

PREA Facility Audit Report: Final

Name of Facility: Scranton Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/07/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 08/07/2022

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	06/15/2022
End Date of On-Site Audit:	06/16/2022

FACILITY INFORMATION	
Facility name:	Scranton Residential Reentry Center
Facility physical address:	539 Linden Street, Scranton, Pennsylvania - 18503
Facility mailing address:	

Primary Contact	
Name:	Gardnia Simeon
Email Address:	gsimeon@geogroup.com
Telephone Number:	862-400-6644

Facility Director	
Name:	Gardnia Simeon
Email Address:	gsimeon@geogroup.com
Telephone Number:	862-400-6644

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

Facility Characteristics	
Designed facility capacity:	100
Current population of facility:	67
Average daily population for the past 12 months:	46
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	35
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	19
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

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

Agency Chief Executive Officer Information:	
Name:	Jose Gordo
Email Address:	jgordo@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information**Name:** John Hardwick**Email Address:** johardwick@geogroup.com**SUMMARY OF AUDIT FINDINGS**

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

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

Number of standards exceeded:

8

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.217 - Hiring and promotion decisions
- 115.222 - Policies to ensure referrals of allegations for investigations
- 115.231 - Employee training
- 115.233 - Resident education
- 115.241 - Screening for risk of victimization and abusiveness
- 115.251 - Resident reporting
- 115.288 - Data review for corrective action

Number of standards met:

33

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-15
2. End date of the onsite portion of the audit:	2022-06-16

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	46
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	58
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The Center doesn't have a segregation unit.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	19
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	19
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed resident from each of the housing units.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the selection of residents, the PREA compliance manager, operations staff and reviewed the screening and rescreening on all residents to determine any that met the criteria for a targeted population and discussed each resident individually to determine if they had any PA. DOC profiles.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the selection of residents, the PREA compliance manager, operations staff and reviewed the screening and rescreening on all residents to determine any that met the criteria for a targeted population and discussed each resident individually to determine if they had any PA. DOC profiles.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the selection of residents, the PREA compliance manager, operations staff and reviewed the screening and rescreening on all residents to determine any that met the criteria for a targeted population and discussed each resident individually to determine if they had any PA. DOC profiles.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the selection of residents, the PREA compliance manager, operations staff and reviewed the screening and rescreening on all residents to determine any that met the criteria for a targeted population and discussed each resident individually to determine if they had any PA. DOC profiles.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the selection of residents, the PREA compliance manager, operations staff and reviewed the screening and rescreening on all residents to determine any that met the criteria for a targeted population and discussed each resident individually to determine if they had any PA. DOC profiles.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the selection of residents, the PREA compliance manager, operations staff and reviewed the screening and rescreening on all residents to determine any that met the criteria for a targeted population and discussed each resident individually to determine if they had any PA. DOC profiles.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the selection of residents, the PREA compliance manager, operations staff and reviewed the screening and rescreening on all residents to determine any that met the criteria for a targeted population and discussed each resident individually to determine if they had any PA. DOC profiles.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>0</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the selection of residents, the PREA compliance manager, operations staff and reviewed the screening and rescreening on all residents to determine any that met the criteria for a targeted population and discussed each resident individually to determine if they had any PA. DOC profiles.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This is a community residential facility and does not have a segregation unit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>I requested a list of residents that were working during the day to determine if they were able to receive PREA information in the evenings.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>I interviewed all staff working at the center during the onsite audit.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>In order to interview a minimum number of staff required by the PREA handbook, I interviewed case managers and support staff. The facility is providing the required mandatory staffing by overtime, hold overs, call ins, and incentive pay.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>6</p>
<p>76. Were you able to interview the Agency Head?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility does not have any contractors or volunteers at this time.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the site review, the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility Notices in English and Spanish provided to the facility during the Pre-Onsite Audit Phase were found displayed in various locations throughout the facility. PREA reporting information and other PREA posted information is in both English and Spanish and posted in all housing units and in numerous locations throughout the facility. Reminders of opposite gender announcements are stenciled near the entries of housing
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units. Intakes are completed in a private office with a private room for shakedown when residents arrive at the facility. The PREA compliance manager or operations manager conducts the initial screening and go over the mission and expectation of the facility. The intake staff was able to walk through all steps that residents would go through during intake. The staff provided me with a resident handbook, a resident PREA handbook and a PREA brochure. The staff provided a copy of the acknowledgment sheet residents sign after they have received the PREA orientation and comprehensive education. The staff indicated that after the video, they use the pamphlet to read to each resident.

The auditor was able to observe an intake and noted that the resident received the initial PREA orientation within the first hour of being at the center. Staff then reviewed the resident's files and discussed his placement in the facility as an intermediate sanction. After this discussion the resident was seen watching the PREA video. He was then provided with handbook, and staff discussed the PREA requirements and expectations with the residents. The resident then signed several documents. I reviewed the document and noted that two of the documents were PREA related. One was the orientation statement and the second was the comprehensive training statement. From there the resident went into a private office when staff indicated they were conducting the screening and discussing the purpose of the screening. After this process I asked if the resident would speak to privately with me about PREA. After agreeing we reviewed the process which appears to last approximately three hours. The resident indicated he was transferred from another Reentry program. At the previous program he received the same information that was provided today; however, he was shown the phone and posters on the wall during his PREA information at this facility. He indicated he had a similar screening at the sending program and understood why the program asks the question they ask.

During the site review, the auditor spoke informally to residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. Most residents were talkative and could articulate the agency policies about zero tolerance. Most of the residents came from Pa. DOC and were aware of PREA policies and all had received an orientation while confined to Pa.DOC. When asked how staff would manage a resident that claims to be in imminent danger of sexual assault since there is no segregation unit, staff indicated they would stay with the resident and take him to a safe area. They would follow the protocol of not brushing his teeth, not taking a shower, not defecating, and would notify the shift supervisor. All showers have curtains for privacy. All toilets had partitions and walls in front of the toilet area. Residents stated they are not seen by staff when showering or using the restroom. The residents stated that staff announce their presence when entering their living unit and don't come in the area where they shower and use the toilet when that area is being utilized by residents. All residents interviewed stated they felt safe at the facility and were engaging with the auditor and staff accompanying the auditor. The facility director and supervisory staff were in the housing areas the majority of the time I was at the facility. All staff and residents knew each other's name. Two time a day there is a PREA announcement that includes how to report allegation of sexual abuse and the placement of the telephone. The only telephone is on the second floor. The reporting option numbers were called to determine if the calls were accessible to reentrants. The number for the Women's Resource Center (1-800-257-5765) was dialed and found to be answered by a victim advocate. The number for the RAINN National Hotline Network (1-

800-656-4673) was also dialed and was answered by a live person.

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

SRRRC is a male only facility. The facility is ACA accredited and has undergone two previous PREA audits. They are schedule for their ACA reaccreditation review in July 2022.

Documentation Sampling

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

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

- Yes
- No

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

Resident Files Reviewed: Ten (10) resident records were reviewed. These records included the following information. • Identification Number • Date of Birth • Date of Arrival • Date of Screening • Date of Follow-up Screening • Date of Initial PREA notification • Date of PREA orientation/education: Employee Background Checks: Ten background clearance files including five (5) new hired staff, three (3) employees that had over five years tenure at the facility and two (2) promotions. All files contained background checks including PA.DOC NICIC and Accurate employment history. Twelve (12) employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors, Investigator, PREA Compliance manager. All training has been completed in the last 12 months. Interviews with random staff indicated they had received refresher training during the last six (6) months. The monitors indicated during the tour they are provided weekly briefings about PREA. This was confirmed by interviews with shift supervisors and daily briefing logs. Most staff interviewed stated they had received the questionnaire for their specific duties prior to the audit and were prepared for the audit. There were no investigative files to review. The logbooks and computerized unannounced rounds were reviewed in each housing unit and the control room. The auditor requested a specific date for unannounced PREA round and was provided with a PREA unannounced rounds document for that date.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were two allegations of sexual abuse that were reported in June 2022 less than two weeks prior to the onsite audit. Both allegations were made by resident that were being transferred for reasons unrelated to PREA allegations. The PA. DOC is conducting the investigations and at the time of the audit had not started building an Investigative file. The GEO PREA coordinator provided the auditor with a synopsis of the dates and allegations. The facility provided information on the gathering of video evidence that had been provided to Pa. DOC.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There was no allegation of sexual harassment at the facility during the PREA audit cycle.</p>

