 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 No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Facilities
The GEO Group PREA Annual Report – 2020
The GEO Group website

Interviews

PREA Coordinator
Agency Head
Facility Director/PREA Compliance Manager

Findings

- (a) The GEO Group reviews data collected and aggregated pursuant to standard 115.287 as a means to improve the effectiveness of sexual safety in facilities and programs. The Agency Head discussed the sexual abuse incident reviews after each substantiated or unsubstantiated case as means for identifying problem areas. Further, any recommendations for improvement, identified problem areas or corrective actions needed are documented and forwarded to the Corporate PREA Coordinator for review. The Corporate PREA Coordinator acknowledged receiving and reviewing pertinent information to sexual safety in all facilities.
- (b) A review of the 2020 agency PREA Annual Report, shows a comparison of 2019 data to 2020 data and includes a column for a numeric indication of differences.
- (c) The Agency Head states the annual PREA reports are approved by the appropriate divisional authority for reentry and the agency's CEO. In 2019 the Contract Compliance Department assigned a corporate PREA manager that serves as a single point of contact for each facility and that this manager will facilitate investigations, audits and PREA compliance for facilities under GEO's operational control. This annual report is readily available through the website www.geogroup.com.
- (d) A review of the 2020 corporate PREA Annual Report includes aggregate data only. Therefore, there were no redacted data.

Conclusion

Provisions (a)(b)(c) and (d) were demonstrated by policy, review of the 2019 annual report, and through interviews with staff. Based on available evidence provided, the Long Beach Community Reentry Center is found in compliance with standard 115.288.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained? Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

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

Interviews

PREA Coordinator

Findings

- (a) GEO Corporate Policy 5.1.2-A requires data collected be securely retained. The PREA Coordinator stated a secure PREA portal with restricted access was developed to retain all PREA related data.
- (b) The GEO Group annual PREA reports are readily available on its website www.geogroup.com, with the 2018, 2019 and 2020 reports posted.
- (c) GEO Corporate policy 5.1.2-A indicates that before making aggregated sexual abuse data publicly available, all personal identifiers should be removed. A review of the 2020 PREA Annual Report shows no personal identifiers.
- (d) The GEO Group retains data for at least 10 years or longer if required by state statute.

Conclusion

Provisions (a)(b)(c) and (d) were documented in policy, review of the annual report and interviews with staff. Based upon the review and analysis of all available evidence, the Long Beach Community Reentry Center is found in compliance with standard 115.289.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes
 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.
Long Beach Community Reentry Center PREA Audit Notices
Long Beach Community Reentry Center Facility Tour

Findings

GEO Corporate Policy outlines a three-year process beginning on August 20, 2013 and each three-year period, thereafter, ensuring each facility is audited at least once by a U.S. Department of Justice certified PREA Auditor. The auditor had access to and the ability to observe any and all areas of The Long Beach Community Reentry Center. The auditor made a request for information which was provided by the Facility Director/PCM. All interviews of staff and residents took place in a private area. Residents were provided an opportunity to send confidential information or correspondence to the auditor. The PREA Audit Notices were hung throughout the facility which included the auditor's mailing address. The mailing procedures for The Long Beach Community Reentry Center were reviewed, and communication was provided as if the residents were communicating with legal counsel.

Conclusion

All provisions were met for standard 115.401, deeming The Long Beach Community Reentry Center in compliance with the standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The GEO Group's website www.geogroup.com contains annual PREA reports for 2018, 2-19, and 2020. The Long Beach Community Reentry Center's previous final report was submitted by the auditor to the facility on May 31, 2018. Based on the information available on the website and the confirmed submission of the 2018 Long Beach Community Reentry Center PREA final report, the GEO Group is found compliant with standard 115.403.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Karen S. Dalton

August 1, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.