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1364 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 1449 387">Corporate Policy: 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 416 1141 445">Scranton Reentry Center (SRRRC) Policy 2019-1-PREA Staffing and Facility Requirements</p> <p data-bbox="242 474 1077 504">Scranton Reentry Center Policy 2019 Policy 2019-6 Abuse, Neglect and Exploitation</p> <p data-bbox="242 533 598 562">PREA Agency Organizational Chart</p> <p data-bbox="242 591 534 620">Facility Organizational Chart</p> <p data-bbox="242 649 1460 976">115.211 (a): The agency and center policies outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy and practices provide a zero-tolerance for all forms of sexual abuse and sexual harassment. Residents are informed orally about the zero-tolerance policy and the PREA program during in processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the resident’s manual, and postings distributed throughout the center (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for residents who do not speak or read English. Both center staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The agency and center exceed the standards with all the programs they have implemented to ensure the residents and staff understand its position on zero- tolerance.</p> <p data-bbox="242 1005 1484 1332">115.211 (b): GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency’s organizational chart depicts his position within the agency. The PREA Coordinator oversees the agency’s efforts to comply with the PREA standards in all of GEO’s facilities. Within the GEO PREA coordinator office are additional staff that provides technical assistance to PREA compliance managers, conducts yearly PREA assessments for each facility, and provides quality control in reviewing all investigations, incident review reports and PREA audits. GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The GEO staff are instrumental in working with the local PREA compliance managers in carrying out the expectation of the agency to exceed the expectations of the National PREA standards. In addition to conducting yearly PREA assessments the staff work with the PREA auditors to assist the facility in gathering documents, developing corrective action plans and documenting plans.</p> <p data-bbox="242 1361 1484 1659">GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility’s organizational chart illustrates PREA Compliance Manager’s position within the facility. GEO and Facility policy outline the responsibilities of the PREA Compliance Manager. At SRRRC the Facility Director serves as the PREA compliance manager. Interview with the Facility Director, she indicated he reports to a Regional Supervisor. She indicated she confers with GEO PREA Coordinator’s representative for all PREA matters and involves the representative of that office in making PREA related decisions. The facility director is extremely knowledgeable of PREA standards and has a team of staff that assist in carrying out the duties of the PREA Compliance Manager (PCM). The facility director interviews confirmed that the center meets on a regular basis to discuss facility’s efforts to comply with PREA and to develop a culture to maintain a Safe environment for staff and residents.</p> <p data-bbox="242 1688 1484 1883">The facility exceeds expectations through the collaborative measures that operations, therapist, unit managers, PREA compliance manager, facility director and facility director that make SRRRC a sexual safe environment. The facility had developed best practices and utilizes the tools that are available through PREA to foster a sexual safe culture for staff and residents. This includes the screening instrument, rescreening instrument, videos that provide PREA orientation and training, and reviewing the standards on a regular basis to ensure all stakeholders are aware of the culture the facility has developed at the facility.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Corporate Policy: 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>Not Applicable for GEO facilities</p> <p>Contract Statement of Work</p> <p>Statement of Fact</p> <p>SRRC Policy 1901-1-PREA Staffing and Facility Requirements</p> <p>The facility does not contract with other entities to house residents. A review of the documentation submitted substantiates that the Pennsylvania Department of Corrections requires the entities which they contract for the confinement of residents (residential reentry centers or "halfway houses") to adopt and comply with the PREA standards. Compliance was determined by review of facility contract agreement and interviews with the GEO PREA coordinator and facility director.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Corporate Policy: 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>SRRC Policy 2019-1-PREA Staffing and Facility Requirements</p> <p>Approved Facility Staffing Plan</p> <p>Annual PREA Facility Assessment 9/23/2021</p> <p>PREA Unannounced Supervisor Round Log</p> <p>Security Staff Schedule Sample</p> <p>Facility diagram with cameras locations</p> <p>115.213 (a): The GEO Group has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan.</p> <p>115.213 (b): There were no deviations from the contractually approved staffing plan during the review period. The facility maintains the required two alert staff at all times. In the event of staff vacancies, callouts or PTO requests, the facility uses overtime as needed to ensure all shifts are covered in accordance with staffing plan.</p> <p>115.213 (c): GEO conducts an annual PREA facility assessment. PREA assessments for the last 3 years were reviewed by the auditor. The present staffing plan is based on 59 residents while the number of residents assigned to the facility during the audit was 58. The facility has a mandatory staffing plan that requires the center to provide over time, call in, and use of specialized staff to provide staff to meet the mandatory posts. All staff at the facility are provided training on providing direct care supervision of residents. The facility director indicated that per contract the facility must maintain a minimum of two staff awake and alert at all times. Unannounced random rounds by the facility supervisor staff during weekends and nights are conducted to insure the appropriate awake and alert staff are on duty at all times.</p> <p>During the tour of the facility, there were staff noted in the general areas wherever residents were located. The camera system provides additional support for providing supervision of the population. Random staff interviewed during the tour indicated they are required to be relieved from their post prior to leaving their assigned post. All residents interviewed indicated they felt safe at the facility. It was noted during the tour that a large number of the population were actively involved in educational or drug treatment programs. There were direct care staff assigned to each of the program areas.</p> <p>Compliance was determined by review of policies, documents viewed during the tour of the facility, review of the cameras and interviews with PREA compliance manger and facility director.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 1469 387">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 416 911 443">SRRRC Policy 2019-4 Resident Searches, Viewing, and Contraband</p> <p data-bbox="242 472 807 499">PREA Staff Training Curriculum (Pre-Service/In-Service)</p> <p data-bbox="242 528 647 555">PREA Staff Training Acknowledgements</p> <p data-bbox="242 584 523 611">Random Staff Training Files</p> <p data-bbox="242 645 1477 775">115.215 (a): Based on review of GEO policy 5.1.2-A, and facility policy 2019-4, the agency and facility have policies in place regarding resident searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no cross-gender strip or visual body cavity searches conducted.</p> <p data-bbox="242 804 1477 1032">115.215 (b): SRRRC houses male residents. GEO policy 5.1.2-A, and facility policy 2019-4 clearly defines that transgender cannot be examined to determine their genital status. All staff interviewed acknowledge they had received training on cross gender pat down searches and were aware of the policy that forbids staff from examining a transgender person to determine their genital status. Local policy mandates that transgender residents will be offered a preference on gender to conduct pat down searches. The facility director indicated that the facility would not restrict access to programs due to a resident's gender. The facility director indicated that the decision to house a transgender resident would be determined by the resident's preference and the overall security and safety of the resident population.</p> <p data-bbox="242 1061 1461 1122">115.215 (c): GEO policy 5.1.2-A, and facility policy 2019-4 mandate that all gross gender searches be documented. Based on interviews with PCM and PAQ there have been no cross-gender searches at the facility.</p> <p data-bbox="242 1151 1493 1547">115.215 (d): The agency and facility have policies and practices that allow residents to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Opposite gender staff are required to announce their presence when entering opposite-gender housing units or restroom areas. All residents are required to change their clothes in the resident bathroom area to ensure their privacy. Signs posted near the restroom area informs residents that the restroom is an authorized changing area. In the event a staff observes an opposite-gender resident for any reason, the staff member is responsible for making an immediate report of the incident and submit the report to the facility director. In interview with residents, they all feel they have privacy to shower, toilet, and change clothing when opposite gender staff are in their housing area. They also reported that staff do not come into the restrooms area of the other gender and all staff advise resident they are entering the showering and toile areas. All showers and toilets had curtains that allowed privacy for residents to shower. There are signs located in the front of each housing unit reminding staff to announce their presence when entering a housing unit. A review of the showering areas confirmed there were privacy for residents to shower, use the toilet and dress in privacy.</p> <p data-bbox="242 1576 1485 1805">115.215 (e): GEO policy 5.1.2-A, and facility policy 2019-4 clearly defines that transgender cannot be examined to determine their genital status. The center would determine the housing plan and genital status by interviews by medical professionals in consultation with Pennsylvania Department of Corrections. All staff interviewed acknowledge they had received training on cross gender pat down searches and were aware of the policy that forbids staff from examining a transgender person to determine their genital status. Local policy mandates that transgender residents will be offered a preference on gender to conduct pat down searches. The facility director (PCM) indicated that the facility would not restrict access to programs and placement in the program due to a resident's gender.</p> <p data-bbox="242 1834 1461 2029">115.215 (f): All employees of SRRRC receive training on how to conduct cross-gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. The Guidance in Cross-Gender and Transgender Pat Searches lesson plan was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receiving and understanding the training provided. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually through on-line training. There were no transgender or intersex residents assigned to the facility during the on-site audit.</p> <p data-bbox="242 2058 1422 2119">There are showers curtains around the showers. There are partitions in the restrooms. Compliance was determined by interviews with residents, direct care staff and review of policies and practices.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 268 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 327 1473 387">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="240 416 746 445">SRRRC Policy 2019-2 PREA Intake and Orientation</p> <p data-bbox="240 474 719 504">PREA Education Manual for Residents- English</p> <p data-bbox="240 533 727 562">PREA Education Manual for Residents- Spanish</p> <p data-bbox="240 591 850 620">PREA Education Manual for Residents- English (Large Print)</p> <p data-bbox="240 649 858 678">PREA Education Manual for Residents- Spanish (Large Print)</p> <p data-bbox="240 707 834 736">Photo of the Telecommunication Device for the Deaf (TDD)</p> <p data-bbox="240 766 786 795">Resident Reporting Options Posters (English/Spanish)</p> <p data-bbox="240 824 488 853">Language Line Contract</p> <p data-bbox="240 882 679 911">Statement of Fact (No resident interpreters)</p> <p data-bbox="240 940 1493 1330">115.216 (a): GEO and SRRRC policies mandates that the facility shall not discriminate against residents with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy. Through policy and practice, the facility staff ensures that residents with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. There were no deaf or blind resident housed at the facility during this audit period. The facility has TTY telephone and hard of hearing telephones for residents. The PREA manual is provided in English and Spanish in Large Print. The facility staff that conduct PREA orientation and comprehensive education indicated that all orientation and comprehensive education is read to the residents, and they sign a statement acknowledging they understand the PREA program. The staff indicated that residents with learning disabilities are provided the same training program, however all of the training programs at the center are individualized and learning-disabled residents are provided training including reading documents. The facility has a Language Line Contract.</p> <p data-bbox="240 1359 1493 1554">115.216 (b): All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The facility has access to translation services for written access in other languages. Staff also may read information to residents when necessary. Agency and facility policies prohibit residents to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. All staff interviewed indicated they would utilize staff that were bilingual or the language line if staff were not available. There were no LEP residents at the facility during the audit.</p> <p data-bbox="240 1583 1473 1747">115.216 (c): The facility director provided a memo of record indicating that the center has not utilized resident interpreters, resident readers, or other types of resident assistants during this accreditation period. The use of residents under these circumstances must be justified and documented in a written investigative report. Staff interviewed knew residents were not to be used for these purposes. Interviews with first responders, medical, mental health and monitors confirmed their awareness of the prohibition of using resident interpreters for PREA compliance functions.</p> <p data-bbox="240 1776 1481 1805">Compliance of this standard by review of policies, contracting agreement and interviews with intake staff and facility director.</p>

115.217

Hiring and promotion decisions

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

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

SRRRC Policy 2019-1 PREA Staffing and facility requirements

New Hire Application

GEO Background Check on New Hires

Annual Performance Evaluation & Disclosure (PREA Questionnaire)

Promotion PAF & Disclosure

Five Year Background Check

Background Random Background Checks for new hires, promotions, and five years tenured staff.

115.217 (a): All employees, contractors and volunteers have had criminal background checks completed prior to being employed by SRRRC. The facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer that may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other center; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered by the facility in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact with residents. The facility utilizes Accurate, a private vendor to conduct background check on all applicants. Additionally, SRRRC is required by contract to submit applications for prospective hires to Pennsylvania Department of Corrections Community Division for a background check including fingerprint cards for NCIC background checks. The Pa. DOC forwards an email authorizing the facility to hire staff following their initial background check.

115.217 (b): GEO and the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. There is a questionnaire that all persons applying for a position or applying for a promotion must complete that ask if they have any incidents of sexual abuse or sexual harassment.

115.217 (c) The agency requires all applicants and employees who may have contact with residents have a criminal background check. Criminal background checks for all potential employees are completed through a contract with Accurate. For those considered for promotions or who transfer from another facility, an internal background check through GEO is requested on the Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer form (HR-104), and an "Accurate" background check is conducted. If an applicant answers on their application, they are a prior institutional employee, information from prior institutional employers shall be requested through Accurate. From information provided on the Preaudit Questionnaire, in the past 12 months, nine (9) background checks were completed by Accurate and Pa. DOC.

115.217 (d): The facility performs criminal background checks through Accurate before enlisting the services of any contractor or volunteer. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no criminal background checks conducted for volunteers or contractors.

115.217 (e): Criminal background checks are conducted through Accurate every five years for employees and volunteers. The facility provided three five-year background checks at the auditor's request.

115.217 (f): The agency asks all applicants and employees who have contact with residents directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. For consideration for promotions or transfers, employees complete a PREA Disclosure and Authorization Form Promotions – PREA Related Positions form (PREA-102). Annually at the time of performance evaluations, employees sign a PREA Disclosure and Authorization – Annual Performance Evaluations form (PREA-101).

115.217 (g): GEO and the facility policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct. This was verified by interviews with the administrative staff.

115.217 (h): Unless prohibited by law, GEO's Reentry Services Corporate Human Resource Department will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.

Exceed compliance was determined by the extensive background checks that are conducted independent of each other by the Pa. DOC Community Corrections Division and Accurate prior to offering employment. Also, all staff files reviewed had yearly appraisal that included the PREA checklist of required by this standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="229 318 1509 380">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="229 380 1509 443">SRRC Policy 2019-1 PREA Staffing and facility requirements</p> <p data-bbox="229 443 1509 506">PREA Annual Facility Assessment for last three years</p> <p data-bbox="229 506 1509 568">115.218 (a): The facility has not made any major modifications in the last three years. The facility did add two cameras during the last 12 months based on an annual assessment in 2020.</p> <p data-bbox="229 568 1509 631">115.218 (b): The facility has an annual PREA assessment that includes needs for cameras and monitoring upgrades. There were no recommendations during the September 23, 2021, annual PREA assessment.</p> <p data-bbox="229 631 1509 790">Compliance was determined by review of the camera mapping program, review of camera placement, and interviews with facility director.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 775 356">Evidence Protocol and Forensic Medical Examination</p> <p data-bbox="242 383 1153 412">Corporate Policy: 5.1.2-E Investigating Allegations of Sexual Abuse Behavior and Evidence</p> <p data-bbox="242 439 620 468">MOU with Woman's Resource Center</p> <p data-bbox="242 495 1461 524">This Memorandum of Understanding Pennsylvania State Police and the Pennsylvania Department of Corrections ("DOC").</p> <p data-bbox="242 551 451 580">SRRRC Policy 2019.6</p> <p data-bbox="242 607 975 636">PREA-Advocacy poster MOU agreement with Woman's Resource Center</p> <p data-bbox="242 663 724 692">MOU with Geisinger Community Medical Center</p> <p data-bbox="242 719 1094 748">Interviews with Woman's Resource Center and Geisinger Community Medical Center</p> <p data-bbox="242 775 1485 947">115.221(a): Investigating PREA Allegations policies and MOUs establishes that the evidence protocol to be utilized in sexual assault cases involving residents to mirror the U.S. Department of Justice Office of Violence Against Women's "A National Protocol for Sexual Assault Medical Forensic Examinations for Adults/Adolescents." A victim of sexual abuse at Scranton will be transported to Gesinger Community Medical Center. SRRRC shall also contact Woman's Resource Center to provide a victim advocate accompany the victim to the hospital and support the victim.</p> <p data-bbox="242 974 1485 1339">115.321 (b): and (F): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols. Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. Pa. DOC conducts administrative investigations, and the PA State Police investigate sexual abuse allegations that are criminal in nature. SRRRC does not conduct any investigations. The MOU with Pa. DOC and State Police requires that the State Police utilize a uniform protocol for investigations. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.</p> <p data-bbox="242 1366 1485 1731">115.321 (c): The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The facility does have a MOU with Woman's Resource Center. The MOU with Woman's Resource Center states: "Woman's Resource Center is open to receiving referrals through a 24-hour hotline to provide a Sexual Assault Nurse Examiner (SANE) and victim advocacy services during an investigation. Woman's Resource Center can also provide information and referrals for further services to assist a sexual assault victim and his/her family. The need for SANE or Sexual Assault Forensic Examiner (SAFE) for an investigation will be referred to the PSP and Geisinger Community Medical Center. Staff at Geisinger Community Medical Center were interviewed and indicated the community has SANE staff on call 24 hours a day.</p> <p data-bbox="242 1758 1485 1955">115.321 (d): The facility does have a MOU with Woman's Resource Center for victim advocacy services. This MOU includes advocacy services and emotional support services. The Victim's center director was contacted and provided a review of the program and services available to residents at SRRRC. The medical center staff interviewed by telephone verified that the hospital had SANE staff on duty and had a working relationship with Woman's Resource Center. A qualified victim advocate would accompany a resident for a SANEs and during the law enforcement investigations. The advocate program would continue to offer emotional support and crisis intervention.</p>

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1364 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 869 356">5.1.2-E Investigating Allegations of Sexually Abusive Behavior</p> <p data-bbox="242 383 662 412">PREA Monthly Investigation Tracking Log</p> <p data-bbox="242 439 542 468">GEO Website (Investigations)</p> <p data-bbox="242 495 1165 524">SRRC Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)</p> <p data-bbox="242 551 1228 580">PDOC MOU with Pennsylvania State Police and Pennsylvania Department of Corrections ("DOC").</p> <p data-bbox="242 607 1045 636">Email from GEO PREA Coordinator regarding latest allegations of sexual abuse.</p> <p data-bbox="242 663 1484 871">115.222 (a): GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior mandate that all allegations of sexual abuse will be investigated by an agency with criminal authority unless the allegation is not criminal in nature. At SRRC, PA. Department of Corrections is notified of all allegations of sexual abuse and sexual harassment. Allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). In the past 12 months there were two allegations of staff-on-resident sexual abuse reported to Pa. DOC. The investigations are ongoing. Investigations occurred in June 2022. Both residents were transferred due to disciplinary action not directly related to the allegations.</p> <p data-bbox="242 898 1468 1128">115.222 (b): GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior mandate that all allegations of sexual abuse will be investigated by an agency with criminal authority unless the allegation is not criminal in nature. The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the Monthly PREA Tracking Log. Interview with facility director confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at https://www.geogroup.com/prea. GEO website provides the role and responsibility of staff in the investigative process.</p> <p data-bbox="242 1155 1476 1218">115.222 (c): The center coordinated response also provides the facilities duties in the investigative process. Staff carry PREA cards that outlined their duties in cases of a sexual abuse allegation at the center. All staff were aware of their duties.</p> <p data-bbox="242 1245 1468 1344">The facility does have two investigators; however, Pa. DOC conducts all administrative investigations and/or refers criminal investigation to PSP. The Pa. DOC may conduct the investigation, or request PSP conduct the investigation that appear to be criminal in nature.</p> <p data-bbox="242 1370 1388 1433">Compliance was determined by review of the policy and interviews with direct care staff, facility director, and PREA compliance manager.</p>

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 1469 387">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 416 863 443">SRRRC Policy 2019-1 PREA staffing and Facility Requirements</p> <p data-bbox="242 472 807 499">PREA Staff Training Curriculum (In-Service/Pre-Service)</p> <p data-bbox="242 528 638 555">PREA Staff Training Acknowledgement</p> <p data-bbox="242 584 608 611">Random Training Acknowledgement</p> <p data-bbox="242 645 1458 739">115.231 (a): All staff are provided an Employee handbook that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the residents and preserving the possible crime scene. Training includes:</p> <ul data-bbox="242 770 1469 1003" style="list-style-type: none"> · Zero-tolerance policy for sexual abuse and sexual harassment · How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. · Residents' right to be free from sexual abuse and sexual harassment. · Residents and employees' rights to be free from retaliation for reporting sexual abuse and sexual harassment. <p data-bbox="242 1032 903 1059">Dynamics of sexual abuse and sexual harassment in confinement.</p> <ul data-bbox="242 1090 1410 1435" style="list-style-type: none"> · Common reactions of sexual abuse and sexual harassment victims. · How to detect and respond to signs of threatened and actual sexual abuse. · How to avoid inappropriate relationships with residents. · How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. · How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. · Cross Gender & Pat Searches & Searches of Transgender and Intersex <p data-bbox="242 1467 1481 1597">Newly hired employees receive training relative to PREA standards during their initial training in a classroom setting. Yearly refresher training is required by all staff utilizing a Computer Based PREA training program. All staff interviewed were aware and could explain each of the above topics. Staff interviewed indicated the center has monthly staff meetings which includes PREA topics in the staff meetings. SRRRC is a therapeutic substance abuse program.</p> <p data-bbox="242 1628 1422 1655">115.231 (b): SRRRC houses adult male residents. The training provided is tailored to meet the needs of male residents.</p> <p data-bbox="242 1686 1469 1812">115.231 (c): SRRRC Policy mandates that all employees, contractors, or volunteers receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to having contact with residents. PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to Sexual Abuse and Sexual Harassment policies. According to the PAQ 100 % SRRRC staff received training during the last 12 months.</p> <p data-bbox="242 1843 1481 2004">115.231 (SRRRC Policy mandates that all employees shall document through signature on the GEO issued PREA Basic Training Acknowledgement Form to verify they understand the training they have received. The form shall be used to document Pre-Service and In-Service PREA training. Volunteers and Contractors shall receive annual refresher training and document through signature on the GEO issued PREA Basic Training Acknowledgement Form to verify they understand the training they have received.</p> <p data-bbox="242 2036 1481 2161">The center administrative staff conduct unannounced PREA rounds. During the rounds staff are interviewed and asked to explain part of the training curriculum. The center conducts training in staff meetings, shift briefings and training flyers on a regular basis. The facility provided samples of staff training. The center has an all staff meeting monthly where PREA is one of the stable discussions on the agenda. The auditor requested random training files for 12 staff members, which were</p>

reviewed. All files contained pre-service and annual in-service training.

Based on the knowledge of interviews with staff it was determined that the facility exceeded the expectations of this standard.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 206 451 235">Auditor Discussion</p> <p data-bbox="242 336 1366 365">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 394 1469 454">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 483 868 512">SRRRC Policy 2019-1 PREA Staffing and Facility Requirements</p> <p data-bbox="242 542 884 571">Sexually Abusive Behavior Prevention and Intervention Program</p> <p data-bbox="242 600 655 629">Volunteer/Contractor Training Curriculum</p> <p data-bbox="242 658 424 687">Statement of Fact</p> <p data-bbox="242 716 1458 875">115.232 (a): SRRRC ensures all volunteers who have contact with inmates are trained on their responsibilities under the agency and facility's sexual abuse and sexual harassment policies and procedures prior to their assignment and annually. GEO policy 5.1.2-A, outline the requirements for PREA training for contractor and volunteer. This training includes their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. There is no contractor for services at the facility.</p> <p data-bbox="242 904 1481 1001">115.232 (b): Volunteers complete Sexually Abusive Behavior Prevention and Intervention Program and sign a PREA Basic Acknowledgement form acknowledging receipt and understanding of the training received. Specialized staff such as medical receive additional training specific to the medical training standard.</p> <p data-bbox="242 1030 1417 1090">115.232 (c): Policy mandate that all volunteer, and contractor files shall include background check and annual training acknowledgements.</p> <p data-bbox="242 1120 1433 1180">Compliance was determined by review of policy, training curriculum, training files and interviews with PREA compliance manager and facility administrator. At the present time the facility does not have any volunteers or contractors.</p>

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

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

SRRC Policy: 2901.2 PREA intake and Orientation

PREA Resident Education Manual (English/Spanish)

Acknowledgement Receipt

PREA Video Acknowledgement Receipt

PREA Resident Reporting Options Posters (English/Spanish)

PREA Resident Reporting Options Posters Large Print

PREA Brochure

Unannounced Round Interviews

115.233 (a): Based on GEO policy 5.1.2-A, and facility policy 2901-2 Intake and Orientation, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In interview with the Case Managers who provides the PREA Education Manual for Residents to the residents and shows the PREA: What You Need to Know video. Resident are asked to sign an acknowledgement statement while they are still in the intake area. The Case Manager provides resident PREA education, during the intake process or the following morning. On information reported on the Pre-Audit Questionnaire, there were 151 residents assigned to SRRC in the past 12 months and all residents assigned received PREA education. All resident interviewed indicated they saw a video when they first arrived at the facility and the PREA compliance manager went over the PREA handbook. During this training the PREA compliance manager provided information of the victim support agency. Residents again sign an acknowledgement that they received and understood the PREA training program.

115.233 (b): Residents who transfer to the facility from a different community confinement facility receive the same PREA education that all newly assigned residents receive. In the past 12 months, there were 52 residents who transferred to the facility from another community confinement facility,

115.233 (c): Sexual Abuse and Sexual Harassment Education shall be provided in formats accessible to all residents, including those with disabilities and those who are limited English proficient. Each resident shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files and a copy maintained by the PREA Compliance Manager. Designated staff interpreters or external interpreter services shall be utilized for those residents who are limited English proficient. Staff shall document the use of the interpreter services as appropriate. For residents who are hearing impaired, the facility has a telecommunication device for the deaf (TTD) machine available. Residents with limited vision are assisted by some of the posters and resident sexual abuse manuals and pamphlets having been printed in larger print. For resident with a mental disability, staff shall spend extra time to ensure they understand the PREA basics to include definitions and reporting information. For those residents who are blind, staff shall read the information to those individuals. Staff shall be trained on the use of interpreters, interpreter services and other available resources as part of PREA training. The PREA Education Manual for Residents is provided in both English and Spanish and in large print for residents with low vision. The PREA: What You Need to Know video is available in English and Spanish. A contract with the Language Line Solutions provides translation of any languages.

115.233 (d): The facility maintains documentation of residents' participation in PREA education sessions. Residents sign an Acknowledgement of Receipt of PREA Education Manual and another acknowledgment form acknowledging training in the zero-tolerance policy, the right to report, and access to free medical and mental health care and viewing the PREA: What You Need to Know video. In review of random resident files, the facility is maintaining documentation of PREA education. This same information is uploaded on the GEO Offender Management System.

115.233 (e): There are PREA posters located throughout the facility. Residents interviewed acknowledged receiving written PREA information upon arrival to the facility and viewing the PREA video. They were knowledgeable of the zero-tolerance policy and knew how to report incidents of sexual abuse and sexual harassment. This educational program doesn't stop at the orientation and comprehensive education program. When supervisory staff make their monthly unannounced PREA rounds, residents are interviewed about differing topics to do with PREA.

Due to the knowledge of residents interviewed and to the continuous reinforcement of PREA the facility was found to exceed in the requirements of this standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)</p> <p>GEO Training Curriculum</p> <p>Investigators Certificate or Completion</p> <p>Statement of Fact</p> <p>115.234 (a): GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. There are two investigators at SRRRC. Pa. DOC and local State Police conduct all investigations at the facility.</p> <p>115.234 (b): The GEO training programs includes Specialized training of Investigators. This training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution</p> <p>115.234 (c): GEO maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations on the GEO training data base.</p> <p>Compliance was determined by reviewing training curriculum, interview with the facility administrator and statement of fact confirmed compliance with this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>Statement of Fact</p> <p>Based on the Facility contract, statement of fact, and PAQ, the facility does not have any medical or mental health staff assigned to the center. All medical and mental health needs off site.</p> <p>Compliance was determined by GEO policy and statement of fact.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 327 1473 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="240 416 735 445">SRRC Policy 2019-3 PREA Screening/admission</p> <p data-bbox="240 472 624 501">Reentry Facility Screening Instrument</p> <p data-bbox="240 528 592 557">PREA Vulnerability Reassessment</p> <p data-bbox="240 584 296 613">PAQ</p> <p data-bbox="240 647 1489 943">115.241 (a): SRRC Policy 2019-3 requires that every resident shall be assessed during intake and upon transfer for their risk of being sexually abused by another resident in SRRC or being sexually abusive towards another individual (staff or resident) in SRRC. Intake risk screening shall ordinarily take place within 24 hours of arrival at the facility. A designated intake staff or case management staff will conduct all screening of prospective residents. Persons tasked with screening shall conduct a thorough review of any available records (i.e., medical files or pre-sentence investigation reports, etc.) which can assist them with the risk assessment. A review of resident files and interviews with residents, and interviews with the intake staff confirmed that all residents are assessed during intake and upon transfer for their risk of being sexually abused by another resident in SRRC. On information provided on the Pre-Audit Questionnaire, in the past 12 months 151 residents assigned to SRRC were assessed for their risk of victimization or abusiveness upon arrival.</p> <p data-bbox="240 972 1473 1066">115.241 (b): Intake screening ordinarily takes place within 24 hours of residents' arrival to the facility. The facility meets this provision of the standard requirement of intake screening within 72 hours of arrival to the facility. In review of random resident files, intake screening is conducted within 48 hours of arrival to the facility.</p> <p data-bbox="240 1095 1493 1158">115.241 (c): Intake risk assessments are conducted by the facility director, operations supervisor or case managers using the Reentry Facilities PREA Risk Assessment, an objective screening tool.</p> <p data-bbox="240 1187 1158 1216">115.241 (d): The Screening for Risk of Victimization and Abusiveness include the following:</p> <ul data-bbox="240 1245 1414 1731" style="list-style-type: none"> <li data-bbox="240 1245 983 1274">· Whether the resident has a mental, physical, or developmental disability. <li data-bbox="240 1303 496 1332">· The age of the resident. <li data-bbox="240 1361 592 1391">· The physical build of the resident. <li data-bbox="240 1420 815 1449">· Whether the resident has previously been incarcerated. <li data-bbox="240 1478 895 1507">· Whether the residents' criminal history is exclusively nonviolent. <li data-bbox="240 1536 1094 1565">· Whether the resident has prior convictions for sex offenses against an adult or child. <li data-bbox="240 1594 1414 1624">· Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. <li data-bbox="240 1653 951 1682">· Whether the resident has previously experienced sexual victimization. <li data-bbox="240 1711 759 1740">· The resident's own perception of vulnerability; and <p data-bbox="240 1769 1461 1854">115.241 (e): The screening includes the screener's thorough review of any available records available to assist with determining the resident's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.</p> <p data-bbox="240 1883 1461 2045">115.241 (f): Within a set time period, not to exceed 30 days of residents' arrival to the facility, residents are reassessed by their Program Counselor for their risk for victimization and abusiveness using the PREA Vulnerability Questionnaire. On information provided on the Pre-Audit Questionnaire, in the past 12 months 142 residents were reassessed for their risk of victimization and abusiveness within 30 days of arrival to the facility. In review of random resident files, this process is in place.</p> <p data-bbox="240 2074 1493 2136">115.241 (h): A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. The case manager supervisor indicated that any staff that has any concerns about</p>

the resident can request he be reassessed. Out of the ten screening files, three had additional reassessment after resident had been at the facility more than 90 days.

115.241 (i): SRRRC Policy 2019-3 addresses this standard. Sensitive information shall be limited to need-to know employees only for the purpose of treatment, programming, housing and security and management decisions. Only designated staff identified by the Facility Director shall have access to completed risk screening information which shall be maintained in a secure area of the facility. The facility director, PREA compliance manager and case managers have access to screening information.

In interview with the case managers, PREA compliance manager and facility director and in review of random resident files, the screening process is in place. The facility director maintains all screening and rescreening in his office for easy reference. Further the facility utilized the screening and reassessment as a tool to manage the safety of the resident at the facility. Based on review of this standard it was determined that this standard exceeds expectations.

115.242	Use of screening information
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 1473 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 416 735 445">SRRRC Policy 2019-3 PREA Screening/admission</p> <p data-bbox="242 472 622 501">Reentry Facility Screening Instrument</p> <p data-bbox="242 528 592 557">PREA Vulnerability Reassessment</p> <p data-bbox="242 584 778 613">Referral for Counseling Pa. Counseling Services INC.</p> <p data-bbox="242 640 360 669">At-Risk Log</p> <p data-bbox="242 696 571 725">Horizons Mental Health Services</p> <p data-bbox="242 752 547 781">Transgender Preference Form</p> <p data-bbox="242 808 1485 1514">115.242 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. GEO policy and facility policy explains the use of PREA screening information. When the risk assessment indicates the resident scores as a potential victim or abuser, it is reviewed by the Case Manager Supervisor and forwarded to the PREA compliance Manager to place the resident on the at-risk logs. The PREA Compliance Manager maintains a PREA At-Risk of being victimized log for residents who are identified as being potential victims, a PREA At-Risk for Abusiveness Log for residents who are identified from screening to be a potential abuser, and a PREA At-Risk of Being Victimized/Abusive log for residents who are identified as being a victim and abuser. The PREA Compliance Manager stated the logs are updated daily and reviewed weekly for accuracy. The at-risk logs current housing locations and will be used to assist in making housing placements per the Case Manager Supervisor and PREA Compliance Manger. The interviews with the Case Manager Supervisor and the PREA Compliance Manager indicated that housing and program assignments are made on a case-by-case basis with consideration of the PREA risk factors. In review of completed risk assessments in the resident files, the Auditor determined the facility is utilizing collected data, such as the residents' physical characteristics (build and appearance), age, whether the resident has mental, physical or development disability, previous assignment in specialized housing, alleged offense and criminal history, whether the resident is perceived to be Lesbian/Gay/Bi-Sexual/Transgender/Intersex (LGBTI) or is gender non-conforming to determine housing, recreation, work, and other activity decisions. Through staff interviews and review of resident files, it was determined that the facility addresses the needs of the resident consistent with the security and safety of the individual resident regarding housing. Residents that claim victimization or history of predator sexual behavior prior to coming to the center, including prior to be incarcerated is provided a referral form and ask if they would like to talk to a mental health professional. The center utilizes the Horizon Mental Health Center. According to policy, interviews and referrals, all referrals are within 14 days of arrival at the center.</p> <p data-bbox="242 1541 1458 1704">115.242 (b): SRRRC Policy 2901-3 requires that screening information shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager maintains an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" is kept current and includes current housing locations. Each resident's screening is utilized along with interviews with the residents for placement on an individual basis.</p> <p data-bbox="242 1731 1461 1832">115.242 (c): The PREA Compliance Manager also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location to ensure LGBTI residents are not placed in housing units solely based on their identification as LGBTI. There were no LBGT residents at the facility during the audit.</p> <p data-bbox="242 1859 1445 1921">Compliance was determined by review of the housing matrix, at risk log, resident file reviewed and interviews with PREA compliance manager and case managers.</p>

115.251	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard.</p> <p>GEO 5.1.2-A</p> <p>Employee Reporting Options Poster</p> <p>GEO Website (Staff and Third-Party Reporting Info)</p> <p>Resident Reporting Options Poster</p> <p>PREA Resident Education Manual (Resident Reporting Options)</p> <p>Acknowledgement Receipt</p> <p>SRRC Policy 2019-2 PREA Intake and Orientation</p> <p>SRRC Policy 2019-6 Abuse, Neglect and Exploitation (PREA)</p> <p>RAINNS hotline</p> <p>Woman's Resource Center reporting</p> <p>PA DOC Community Corrections hotline</p> <p>115.251 (a)(b): The facility provides provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. As stated in GEO policy 5.1.2-A, and facility policy 2019-6, the facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed in the PREA Education Manual for Residents, and on the Resident Reporting Options poster indicates residents can Inform a staff member Immediately Contact the Facility PREA Compliance Manager. Two time a day there is an PREA announcement made on the speaker system that includes ways resident can report any allegations of sexual abuse or sexual harassment.</p> <p>If you do not feel comfortable informing a staff member in person or in writing, you or a third party can report anonymously.</p> <ul style="list-style-type: none"> · RAINN National Advocacy Hotline: · Woman's Resource Center Hotline · PA. DOC PREA Community Corrections hotline <p>The auditor contacted the RAINN National Hotline, the Woman's Resource Center hotline and the PREA Community Corrections for DOC hotline. Each number were operational and did not require a PIN to make a report. RAINN hotline and the Woman's Center hotline provided two options. One was to report an allegation as a third party or second to refer in the case of RAINN to an area Victim Advocate program and in the case of Woman's Resource Center was to speak with a victim support staff. There is a telephone on the second floor of the facility. At the change of each shift an announcement is made of the ways to report allegations of sexual abuse or sexual harassment. Each broadcast includes you may call the above agencies on the telephone located on the second floor. The auditor heard the announcement on four occasions.</p> <p>There are multiple posters located throughout the center for resident to review. These poster include other ways of reporting such as GEO cooperate office.</p> <p>115.251 (c): Staff shall accept reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. Staff interviewed were aware of this requirement. All allegations of sexual abuse are to be handled in a confidential manner. When interviewed all staff indicated they would accept all calls, verbal reports and third-party reports and would document and immediately report to their supervisor. GEO training includes staff responsibilities to report all allegations of sexual abuse, sexual harassment, staff neglect, or retaliation for making a report.</p> <p>115.251 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for resident and staff reporting was found on the GEO website</p>

(<https://www.geogroup.com/prea>. Third-Party Reporting posters and the Employee Handbook informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of residents.

All resident interviewed were aware of the multiple ways to make reports of allegations of sexual abuse or sexual.

Compliance was determined by the testing of telephone, review of the many posters, and interviews with the victim advocate, PREA compliance manger, PREA Coordinator, staff and residents.

115.252	Exhaustion of administrative remedies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 1469 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 416 751 445">SRRC Policy 2019-5-- Resident Grievance System</p> <p data-bbox="242 472 632 501">PREA Education Manual for Residents</p> <p data-bbox="242 528 443 557">Resident Handbook</p> <p data-bbox="242 584 293 613">PAQ</p> <p data-bbox="242 647 1469 775">115.252 (a): GEO policy 5.1.2-A, Sexual Abuse Grievances section and SRRC Policy 2019-5 Resident Grievance System provides a procedure for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to residents on PREA Education Manual for Residents, Resident Handbook and PREA posters.</p> <p data-bbox="242 801 1485 1032">115.252 (b): There is no time limit when a resident can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no grievances filed alleging sexual abuse.</p> <p data-bbox="242 1059 1485 1187">115.252 (c): Based on agency and facility policies, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Residents may submit grievances to the facility director or to GEO's PREA coordinator. If a third-party file a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.</p> <p data-bbox="242 1214 1485 1413">115.252 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.</p> <p data-bbox="242 1440 1485 1639">115.252 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.</p> <p data-bbox="242 1666 1485 1897">115.252 (f): Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Information on the procedure for residents to file emergency grievances is found in GEO policy 5.1.2-A. After receiving an emergency grievance of this nature, the facility director or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.</p> <p data-bbox="242 1924 1445 1986">115.252 (g): A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith. There has been no disciplinary action due to filing a grievance in bad faith.</p> <p data-bbox="242 2013 1406 2076">Compliance was determined by review of the policies, interview with the PREA compliance managers, residents, and presence of grievance forms and grievance boxes.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A Contract for Services</p> <p>Resident Orientation PowerPoint</p> <p>Acknowledgement of Receipt of Orientation</p> <p>Residents PREA Handbook</p> <p>PREA flyer</p> <p>Resident PREA Handbook</p> <p>MOU with Woman's Resource Center</p> <p>Acknowledgement of Receipt of Handbook/Flyer</p> <p>115.253 (a): GEO Corporate Policy 5.1.2-A addresses the agency/facility's policies on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. The Woman's Resource Center and SRRC enables reasonable communication between the residents and the Resource Center in a confidential manner.</p> <p>115.253 (b): SRRC has a MOU with Woman's Resource Center for emotional support. The information is posted on the resident bulletin board. The resident handbook contains the telephone number and address of the crisis center which would provide emotional support. Residents are informed as part of their orientation process that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. Telephone calls to the advocacy group are not routinely monitored but will be reviewed if there is suspected misuse of the service. Residents PREA Handbook provides a phone number of the advocacy program. The facility also provides a telephone number and address of RAINN a national victim advocate and emotional support network. They indicated that they would provide the service free of charge for the resident population. If requested, they would set up a time for the residents to have a private consultation with one of their trained staff. The facility PREA compliance manager indicated he would arrange for the meeting or phone call and showed the auditor private offices that could be utilized by residents and victim emotional support staff.</p> <p>115.253 (c): SRRC utilizes Geisinger Community Medical Center to provide emergency medical services and SAFE/SANE examinations. Staff at the hospital indicated the hospital has a SART team that includes and emotional support network if a resident is sexually assaulted.</p> <p>Compliance was determined by review of the handbook, and interviews with staff at Woman's Resource Center and the facility PREA compliance manager.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 295">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="229 295 1509 336">GEO Policy 5.1.2-A</p> <p data-bbox="229 336 1509 376">Third Party Posters</p> <p data-bbox="229 376 1509 416">Employee PREA cards</p> <p data-bbox="229 416 1509 456">GEO website</p> <p data-bbox="229 456 1509 551">115.254 (a) Based on GEO policy 5.1.2-A the agency has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Residents are informed of third-party reporting on PREA posters displayed in both English and Spanish.</p> <p data-bbox="229 551 1509 676">The method for third party reporting procedures is made available on the GEO website at http://www.geogroup.com/prea and on Third Party Reporting posters posted in areas visible to visitors and staff. Third-party reports can be made in person, in writing and may be made anonymous. Additionally, the information on the web site encourages third parties to report allegations to the facility director, and GEO PREA coordinator. Outside parties can report verbally or in writing to the facility management also.</p> <p data-bbox="229 676 1509 801">In interview with the PREA compliance manager, during the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party. Residents and staff interviewed were aware of this method of reporting and their requirements to notify and investigate all allegations of sexual abuse or sexual harassment.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1366 302">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 327 549 358">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="240 383 791 414">SRRRC Policy 2019—6 Neglect, Abuse and Exportation</p> <p data-bbox="240 439 469 470">Anonymous Reporting</p> <p data-bbox="240 495 544 526">Third Party Reporting Posters</p> <p data-bbox="240 551 373 582">PREA Cards</p> <p data-bbox="240 607 632 638">Pennsylvania Vulnerable Persons Law</p> <p data-bbox="240 663 293 694">PAQ</p> <p data-bbox="240 719 1490 952">115.261 (a): GEO policy 5.1.2-A mandates staff, volunteers and contractors must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported the Shift Supervisor, the PREA Compliance Manager, or facility executive staff. In interview with random staff, they knew their reporting duties. staff, contractors, volunteer, interns receive training on reporting allegations of sexual abuse or sexual harassment prior to be allowed to be in contact with residents.</p> <p data-bbox="240 976 1490 1075">115.261 (b): SRRRC Policy 2019-6 and training mandates that apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff interviewed knew this information is to be kept confidential and knew whom to report allegations.</p> <p data-bbox="240 1099 1490 1198">115.261 (c)(d): The facility does not have medical or mental health staff. The facility does not house residents under the age of 18. Based on interview with the PREA compliance manager, the facility doesn't presently house vulnerable residents. The PREA compliance manager was aware of the Pennsylvania vulnerable persons reporting responsibilities.</p> <p data-bbox="240 1223 1490 1422">115.261 (e): In interview with the facility director and his executive team, the SRRRC reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports that all allegations of sexual abuse will be investigated by an agency with criminal authority unless the allegation is not criminal in nature. All allegations of sexual abuse and sexual harassment by staff and residents are referred to the PREA Coordinator, Reentry Services PREA Divisional Coordinator and to the client. There have been no reports of a vulnerable resident in the past 12 months. There were two reports of staff on resident that was non-criminal.</p> <p data-bbox="240 1447 1458 1579">Compliance was determined by review of the policies, training curriculum and interviews with random staff, PREA compliance manager, and facility director. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contracts report all allegation, suspicions or sexual abuse sexual harassment or retaliation as outline in this standard.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 547 356">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 387 775 414">SRRC Policy 2019-6 Neglect, Abuse and Exportation</p> <p data-bbox="242 445 461 472">Customer Notification</p> <p data-bbox="242 504 424 530">Statement of Fact</p> <p data-bbox="242 562 1469 687">115.262 (a): GEO Corporate Policy 5.1.2-A and SRRC Policy 2019-6 mandates when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive, and nonjudgmental.</p> <p data-bbox="242 719 1485 1046">The PAQ indicated in the past 12 months there were no times it was necessary for the facility to take immediate action regarding a resident being in substantial risk of sexual abuse. The facility director stated that if it was suspected a resident was at substantial risk of sexual abuse, he would immediately move the resident and investigate. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse. Random staff and shift supervisor indicated the resident that was in imminent danger would be separated from the accuser and would be moved a safe area until it could be investigated and determine if the resident can be placed in another dormitory, if the staff needed to be placed on administrative leave, if the predator needed to be moved off the campus or if the victim needed to be moved pending the investigation. The facility director indicated this decision would be made in concert with PA DOC Community Corrections. There has been no incident when a resident was moved to another facility for sexual abuse or sexual harassment due substantial risk.</p> <p data-bbox="242 1077 1414 1135">Compliance was determined by review of policy and interviews with the GEO agency head, PREA coordinator, facility director, and random staff.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard: GEO Corporate Policy 5.1.2-A</p> <p>PAQ</p> <p>Statement of Fact</p> <p>115.263 (a)-(c): GEO Corporate Policy 5.1.2-A mandates on receiving an allegation that a resident was sexually abused while confined at another facility, the incident will be reported to the PREA Compliance Manager. The facility director will notify the agency or facility head where the abuse is alleged to have occurred. but no later than 72 hours of receiving the allegation. The PREA Compliance Manager will maintain documentation that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the GEO PREA Coordinator.</p> <p>115.263 (d): Interview with the facility director and PREA compliance manager they indicated along with notification to the sending facility director the facility director will notify GEO regional supervisor, PREA coordinator and PA. DOC Community Corrections Division and will document notification of an allegation of sexual abuse or sexual harassment and offer to provide whatever services needed during the investigative process.</p> <p>According to the PAQ and statement of fact there have been no allegation of resident being sexually abused while confined at another facility. There was no allegation that a resident was sexually abused while at SRRC reported from another facility.</p> <p>Compliance was determined by review of the policy and interviews with intake staff, PREA compliance manager, agency head, PREA coordinator and facility director.</p>

115.264	Staff first responder duties
	<p data-bbox="240 143 740 172">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 327 547 356">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="240 383 528 412">PREA First Responder Card</p> <p data-bbox="240 439 379 468">Staff Training</p> <p data-bbox="240 495 775 524">SRRRC Policy 2019-6 Neglect, Abuse and Exportation</p> <p data-bbox="240 551 293 580">PAQ</p> <p data-bbox="240 607 1466 674">115.264 (a): GEO Corporate Policy 5.1.2-A and staff training requires that correction staff that are the first responders of a sexual assault shall:</p> <p data-bbox="240 701 643 730">Separate the alleged victim and abuser,</p> <p data-bbox="240 757 1490 891">Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence,</p> <p data-bbox="240 918 1474 1014">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.</p> <p data-bbox="240 1041 1445 1108">Notify the shift supervisor by telephone or in person and tell only those staff need to know in assisting you in carrying out these responsibilities.</p> <p data-bbox="240 1135 1485 1270">Staff are issued a card that includes steps to take as first responders. All random staff were able to articulate their responsibilities and have received training on preserving and protecting the crime scene. All staff at the center have contact with residents on a regular basis. As part of the staff interviews all staff at the center was interviewed during the 36 hours the auditor was conducting on-site audit. All indicated they would carry out the duties detailed in standard 115.264.</p> <p data-bbox="240 1296 1481 1393">115.264 (b): GEO Corporate Policy 5.1.2-A, SRRRC Policy 2019-6 and staff training requires that non correctional staff that are first responders are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p data-bbox="240 1420 1477 1615">Several of the staff interviewed as random staff are non-correctional first responder such as case managers. Like many Community Correctional Centers, all staff receive the same basic PREA training and yearly in-service training and understand their role in case of first responders. Staff knew their duties and reported they received the training during yearly in service and on reminder training that is sent out by the PREA compliance managers from time to time. There have been two allegations of sexual abuse that has been made in the last 12 months. These allegations were made in June 2022. Neither of the allegations required first responder duties as they involved touching by monitor during pat searches.</p> <p data-bbox="240 1641 1394 1671">Compliance was determined by review of the policies and training and interview with all staff assigned to the facility.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 547 353">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 383 596 409">SRRRC Coordinated Response Plan</p> <p data-bbox="242 441 1469 602">115.265 (a): GEO Corporate Policy 5.1.2-A mandates that facilities have a coordinated response plan. SRRRC Coordinated Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Coordinated Response Plan includes action required after report of sexual abuse</p> <p data-bbox="242 631 397 658">Initial response</p> <p data-bbox="242 687 557 714">Shift supervisors Responsibility</p> <p data-bbox="242 743 451 770">Facility Crime Scene</p> <p data-bbox="242 799 764 826">Notification required when a sexual abuse is alleged</p> <p data-bbox="242 855 427 882">Evidence Protocol</p> <p data-bbox="242 911 430 938">Medical Response</p> <p data-bbox="242 967 491 994">Mental Health Response</p> <p data-bbox="242 1023 533 1050">Investigative Responsibilities</p> <p data-bbox="242 1079 759 1106">Responsibilities when sexual harassment is alleged</p> <p data-bbox="242 1135 710 1162">Responsibilities when sexual activity is alleged</p> <p data-bbox="242 1191 1370 1263">Each of the above responses includes but not limited to staff, contractors, victim advocates, SANE staff, PA DOC investigators, PA State Police Investigator, facility director and GEO Coordinator.</p> <p data-bbox="242 1292 1481 1453">A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The coordinated response plan also provides telephone numbers to contact victim advocates, medical center, PA. DOC. The PREA Compliance Manager, and facility director are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 331 549 358">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 389 1311 416">GEP Corporate Policy 5.1.2-E Investigating Allegation of Sexual Abusive Behavior and Evidence Collection</p> <p data-bbox="242 448 775 474">SRRRC Policy 2019-6 Neglect, Abuse and Exportation</p> <p data-bbox="242 506 424 533">Statement of Fact</p> <p data-bbox="242 564 1455 685">115.266 (a): GEO policy verify that the GEO Group would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any resident pending the outcome of an investigation. On information provided for review, SRRRC does not have a collective bargaining agreement.</p> <p data-bbox="242 716 1497 810">115.266 (b): In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. The staff member will be reassigned to a post with no resident contact or placed on administrative leave pending completion of the investigation.</p> <p data-bbox="242 842 1471 936">In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he stated that no collective bargaining agreements for any of GEO's reentry facilities would limit the agency's ability to remove an alleged staff sexual abuser from contact with any resident pending the outcome of an investigation.</p>

115.267	Agency protection against retaliation
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 547 356">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 383 451 412">SRRC Policy 2019-6</p> <p data-bbox="242 439 564 468">Protection from Retaliation Logs</p> <p data-bbox="242 495 424 524">Statement of Fact</p> <p data-bbox="242 555 1484 685">115.267 (a): GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The policy provides procedures to protect individual in GEO facilities. The PREA compliance manager has been appointed with the responsibility to carry out these procedures. At SRRC, the facility director is the Retaliation Monitor.</p> <p data-bbox="242 712 1497 875">115.267 (b): The GEO procedure states the agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.</p> <p data-bbox="242 902 1474 1099">115.267 (c): Residents who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of residents is documented on the Protection from Retaliation Log. There was a blank log reviewed by the auditor.</p> <p data-bbox="242 1126 1477 1225">115.267 (d): GEO procedure also requires Monitoring of residents includes periodic status checks. The PREA compliance manager was interviewed and indicated he reviews the monitoring logs on the data base on an ongoing basis and randomly will see the resident during tour to check on his status.</p> <p data-bbox="242 1252 1469 1350">115.267 (e): Retaliation monitoring may be terminated if it is determined that the allegation was unfounded. The Retaliation monitor indicated while the official monitoring would officially end, he would continue to check on the resident for retaliation for making a report.</p> <p data-bbox="242 1377 1492 1507">In interview with the PREA Compliance Manager and the Human Resource Manager and information provided on the Preaudit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred. There was no resident that was monitored for retaliation. There were two allegation of sexual abuse that occurred after the PAQ was completed. Both residents were transferred for reasons unrelated to PREA allegations.</p> <p data-bbox="242 1534 1404 1599">Compliance was determined by review of the monitoring logs, agency policy and procedures, and interviews with the retaliation monitor, agency head, and facility director.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 863 353">GEO Corporate Policy 5.1.2-E- PREA Investigation Procedure</p> <p data-bbox="242 383 636 409">DC-ADM 008 PREA Procedure Manual</p> <p data-bbox="242 439 512 465">SRRC PREA Tracking Log</p> <p data-bbox="242 495 1267 521">Attachment B-Notice of GEO Administrative PREA Investigation Template Notification of Investigations</p> <p data-bbox="242 551 1445 616">Email (GEO PREA Coordinator) with Notification of Allegations and notification of determination of investigative staff (Pa. DOC)</p> <p data-bbox="242 645 293 672">PAQ</p> <p data-bbox="242 701 1493 864">115.71 (a): GEO Corporate Policy 5.1.2-E requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the SRRC, promptly, thoroughly, and objectively, including third party and anonymous reports. All allegation of sexual abuse or sexual harassment or immediately referred to Pa.DOC for determination of appropriate staff to conduct the investigations. Criminal investigations are transferred to PA State Police. Pa DOC conducts non-criminal administrative investigations.</p> <p data-bbox="242 893 1430 987">115.71 (b): The facility has two trained investigators and facility investigators have completed specialized training in the investigation of sexual abuse allegations. The facility provided documentation of completion of specialized investigative training completed by facility investigators.</p> <p data-bbox="242 1016 1437 1111">115.71 (c): It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="242 1140 1445 1205">115.71 (d): When the quality of evidence supports criminal prosecution, the PSP may conduct compelled interviews only after consulting with prosecutors.</p> <p data-bbox="242 1234 1474 1328">115.71 (e): The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination.</p> <p data-bbox="242 1357 1453 1485">115.71 (f): The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.</p> <p data-bbox="242 1514 1485 1608">115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports from the PSP and Pa.DOC. Allegations are tracked on the PREA Tracking Log.</p> <p data-bbox="242 1637 1490 1800">115.71 (h): Substantiated allegations of conduct that appears to be criminal shall be referred to PSP for investigation and criminal prosecution. On information reported on the Pre-Audit Questionnaire and in interview with facility director, since the last PREA audit there no allegations of sexual abuse referred for prosecution. Criminal investigations are conducted by the PSP. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for investigation. There was no case that has been referred for criminal investigation since the last 12 months.</p> <p data-bbox="242 1830 1485 1895">115.71 (i): The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p data-bbox="242 1924 1490 1989">115.71 (j): The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation</p> <p data-bbox="242 2018 1474 2145">115.71 (l): When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, he reported that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as</p>

required. GEO has developed a template for monthly request from Law Enforcement that are conducting investigations to obtain information on the investigations and to aid as requested.

There were two allegations of sexual abused that accord in June 2022. Both residents were transferred, and Pa. DOC is conducting the administrative investigations. The facility investigators have completed preserving video documentation as required by the standard. There was no forensic evidence since the allegations of being touched during a pat search in both allegations.

In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation. In interview with facility administer and operations manager, they were knowledgeable of their responsibilities to assist in investigations when requested.

Compliance was determined by review of GEO Policies and interviews with agency head, PREA coordinator, facility investigators and facility director.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E.</p> <p>Investigator training curriculum</p> <p>115.72 (a): Based on GEO policy and Investigator training the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interview with facility investigators confirmed this practice.</p> <p>Compliance was determined by review of policy, training curriculum, and interview with trained investigator.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 549 353">GEO Corporate Policy 5.1.2-E</p> <p data-bbox="242 380 453 407">SRRC Policy 2019-6</p> <p data-bbox="242 443 603 470">Notice of Outcome of Investigations</p> <p data-bbox="242 501 1477 658">115.73 (a): GEO policy 5.1.2-E and investigator interview indicate that following an investigation of sexual abuse of a resident, the resident shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The resident receives a copy of the form, and a copy is forwarded to the PREA Coordinator office.</p> <p data-bbox="242 689 1442 752">115.73 (b): According to policy and PREA compliance manager if the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident.</p> <p data-bbox="242 784 1484 940">115.73 (c): GEO policy requires following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation. The resident is to be informed if the staff member is no longer posted within the resident's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="242 972 1487 1066">115.73 (d): GEO policy and procedure requires following a resident's allegation that he has been sexually abused by another resident, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="242 1097 1487 1160">115.73 (e): All Notification of Outcome of Allegation or attempted notifications are documented and filed in the corresponding investigative file. There were no notifications during the last 12 months.</p> <p data-bbox="242 1191 1445 1254">Compliance was determined by review of the agency and facility policy and interviews with PREA compliance managers, investigator, PAQ and facility director.</p>

115.276	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Employee Handbook</p> <p>Staff Discipline SOF</p> <p>Reports to Law Enforcement SOF</p> <p>115.276 (a): GEO Corporate Policy 5.1.2-A establishes the standard that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy.</p> <p>115.276 (b): Based on GEO policy termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.276 (c): Based on GEO policy, facility director and human resources staff disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal.</p> <p>In interview with the facility director and in information provided on the Pre-Audit Questionnaire, in the past 12 months, no staff member was terminated or received any adverse action due regarding a PREA violation. There were no substantiated cases of staff-on-resident sexual abuse. Staff training includes personnel policies involving violation of PREA standards or having any sexual activity with residents. In interviews with staff at SRRRC it was obvious that staff training includes setting appropriate boundaries with residents and to provide an atmosphere that foster respect and support to staff.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Statement of Fact</p> <p>115.277 (a): Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. Any contractor or volunteer who engages in sexual abuse even though it was not criminal will be reported to professional licensing/certifying bodies.</p> <p>115.277 (b): In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with residents.</p> <p>At the present time the center does not utilize contractor or volunteers. During this audit cycle, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at SRRC. Compliance was determined by review of the volunteer and contractor training and statement acknowledging violation of PREA standards from other GEO Group centers.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 547 356">GEO Corporate Policy 5.1.2-E</p> <p data-bbox="242 383 547 412">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 474 424 504">Statement of Fact</p> <p data-bbox="242 530 443 560">Resident Handbook</p> <p data-bbox="242 586 620 616">Posters located throughout the facility</p> <p data-bbox="242 645 1469 741">115.278 (a): According to GEO policy 5.1.2-E, if a resident is found guilty of engaging in sexual abuse involving another resident, either through administrative or criminal investigations, the resident will be subject to formal disciplinary sanctions. The Resident Program Handbook outlines violations a resident will be disciplined for and the sanctions to be imposed.</p> <p data-bbox="242 770 1433 831">115.278 (b): Sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="242 860 1469 920">115.278 (c): Based on GEO policy 5.1.2-E, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="242 949 1465 1077">115.278 (d): If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The Pa. DOC will determine if the resident will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse.</p> <p data-bbox="242 1106 1481 1167">115.278 (e): Disciplining a resident for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.</p> <p data-bbox="242 1196 1465 1292">115.278 (f): A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="242 1321 1477 1449">115.278 (g): The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced. In information provided on the Pre-Audit Questionnaire and in interview with the facility director, in the past 12 months there were no disciplinary sanctions imposed for residents violating the sexual abuse policies.</p> <p data-bbox="242 1478 1474 1538">Compliance was determined by review of GEO policy, review resident handbook, and interviews with the PREA compliance manager and facility director.</p>

115.282 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-E

GEO Corporate Policy 5.1.2-A

SRRC Policy 2019-6

Horizons Mental Health Inc.

Statement of Fact

Posters located

Coordinated Response Plan

Victim Advocacy Posting English/ Spanish

Interview with Geisinger Community Medical Center

115.282 (a): GEO Corporate Policy 5.1.2-A, and SRRC Policy 2019-6 provides a procedure for Victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Policy mandates that victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. SRRC shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegations, a "Resident Referral Verification" form for referral to onsite or offsite mental health services will be utilized to document the offer made to the resident victim and the acceptance or refusal of services. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. No attempt will be made by staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing and placed in the victim's medical record. e. Victims/Abusers shall either be transported to a local community Facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) to conduct the examination. All refusals of medical services shall be documented. Following a reported PREA allegation, resident would be transported to Geisinger Community Medical Center. Emergency Room for medical treatment and a SANE provided by a trained SANE staff. The Geisinger Community Medical Center has a SART program, and the resident would be provided the services of the Sexual Abuse Response Team. SRRC does not house mental health residents and they do not employ mental health practitioners at this facility. If it is determined that a mental health practitioner is needed, the resident will be transported to Horizons Mental Health Inc., or the provider will interview the resident at the facility.

All services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.282 (b): All staff first responders are trained to take preliminary steps to protect the victim. Security staff first responders are to take preliminary steps to protect the victim and notify facility medical and mental health staff immediately. The Mental Health Provider would present a Consent to Evaluate: Sexual Abuse Allegation form to the alleged victim prior seeking their consent to conduct a mental health evaluation of an alleged victim of sexual abuse.

115.282 (c): Resident victims are offered prophylactics for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate by staff at the Geisinger Community Medical Center. Medical staff at the hospital indicated that is part of the SANE process, she would follow up when the resident returns to the facility or coordinate for the resident to return as an outpatient if required.

115.282 (d): Based on review of GEO policy and in interviews with PREA compliance manager all services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Compliance was determined by review of the coordinated response plan, and agreement with the Geisinger Community Medical Center.

Compliance was also determined by interviews with first responders, random staff, PREA compliance manager and facility director. The facility provided a statement of fact that there has been no sexual assault that required a SANE during the last PREA cycle.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>SRRC Policy 2019-6</p> <p>Healthcare Charges SOF</p> <p>Resident Handbook</p> <p>MOU with Woman's Resource Center Crisis Center</p> <p>Horizons Mental Health Inc.</p> <p>SRRC Policy 2019-3 PREA Screening/admission</p> <p>Reentry Facility Screening Instrument</p> <p>Mental Health Referral Form</p> <p>PREA Vulnerability Reassessment</p> <p>115.283 (a): Residents in need of medical treatment can be transported for appointments with local doctors and utilize the hospital's emergency room. If there is a medical emergency, 911 would be called. The resident would be transported by the EMS with staff escort. Non-emergency incidents may be transferred by facility staff. Residents are allowed to have approved keep-on person medications. Mental health, drug abuse, and sex resident treatment services are provided through local outside agencies. Resident that report history of victimization or referred to Horizon Mental Health for consultation and services. During the intake process, the resident undergoes a screening and within 30 days a reassessment and screening. During these screenings resident are asked about past victimization and a referral for mental health services is completed at the time of the screening and rescreening. Resident may chose to decline the referrals and staff will document declining services on the referral form.</p> <p>115.283 (b): According to GEO policy 5.1.2-and facility policy 2019-6, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.</p> <p>115.283 (c): According to the Woman's Resource Center Crisis Center and mental health provider programs offered residents is consistent with the community level of care.</p> <p>115.283 (d)(e): The facility does not house female residents.</p> <p>115.283 (g): All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.283 (h): The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate.</p> <p>On information provided by the PREA Compliance Manager, in the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse. Compliance was determined by review of the GEO policy, interviews with medical and mental health staff at Geisinger Community Medical Center, Woman's Resource Center Crisis Center and Horizon Mental Health.</p>

115.286	<p>Sexual abuse incident reviews</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>SRRC Policy 2019-6</p> <p>After Action Form</p> <p>PAQ</p> <p>115.286 (a-b): GEO policy 5.1.2-A, requires facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated within 30 days of the conclusion of the investigation. At the time of the PAQ there was no allegation of sexual abuse in the twelve months that required an Incident Review Team Meeting.</p> <p>115.286 (c): The Incident Review Committee consists of the facility director, operations director, PREA Compliance Manager, Classification Supervisor, and the PREA Coordinator may attend via telephone or in person.</p> <p>115.286 (d): The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status, or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.</p> <p>115.286 (e): The facility will implement the recommendations for improvement or documents the reasons for not doing so. There were no allegations of sexual abuse or sexual harassment that have been closed in the last 12 months and no incident review team has been required. The facility provided an after-action report form for review</p> <p>When interviewed, the members of the incident review team knew their responsibilities as they relate to the review of sexual abuse incidents. The facility does after action reports on Sexual harassment when substantiated or unsubstantiated.</p> <p>Compliance was determined by agency and facility policies, GEO investigative data base which mandates after action reports on all allegations of sexual abuse or sexual harassment except when they are unfounded.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Annual Report</p> <p>SRRC PREA Tracking Log</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>115.287 (a): GEO policy 5.1.2-A mandates that all facilities under the GEO umbrella collects uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to utilize a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>115.287 (b): The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator monthly on the Monthly PREA Incident Tracking Log. In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Compliance Manager ensures that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data.</p> <p>115.287 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).</p> <p>115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of residents.</p> <p>115.287 (f): Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The facility provided a copy of the monthly log and annual log for review. The log contained all elements required by policy. The review of the log and interview with PREA compliance manager and PREA coordinator confirmed compliance with this standard.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Procedure 5.1.2-A</p> <p>GEO Annual PREA Data Report</p> <p>115.288 (a): GEO reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. This information is provided in the annual report.</p> <p>115.288 (b): The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>115.288 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Secure Services and International Operations for their signatures and approval. The report is made public on the GEO website at https://www.geogroup.com/prea.</p> <p>115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report.</p> <p>GEO annual reports was reviewed. There were no recommendations for improvement in 2019-2022 when the last PREA audit was completed. The auditor review GEO data from 2020 report. There was no allegation of resident on resident that was substantiated and no allegations of Staff on resident abuse that were substantiated at SRRRC. It was found that in 2020 there were no allegation of sexual harassment that were substantiated.</p> <p>Exceed compliance of this standards was determined by reviewing annual report for GEO Group, review the facility policy and interviews with the PREA coordinator and PREA compliance manager. The GEO annual report provides more information than is required and at the same time provides the person reviewing the report a detailed look at PREA in action in GEO facilities.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Policy 5.1.2-A</p> <p>GEO Annual PREA Data Report</p> <p>115.289 (a): GEO policy 5.1.2-A ensures that data collected are securely retained for at least 10 years according to GEO policy 5.1.2-A</p> <p>115.289 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at https://www.geogroup.com/prea. A review of the website confirmed that the agency has PREA reports from 2017 until 2021 uploaded in the above website.</p> <p>115.289 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers.</p> <p>115.289 (d): Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities ensures that data collected are securely retained for at least 10 years.</p> <p>Compliance was determined by review of three (3) Annual Reports and interviews with PREA coordinator</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="244 329 440 356">GEO policy 5.1.2-C</p> <p data-bbox="244 387 456 414">PREA Audit Postings</p> <p data-bbox="244 445 1485 504">115.401 (a): GEO policy 5.1.2- require during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the</p> <p data-bbox="244 535 1461 593">Department of Justice audits each facility at least once. SRRC latest audit was conducted in June 2019 by a DOJ Certified auditor. The original audit was conduct in September 2015. This auditor's recertification was effective January 1, 2022.</p> <p data-bbox="244 624 1485 786">115.401 (b): According to GEO's PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3 year cycle. This is the third year of this cycle. According to GEO coordinator all facilities are scheduled to be audited during this cycle.</p> <p data-bbox="244 817 1481 911">115.401 (h): During the audit, I was allowed access to all areas of SRRC Residential Reentry Center. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.</p> <p data-bbox="244 943 1437 1001">115.401 (i): I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis.</p> <p data-bbox="244 1032 1481 1126">115.401 (m): I interviewed all staff on duty on the for the 36 hours of the on-site audit. and random sample of resident during the onsite audit. No resident declined to be interviewed and the facility did not prohibit me from interviewing residents selected for interview. Interviews were conducted in a private area of the facility.</p> <p data-bbox="244 1158 1481 1252">115.401 (n): Residents were notified six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive any correspondence from residents of the Scranton Residential Reentry Center</p> <p data-bbox="244 1283 1461 1344">Compliance was determined by reviewing posting prior to the onsite audit and during the onsite audit. Interviews with staff, residents, victim advocate/emotional support staff and Medical Center staff.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency maintains all PREA related Policies on its website including third party reporting, staff reporting, investigation of allegations and all previous PREA audits. The auditor reviewed the report for 2019 and 2015 on the GEO Group Website.</p> <p>Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (https://www.geogroup.com/prea) to be available to the public.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	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.)	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.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility 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

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

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

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	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
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that 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
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	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

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	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).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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
115.278 (e)	Disciplinary sanctions for residents	
	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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for 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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	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
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes