

PREA Facility Audit Report: Final

Name of Facility: Leidel Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/08/2023

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: 12/08/ 2023

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	10/30/2023
End Date of On-Site Audit:	10/31/2023

FACILITY INFORMATION	
Facility name:	Leidel Residential Reentry Center
Facility physical address:	1819 Commerce Street, Houston, Texas - 77002
Facility mailing address:	

Primary Contact	
Name:	Danielle Lias
Email Address:	dlias@geogroup.com
Telephone Number:	713-224-0984

Facility Director	
Name:	Danielle Lias
Email Address:	dlias@geogroup.com
Telephone Number:	713-224-0984

Facility PREA Compliance Manager	
Name:	Danielle Lias
Email Address:	dlias@geogroup.com
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	190
Current population of facility:	163
Average daily population for the past 12 months:	186
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	19-81
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the	36

facility who may have contact with residents:	
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:	Manuel Alvarez	Email Address:	Manuel.Alvarez@geogroup.com

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

4

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.217 - Hiring and promotion decisions
- 115.233 - Resident education
- 115.251 - Resident reporting

Number of standards met:

37

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:	2023-10-30
2. End date of the onsite portion of the audit:	2023-10-31
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:	Houston Area Women's Center Bridge Over Troubled Water
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	190
15. Average daily population for the past 12 months:	186
16. Number of inmate/resident/detainee housing units:	5
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:	163
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	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:	6

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>6</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>36</p>
<p>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:</p>	<p>0</p>

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>19</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I interviewed residents from each of the housing units.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

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):	I used the at risk log housing unit roster to determine random residents that had scored as being at risk utilizing the agency's screening instrument.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
<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:	1
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:	0

<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 interviews the auditor and director, case manager supervisor reviewed the at-risk log and GEO database to determine the targeted population to interview. There were no resident that were identified as cognitive or functional disabled.</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 interviews the auditor and director, case manager supervisor reviewed the at-risk log and GEO database to determine the targeted population to interview. There were no blind or low vision residents identified.</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 interviews the auditor and director, case manager supervisor reviewed the at-risk log and GEO database to determine the targeted population to interview. There were no deaf or hard of hearing residents identified.</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 interviews the auditor and director, case manager supervisor reviewed the at-risk log and GEO database to determine the targeted population to interview. There were Limited English Proficient residents at the center. There was one resident that was identified, however, he spoke, read and understood the English language and did not need an interpreter of language line to communicate with the auditor.</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>3</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>1</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>Prior to the interviews the auditor and director, case manager supervisor reviewed the at-risk log and GEO database to determine the targeted population to interview. There were no resident that had made a report at the facility for sexual abuse.</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>3</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>The facility does not have a segregation unit. It is a community work release center and does not segregate residents.</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>No text provided.</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>15</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</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><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>No text provided.</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>8</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><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</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <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)

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

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

	<input type="checkbox"/> Other
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.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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
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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).

The Leidel Comprehensive Sanction Center is located at 1819 Commerce Street, Houston, Texas. The GEO Group, Inc. took over the ownership and operation of the Leidel Center in 2010 when they acquired the Cornell Corporation, who owned and operated the facility from 1995-2010. The Federal Bureau (BOP) and the United States Probation Office (USPO) contracts with the GEO Group, Inc. to provide community confinement services to their offenders.

Entering the front of the building, the front door faces the Control Center. Residents and visitors check in and out from the Control Center. Residents scan their ID card and sign in and out on a paper log. This information is also maintained electronically. There is pat-down area to the left of the Control Center where pat searches may be performed in view of a camera and documented in GEO Track.

Residents are pat searched when come to or leaving the facility. Residents are breathalyzed when they return to the facility from being in the community and these are tracked in a BA Book and electronically in GEO Track. Control Center staff observe camera monitors and respond to door alarms.

Bulletin boards are in the front lobby area with PREA information posted in both English and Spanish. A main hallway behind the Control Center leads to living areas. There are pay phones on one side of the hallway resident reporting options listed Residents are allowed to have their own cell phones as well. Locked mailboxes are in this hallway for mail for case managers. Large bulletin boards in the mail hallway have PREA and other information displayed.

The facility is a one-level, concrete building that was built in 1995 with a small addition connected to the main building by a breezeway that was added in 2005. There are total of 5 dormitories at the facility. Two dormitories are utilized for housing female residents and two are presently being utilized to house male residents. Dormitories vary in size with the largest male dormitory housing

up to 70 residents. A newer addition was added to the facility and contains a dormitory and case management offices. During the audit, this dormitory is being utilized to house residents for the first 14 days for quarantine due to the pandemic. The facility has modified reception days to ensure residents in quarantine do not mix with anyone during the first 14 days. Each dormitory has an area for residents to shower, change clothing and use the restroom without being in view of person of the other gender. Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posting in each living unit, day room, work area, visitation room and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group phone number BOP phone number and address and cooperate office address and phone number.

There is a laundry room for the use of residents in Dorms A, C and D in the mail hallway and an Employment Room with several computers and desks for Employment Specialists located in the hallway near male dormitories. The facility has cameras strategically placed inside the facility and areas outside of the facility. There were not cameras notes in areas where residents use the shower, toilet, or dress. There is not a separate intake area or reception areas for new arrivals. There are private rooms to conduct intake interviews. Residents coming into the facility are not strip searched and there are no areas for privacy to strip search as this practice is not acceptable at the facility.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. The auditor assessed camera surveillance, potential blind spots, and physical supervision requirements as applied to community correctional confinement

requirements. Additional areas of focus during the facility tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and “internal hotline” information was assessed while touring the facilities.

Postings (in English and Spanish) regarding PREA violation reporting and the agency’s zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the facility. The tour revealed adequate camera coverage, and physical supervision.

A review of logbooks and records revealed documentation of security and PREA rounds.

The on-site audit tour did not reveal any resident privacy concerns. Toilet and shower areas throughout the facilities were located in a manner to prohibit the possibility of non-incident cross gender viewing.

The center houses residents from the Bureau of Prison and US Probation, The auditor observed that many residents had a personal cell phone which they could keep with them in their rooms. During resident interviews, residents stated that they would use their own personal cell phone to report incidents of sexual abuse and sexual harassment

Several of the residents formally interviewed indicated they had called and talked to the Cross Creek Mental Health program and/or are in outpatient counseling at the at the program. Most residents were talkative and could articulate the agency polices about zero tolerance and all had received an orientation when they arrived at the center. All residents interviewed were previously in a BOP facility and indicated they had seen the film, orientation and PREA screening several times while in these facilities. The case managers and job placement specialist were noted in the living units throughout the audit. Monitors were actively engaged in conversation with the resident population. In interviews with residents, all residents indicated that the staff

at the center were available and worked with the residents in any needs they present to the staff. Staff announce their presence prior to entering a dormitory housing resident of the other gender.

There were no intakes during the onsite audit, therefore, the auditor did not observe an intake, initial PREA assessment or the PREA orientation of a new arrival. Additionally, there were no individuals who required a reassessment while the auditor was onsite. Case managers explained the classification and room assignment process, which is tentatively assigned by the Facility Director and then confirmed or revised based upon the information received during the intake and screening processes. Interviews with staff confirmed that changes to room assignments were made when necessary. All resident PREA orientation acknowledgement forms, risk screening information and the documentation of the facility's service referrals for emotional support and victim advocacy to residents who disclosed prior sexual victimization, are kept in locked file cabinets inside the locked office of the Facility Director.

There are posting in each living unit, day room, work area, visitation room and foodservice area that includes Zero Tolerance Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group phone number BOP phone number and address and cooperate office address and phone number third party reporting posters.

Bulletin boards are in the front lobby, each floor, each dormitory, multipurpose room, dining room and staff break room with PREA information posted in both English and Spanish. (view from the street). All corridors on resident floors contain cameras to monitor and record resident movement.

There are telephones located on each hallway and in the leisure or multipurpose room.

Inmates can access these numbers by the pay phone that allows these numbers to be called without payment or PIN number or they can

	<p>utilize their personal cell phones. options are located next to each telephone. The auditor called RAINN National Advocacy Hotline: Bureau of Prison/ Residential Reentry Management Branch phone number (BOP), US Probation Office, Bridge over Troubled Waters, and Houston Area Women’s Services. RAINN Hotline was answered by a victim advocate and asked the auditor if he would like to talk to an area Victim Advocate. The BOP Reentry Management indicated they would notify the Director, the US Probation requested I leave a message. The two victim advocate program programs were answered by staff at the center. Each asked if I wish to speak to a victim advocate and encouraged the auditor to call 911 if this was an emergency.</p> <p>Staff indicated they receive training continuously about PREA standards. 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 the resident 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 and facility director immediately.</p> <p>Residents interviewed indicated that they felt safe at the center and are able to meet with their case manager, job placement staff and administrative staff on a regular basis.</p>
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Documentation Sampling

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

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.).

Inmate Files Reviewed: There were 14 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 date of notification to MH referrals:

Employee/Contractor Background Checks: Six (6) background clearance files including newly hired staff, staff that had been promoted, employees that had over five years tenure at the facility.

Employee records included Accurate Background Checks; BOP email authorization to hire based on fingerprint NCIC background; PREA questionnaire including new hire application, promotions, yearly appraisal, and part of the five year tenure complete background check.

Twelve training files for staff were reviewed. All training has been completed in the last 12 months: The center also provided the auditor with sign in sheets of refresher training through the year.

Investigative Files

There were 2 investigative reports provided for the auditor to review. The reports were on sexual abuse, sexual harassment and included administrative investigation. These files included interviews, findings, retaliation monitoring, incident review team report, notification to youth and a general investigation worksheet.

Unannounced Rounds:

The logbooks and computerized unannounced rounds were reviewed in each housing unit and the control room. The facility was asked for and provided the unannounced round located in three random control rooms on a specific 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	1	2	1
Total	2	1	1	1

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	1	0	1	0
Staff-on-inmate sexual harassment	1	1	1	1
Total	2	1	2	1

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	1	0	0	0
Total	0	1	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	0	0	1	1
Total	0	0	1	1

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	1	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	1	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	1	0	0	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	1	0	1	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:

2

<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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>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</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<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>
<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>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds 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 Zero Tolerance Policy Towards Sexual Abuse and Harassment</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>Leidel Residential Reentry Center (LRRC) policy 0504-1- PREA Staffing and Facility Requirements</p> <p>PREA Agency Organizational Chart</p> <p>Facility Organizational Chart</p> <p>115.211 (a): The agency and center policies outline the agency’s approach to</p>

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 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.

GEO has created an oversight system complete with dedicated staff positions at the corporate, regional and facility levels whose focus is specifically on PREA. GEO demonstrated to the auditor that their zero-tolerance policy permeates the entire corporate culture. Their allocation of resources and efforts to implement and monitor compliance with the PREA standards exceeds the minimum requirements of this standard.

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 expectations 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.

GEO ensures that all of its facilities have a PREA Compliance Manager (PCM) 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 LRRC the Program Director serves as the PREA compliance manager.

Interview with the Program Director, he indicated he reports to a Regional Manager. He indicated he confers with the regional and Cooperate Coordinator 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

	<p>Manager (PCM). GEO has monthly training for all PREA Compliance Managers to further enhance their knowledge of PREA. 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>The facility exceeds expectations through the collaborative measures that operations, PREA compliance manager and facility director that make LRRC 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>
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115.212	Contracting with other entities for the confinement of residents
	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-A. Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities FBOP Contract for Services</p> <p>Not Applicable for GEO facilities Contract Statement of Work Statement of Fact</p> <p>The Leidel Residential Reentry Center is operated by the GEO Group, a private for-profit company that has a contract with the Federal Bureau of Prisons (FBOP) to house residents who are transitioning back into the community or for Federal Probation Intervention The facility houses individuals in a community setting and supervises residents who participate in Home Confinement. A review of the Scope of Work contract with FBOP confirmed that GEO is required to adopt and follow the PREA standards. The facility does not contract with other entities to house residents. A review of the documentation submitted substantiates that the Bureau of Prison 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.</p> <p>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
	<p data-bbox="329 176 984 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="329 247 596 279">Auditor Discussion</p> <p data-bbox="329 319 1417 390">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="329 493 1330 564">Leidel Residential Reentry Center Policy # 2524-1 PREA Staffing and Facility Requirements GEO Group PREA Annual Facility Assessment Form</p> <p data-bbox="329 600 1229 632">Unannounced Supervisor Round Log Security Staff Schedule Sample</p> <p data-bbox="329 667 1321 699">Facility diagram with cameras locations Staffing plan for 2021; 2022; 2023.</p> <p data-bbox="329 735 1438 1001">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 data-bbox="329 1037 1446 1421">115.213 (b): There were no deviations from the contractually approved staffing plan during the review period. The facility makes its best efforts to comply with the approved PREA Staffing Plan. In circumstances where the staffing plan is not complied with, the Facility Director would document and justify all deviations from the plan. In review of documentation provided by the facility and upon interview with the Facility Director, in the past 12 months there were no times that there were deviations to the staffing plan. Staff vacancies are filled by the use of staff overtime. The Facility Director stated during the interview that he checks the shift logs on a daily basis to ensure that the staffing plan is adhered to, and that the customer randomly requested staffing information.</p> <p data-bbox="329 1457 1442 1959">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 190 residents while the number of residents assigned to the facility during the audit was 185. The latest assessment on September 9, 2022, had no findings of deficiencies and no deviations in the contracted staff requirements. The facility has a mandatory staffing plan that requires the center to provide overtime, 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 they must maintain a contracted number of staff based on shifts, population demographic (male/female) and specialized programming activities. Unannounced random rounds by the facility supervisor staff during weekends and nights are conducted to insure the appropriate awake and alert staff are always on duty.</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 monitoring of the center operations. 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 jobs or jobs searching or 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 manager and facility director.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <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>LRRC Policy #0 903-1 Resident Searches, Viewing, and Contraband</p> <p>PREA Staff Training Curriculum (Pre-Service/In-Service) PREA Staff Training Acknowledgements</p> <p>Random Staff Training Files</p> <p>Annual PREA Assessment 8/30/2023</p> <p>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>115.215 (b): 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</p>

resident's preference and the overall security and safety of the resident population. At the time of the on-site audit the center housed 1 transgender residents. The resident was interviewed by the auditor. She indicated during the intake process she met with the Committee and was asked her preferences. She indicated that she had no preference for searches or showering.

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.

115.215 (d): The agency and facility have policies and practices that allow residents to shower, use the 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 inform 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 submitting the report to the facility director. In interviews 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 residents they are entering the showering and toilet 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 barriers for residents to shower, use the toilet and dress in privacy.

115.215 (e): GEO policy 5.1.2-A, and facility policy 0906-1 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 Bureau of Prisons. 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.

115.215 (f): All employees of LRRC 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 an interview with security staff, revealed staff are receiving this training during pre-service and annually through on-line training.

	<p>There are showers curtains around the showers. There are partitions in the restrooms. The cameras were reviewed and did not have any cameras that would allow staff or visitors to see a resident unclothed.</p> <p>Compliance was determined by interviews with residents and facility staff and review of policies and practices.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <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 LRRC Policy 1702-1 PREA Intake and Orientation</p> <p>PREA Education Manual for Residents- English PREA Education Manual for Residents-Spanish</p> <p>PREA Education Manual for Residents- English (Large Print)</p> <p>PREA Education Manual for Residents- Spanish (Large Print)</p> <p>Photo of the Telecommunication Device for the Deaf (TDD)</p> <p>Resident Reporting Options Posters (English/Spanish)</p> <p>Language Line Contract</p> <p>Statement of Fact (No resident interpreters)</p> <p>Contract and invoice for Big Language Solution Master Services Contract</p> <p>115.216 (a): GEO and LRRC 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</p>

	<p>residents 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>115.215 (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 from being 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.</p> <p>115.215 (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 and monitors confirmed their awareness of the prohibition of using resident interpreters for PREA compliance functions.</p> <p>Intake staff indicated that when a resident arrives at the facility, they review his files received from BOP to determine if the resident has any disabilities that requires appropriate services in order for them to understand the center orientation and comprehensive training for all of the services at the center including PREA requirements. The facility has one resident that was disabled. He indicated he had no problems in reading and understanding PREA.</p> <p>Compliance of this standard was determined by review of policies, contracting agreement and interviews with intake staff, disable resident, and facility director.</p>
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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

LRRC Policy 0504-1 PREA Staffing and facility requirements.

GEO PREA Disclosure and Authorization Form

United States Department of Justice (USDOJ) Background Report Summary GEO Employee Performance Evaluation

New Hire Application

GEO Background Check on New Hires

Annual Performance Evaluation & Disclosure (PREA Questionnaire)

Promotion 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 LRRC. 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, LRRC is required by contract to submit applications for prospective hires to BOP for a background check including fingerprint cards for NCIC background checks. BOP forwards an email authorizing the facility to hire staff following their initial background check.

115.215 (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.

115.215 (c) The agency requires all applicants and employees who may have contact with residents to 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"

	<p>background check is conducted. If an applicant answers 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, seventeen (17) background checks were completed by Accurate and BOP.</p> <p>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.</p> <p>115.217 (e): Criminal background checks are conducted through Accurate every five years for employees and volunteers. The facility provided four five-year background checks at the auditor’s request.</p> <p>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).</p> <p>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.</p> <p>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. The interview with the Human Resources confirmed that upon receipt of a signed release form, GEO would provide information regarding substantiated allegations of sexual abuse and sexual harassment by a former employee.</p> <p>Exceed compliance was determined by the extensive background checks that are conducted independent of each other by the BOP and Accurate prior to offering employment. Also, all staff files reviewed had a yearly appraisal that included the PREA checklist as required by this standard. The human resources staff and facility director keep this yearly PREA checklist on all employees.</p>
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115.218	Upgrades to facilities and technology
	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>LRRRC Policy 0504-1 PREA Staffing and facility requirements.</p> <p>PREA Annual Facility Assessment for last three years.</p> <p>115.218 (a): The facility has not made any major modifications in the last three years.</p> <p>115.218 (b): The facility has an annual PREA assessment that includes needs for cameras and monitoring upgrades. There were no recommendations during the August 31, 2023 annual PREA assessment. There were additional enhancements made to the camera and mirrors to aid in eliminating blind spots in the center. The GEO Reentry Agency Head designee indicated that GEO has a Corporate Project Development Team at its corporate office, who works with operations staff whenever GEO is acquiring a new facility or expanding or modifying an existing facility to ensure that the PREA standards are considered and incorporated into the design and implementation decisions. The Director also stated that GEO constantly evaluates developments in monitoring technology to ensure that their facilities leverage available technology to enhance the safety of GEO facilities.</p> <p>The auditor interviewed the Facility Director, who confirmed that there were no modifications to the facility during the audit period. The Facility Director stated that monitoring technology is considered as part of the PREA Incident Review process as well as during the Annual Facility Assessment.</p> <p>Compliance was determined by review of the camera mapping program, review of camera placement, annual assessment and interviews with facility director and reentry agency head.</p>
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115.221	Evidence protocol and forensic medical examinations
	<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>Evidence Protocol and Forensic Medical Examination</p>

Corporate Policy: 5.1.2-E Investigating Allegations of Sexual Abuse Behavior and Evidence

Attempt to establish MOU with Bridge Over Troubled Waters

Agreement with Houston Women's Center (email and interview)

Email providing confirmation that the Harris Health Services at Ben Taub Hospital provide SANE services.

Texas Protocol for Collection of Evidence

LRRC Policy 0803-1 Sexually Abusive Behavior Prevention and Intervention Program (PREA)

115.221(a): GEO policy 5.1.2-E outlines the agency's requirements as it applies to this standard. Facility policy 0803-1 addresses the requirements of the facility in response to reports of recent sexual abuse allegations. The Leidel Residential Reentry Center has one trained facility investigators responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. BOP or Houston Police Department conducts all criminal investigations. The facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

115.221 (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. The protocol is appropriate for youth, where applicable, and 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. 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.

115.221 (c): Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. The facility has a MOU with Harris Health Services at Ben Taub Hospital provide SANE services.

In the past 12 months, there have been no residents who have required SANE exams. The auditor contacted the Ben Taub Hospital and confirmed that the hospital has trained staff available 24 hours per day to conduct SANE/SAFE exams on victims of sexual abuse from Leidel Residential Reentry Center, at no cost to the victim. The hospital indicated that there is always a trained SANE/SAFE available to conduct and exam and therefore there was no need for other qualified medical personnel to conduct exams. Leidel Residential Reentry Center had attempted to establish an MOU with several victim advocacy program. The Houston Area Women's Center provides services for victim advocates and emotional support. The program has

	<p>agreed to continue providing victim advocate and emotional support, however the program director indicated that United Way provides their programs and therefore are not allowed to sign an MOU. The auditor confirmed via telephone conversation with the Director that the Women’s Service would provide for a victim advocate to support Leidel Residential Reentry Center residents who are victims of sexual abuse, at no cost to the victim.</p> <p>115.221 (d): While Houston Area Women’s Service has indicated they would provide the services they would not sign an MOU. The center director has sent emails to victim advocate programs in Houston Texas to secure an MOU. Ben Taub Hospital staff that were interviewed indicated the hospital has a SART program that includes mental health staff and a victim advocate that they utilized for all SANE forensic examinations. The hospital was well aware of the Women’s Services and does use their services for victim advocates.</p> <p>115.221.(f): The facility has an agreement with the Houston Police Department to conduct all criminal investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfills all requirements of this standard.</p> <p>115.221(h) The facility has attempted to update an establish an MOU with a victim advocate program and Women’s Services has agreed to provide the services.</p> <p>The center is in compliance with this standard. Reviews of policies and MOU attempts and interviews including investigative staff, Ben Taub hospital and Women’s Services confirmed compliance with this standard</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Leidel Residential Reentry Center Pre-Audit Questionnaire (PAQ)</p> <p>GEO Corporate Policy #5.1.2-A, Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p>

GEO Policy #5.1.2-E, Sexually Abusive Behavior and Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

Leidel Residential Reentry Center Policy #0803-1 Sexual Abusive Behavior Prevention and Intervention Program

GEO website

Memo to file from Facility Director RE: PREA incident investigations)

Contracting Customer Mandates on Investigations

Memo of understanding with Houston Police Department

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 LRRC, BOP is notified of all allegations of sexual abuse and sexual harassment. BOP or Houston Police Department conduct all criminal investigations. Allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR).

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. 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>.

	<p>115.222 (c): GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior and GEO website provides the role and responsibility of staff in the investigative process. The center coordinated response also provides the facility's duties in the investigative process. Staff carry PREA cards that outline their duties in cases of sexual abuse allegation at the center. All staff were aware of their duties.</p> <p>The facility does have one investigator that conducts administrative investigations. During the last 12 months there were three Investigations completed at the center. There is one investigation that is ongoing. None of the allegations were criminal in nature.</p> <p>Based on review of the policy and interview with the facility director the center is in compliance with this standard.</p>
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115.231	Employee training
	<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>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>LRRC Policy 0504-1 PREA staffing and Facility Requirements</p> <p>PREA Staff Training Curriculum (In-Service/Pre-Service)</p> <p>PREA Staff Training Acknowledgement</p> <p>Random Training Acknowledgement</p> <p>115.231 (a): GEO mandates that all staff receive initial preservice training and annual in-service training that includes all aspects of the PREA training requirements. 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 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.
- Dynamics of sexual abuse and sexual harassment in confinement.
- Common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with 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

115.31 (a) 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.

115.231 (b): LRRRC houses adult male and female residents. The training provided is tailored to meet the needs of male and female residents.

115.231 (c): LRRRC 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% LRRRC staff received training during the last 12 months.

115.231 (d) LRRRC 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.

The center conducts training in staff meetings, shift briefings and training flyers on a regular basis. The facility provided samples of staff training. The auditor requested random training files for 10 randomly chosen training files, which were reviewed. All files contained pre-service and annual in-service training.

Based on the knowledge of the staff that were randomly interviewed and with staff

	<p>interviewed during the audits it was determined that the facility is in compliance with the expectations of this standard. All staff were able to explain in detail the training they receive referenced in the random staff questionnaire that is utilized by the PREA auditor.</p>
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115.232	Volunteer and contractor training
	<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>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>LRRC Policy 0504-1 PREA Staffing and Facility Requirements</p> <p>PREA Staff Training Curriculum (In-Service/Pre-Service)</p> <p>Volunteer and Contractor Training Curriculum</p> <p>PREA Staff Training Acknowledgement</p> <p>Statement of Fact</p> <p>115.232 (a): LRRC 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 outlines the requirements for PREA training for contractors and volunteers. This training includes their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. There were 6 volunteers and no contractors that provide services at the facility. The PREA compliance manager interview indicated the center has been authorized to restart the volunteer program.</p> <p>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>115.232 (c): The facility provided the acknowledgement statement that contractors and volunteers would be required to sign after receiving appropriate training.</p> <p>At the present time the center does not use contracting staff or volunteers.</p> <p>Compliance was determined by review of policy, training curriculum, interviews with</p>

	PREA compliance manager, and facility director. At the present time the facility has no volunteers and no contractors.
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115.233	Resident education
	Auditor Overall Determination: Exceeds 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-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>LRRC Policy: 1702-1 PREA intake and Orientation PREA Resident Education Manual (English/Spanish) Acknowledgement Receipt</p> <p>PREA Video Acknowledgement Receipt</p> <p>PREA Resident Reporting Options Posters (English/Spanish) PREA Resident Reporting Options Posters Large Print</p> <p>PREA Brochures</p> <p>Unannounced Round Interviews</p> <p>PREA Brochures</p> <p>115.233 (a): Based on GEO policy 5.1.2-A, and facility policy 2019-2 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. Residents 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 458 residents assigned to LRRC in the past 12 months and all residents assigned received PREA education. All residents 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 about the victim support agency. Residents again sign an acknowledgement that they received and understood the PREA training program.</p>

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 4 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 residents with a mental disability, staff shall spend extra time ensuring 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. Residents are provided with a PREA Education Manual for Residents and sign an Acknowledgement of Receipt of PREA Educational Manual form. As part of the center's Orientation, residents view the PREA: What You Need to Know video and sign an acknowledgement form acknowledging they have received required training on the Zero-Tolerance Policy, the Right to Report and Free Medical and Mental Health. During the onsite audit there was one resident that was disabled. He had no problems understanding PREA. In interview, he indicated he had been in BOP many years and could quote the video from the number of times he had watched it.

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.

115.233 (e): Ongoing PREA information is provided on posters, both in English and Spanish, prominently displayed in all resident rooms and in numerous other locations throughout the facility. This educational program doesn't stop at the orientation and comprehensive education program Case Managers have incorporated PREA standards in their groups and individual sessions with residents.

Due to the knowledge of residents interviewed and to the continuous reinforcement of PREA the facility was found to exceed the requirements of this standard. Further exceed was the diverse population that received the training and were able to articulate the training they had received.

115.234	Specialized training: Investigations
	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-E Investigating Allegations of Sexually Abusive Behavior (PREA)</p> <p>GEO Training Curriculum</p> <p>Certificates of Training</p> <p>115.234 (a): GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. There is one investigator at LRRC.</p> <p>115.234 (b): The GEO training programs include 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 database.</p> <p>Compliance was determined by reviewing training curriculum, interview with the facility director and investigator.</p>

115.235	Specialized training: Medical and mental health care
	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-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities Statement of Fact</p> <p>GEO policy 5.1.2-A states that the agency ensures that all full-time and part-time medical and mental health staff will be trained to detect signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and</p>

	<p>professionally to victims of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility does not have any full-time or part time medical or mental health staff. All medical and mental health services or provided off site at appropriate medical and mental health programs.</p> <p>In telephone interview with staff from Cross Creek Mental Health service, she indicated the provider receives specialized training on victims in a correctional setting.</p>
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115.241	Screening for risk of victimization and abusiveness
	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-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities LRRC Policy 1701-1 PREA Screening/admission Reentry Facility Screening Instrument PREA Vulnerability Reassessment PAQ</p> <p>115.241 (a): LRRC Policy 1701-1 requires that every resident shall be assessed during intake and upon transfer for their risk of being sexually abused by another resident in LRRC or being sexually abusive towards another individual (staff or resident) in LRRC. 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 presentence 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 LRRC. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 458 residents assigned to LRRC were assessed for their risk of victimization or abusiveness upon arrival.</p> <p>115.241 (b): Intake screening ordinarily takes place within 24 hours of residents' arrival at 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>

115.241 (c): Intake risk assessments are conducted by case managers using the Reentry Facilities PREA Risk Assessment, an objective screening tool.

115.241 (d): The Screening for Risk of Victimization and Abusiveness include the following:

- Whether the resident has a mental, physical, or developmental disability.
- The age of the resident.
- The physical build of the resident.
- Whether the resident has previously been incarcerated.
- Whether the residents' criminal history is exclusively nonviolent.
- Whether the resident has prior convictions for sex offenses against an adult or child.
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the resident has previously experienced sexual victimization.
- The resident's own perception of vulnerability

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.

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 511 residents were assigned to the facility for more than thirty day and 439 were reassessed for their risk of victimization and abusiveness within 30 days of arrival to the facility. In interview with the PREA compliance manager, the center had reviewed the past information and implemented a corrective action plan to ensure all rescreening occur within the first 30 days of arrival. A review of the present data base all residents that have been at the center for more than 30 days had received a vulnerability questionnaire within the set time limit.

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 the resident can request he be reassessed.

115.241 (i): LRRC Policy 1701-1 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. The PREA

	<p>Coordinator (Facility Director) confirmed that all resident screening and reassessment forms are secured in locked file cabinets inside of her locked office. 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.</p> <p>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 screening and reassessment as a tool to manage the safety of the resident at the facility.</p> <p>Based on review of this standard it was determined that his standard is in compliance with the standards expectations. The center utilizes trained staff that conduct the screening which includes an interview with residents about past history in other correctional facilities, review of residents specialized placement at the center for further programming.</p>
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115.242	Use of screening information
	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-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities L</p> <p>RRC Policy 1701-1 PREA Screening/admission</p> <p>Reentry Facility Screening Instrument</p> <p>PREA Vulnerability Reassessment</p> <p>Transgender Care Committee Summary</p> <p>Resident's Preference Form</p> <p>PAQ</p> <p>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</p>

residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. GEO policy and facility policy provides how the facility is to use the 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 is 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 being incarcerated, is provided a referral form and ask it they would like to talk to a mental health professional. According to policy, interviews and referrals, all referrals are within 14 days of arrival at the center.

115.242 (b): LRRC Policy 1701-1 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.

115.242 (c)(d): The PREA Compliance Manager also maintains 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 was one transgender residents at the center during the audit. There was 2 resident that indicated he was gay/lesbian during the intake. When interviewed they indicated that they have never been house in a housing unit based on his/her sexual orientation. There was one transgender resident interviewed. The

	<p>residents indicated she meet with the Transgender Care Committee the day she arrived at the center. The resident indicated that the committee discussed several housing options. She indicated she is housed on the male side at her request.</p> <p>115.242 (e): Transgender and intersex residents will be offered the opportunity to shower separately from other residents. In an interview with the Facility Director, he stated there would be certain times the resident could shower alone, at a time to be determined. Risk screening staff disclosed the use of a Search Preference Form that GEO uses to obtain input from transgender and intersex residents on their preference for the gender of staff conducting pat searches on them, their preference on showering separately from others and their preference on the pronouns staff should use when referring to them.</p> <p>115.242 (f): GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. During the site review, the auditor observed that there were no special housing areas identified for residents who were Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI).</p> <p>Compliance was determined by review of the housing matrix, at risk log, resident file reviewed and interviews with residents, PREA compliance manager and case managers.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<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) Resident Reporting Options Poster</p> <p>PREA Resident Education Manual (Resident Reporting Options)</p> <p>Acknowledgement Receipt</p> <p>LRRC Policy 1702-1 PREA Intake and Orientation</p> <p>LRRC Policy 0808-1 Abuse, Neglect and Exploitation (PREA) RAINNS hotline Employee Handbook</p>

Staff Reporting Option Posters DOJ Inservice Training

PREA Pre-Service Training

Houston Police Department

BOP RRM reporting

USPS reporting

RAINN reporting

Bridge over Troubled Water Crisis Services

Houston Area Women's Center reporting

GEO Staff Anonymous Reporting

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. If you do not feel comfortable informing a staff member in person or in writing, you or a third party can report anonymously.

Facility Reporting:

- Inform any Staff Member Immediately
- Contact the PREA Compliance Manager

If you do not feel comfortable informing a staff member in person or in writing, you or a third party can report anonymously.

External Reporting:

- Houston Police Department (Anonymous 24/7)

Additional Reporting Mechanisms:

- Bureau of Prisons RRM Office (BOP Resident Placements Only)
- US Probation Supervisor (USPO Placements Only)
- RAINN National Hotline Network (available 24/7 and confidential)
- Bridge over Troubled Water Crisis Services

	<ul style="list-style-type: none"> • Houston Area Women’s Center <p>The auditor contacted the Houston Police Department US Probation Supervisor, and RAINN National Hotline. RAINN 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 to speak with victim support staff. The BOP reentry number was called, and I asked to leave a message. The other calls were answered by staff that indicated they would take the report and forward it to the facility director and appropriate supervisor in their office. The call to the GEO hotline was answered by staff that offered to connect me with a member of the PREA coordinator staff.</p> <p>There are multiple posters located throughout the center for residents to review. These posters include other ways of reporting such as GEO cooperate office.</p> <p>The telephone numbers are located next to each telephone in the housing units. Residents are also allowed to possess a cell phone to call these numbers. None of the calls required a Pin number or required any form of payment to make the calls.</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 (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.</p> <p>Staff interviewed knew how to privately report sexual abuse and sexual harassment of residents.</p> <p>All residents interviewed were aware of the multiple ways to make reports of allegations of sexual abuse or sexual.</p> <p>Exceed compliance was determined by the many posters, multiple ways to make a report and interviews with the PREA compliance manager and facility director.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets 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

LRRC Policy 0805.1 Resident Grievance System

PREA Education Manual for Residents

Resident Handbook

PAQ

Statement of Fact

115.252 (a): GEO policy 5.1.2-A, Sexual Abuse Grievances section and LRRC 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.

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. Residents can send a grievance to the BOP Reentry Manager or to GEO cooperate PREA coordinator. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a resident on the grounds 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 the 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.

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/her behalf.

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. The grievance system does not include notification of a date when the decision will be made. The PAQ indicates the center will notify the resident of the date the date by which a decision will be made, however this addition is not codified and agency or center policy.

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 an 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.

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 an 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.

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.

There a grievance boxes located in each of the housing units. There are also grievance forms and PREA allegation forms located next to the grievance boxes. Residents are permitted to have writing utensils in their possession. Residents knew about the grievance's boxes, and several indicated they would file a grievance if they were sexually assaulted. The facility administrative staff review the grievance boxes on a daily basis. The PAQ indicated there was one allegation of sexual abuse or harassment. The facility director provided a statement of fact that there were no grievances of sexual abuse or harassment filed. A review of the Grievance Log need indicated there was a grievance for sexual abuse or harassment filed.

Compliance was determined by review of the policies, interview with the PREA compliance managers, residents, and presence of grievance forms and grievance boxes. It was recommended that the agency review and add the additional

	information of the date the grievance will be completed in the grievance policies.
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <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 Contract for Services</p> <p>Resident Orientation</p> <p>Acknowledgement of Receipt of Orientation</p> <p>Residents PREA Handbook</p> <p>MOU attempted with Bridge over Troubled Waters</p> <p>RAINNS National Victim Advocate Program</p> <p>PREA flyer Resident</p> <p>PREA Handbook</p> <p>Houston Area Women’s Center</p> <p>Cross Creek Mental Health</p> <p>Acknowledgement of Receipt of Handbook/Flyer</p> <p>PREA posters within the facility</p> <p>115.253 (a): 115.253 (a): GEO policy 5.1.2-A, The Leidel Residential Reentry Center enables reasonable communication between the residents and these agencies in a confidential manner.</p> <p>Residents are given the telephone numbers of RAINN National Hotline network where advocates are available 24 hours a day, seven days a week and the phone number and contact information to Bridge over Troubled Water in writing or by</p>

	<p>telephone. The Houston Area Women’s Center also provides emotional support for residents. This information is provided to residents in the PREA Education Manual for Residents and on the Resident Reporting Options posters displayed throughout the facility in both English and Spanish.</p> <p>115.253 (b): Residents are informed in the PREA Education Manual for Residents of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>115.253 (c): The center also provides the contact information for Cross Creek mental health program for services. The Dolan director indicated in interview that they take calls from residents and works with the center to interview and provide mental health counseling to residents that have history of victimization or are victimized while at the center.</p> <p>When interviewed, residents were aware of services available if they were a victim of sexual abuse. 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. The facility PREA compliance manager indicated he would arrange for the meeting or phone call from a private office that could be utilized by residents and victim emotional support staff.</p> <p>The auditor contacted the Houston Area Women’s Services and confirmed that Leidel Residential Reentry Center residents are eligible to receive services from the program, to include: 24-Hour Crisis Hotline, Counseling and Support Groups, Legal Advocacy, Medical Accompaniment and Advocacy without cost to the resident. The center also provides access to the Bridge over Troubled Water advocacy program. The center provided the facility residents with the telephone number and address. In interviews the center indicated they would provide emotional support and allow walk in or see residents by an appointment. There were no incidents of sexual abuse at the facility during this audit period therefore, there were no victims of sexual abuse available to interview. The facility has reached out to several victim advocate organizations to sign and MOU.</p> <p>Compliance was determined by interviews with two victim emotional support program. Emails confirming attempts to establish an MOU and interviews with the residents, PREA Compliance Manager and Facility Director.</p>
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115.254	Third party reporting
	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 Policy 5.1.2-A</p> <p>Third Party Posters</p> <p>Employee PREA cards</p> <p>GEO website</p> <p>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. 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 anonymously. Additionally, the information on the web site encourages third parties to report allegations to the facility director, and GEO Corporate PREA Coordinator. Outside parties can report verbally or in writing to the facility management also. 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.</p> <p>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>
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115.261	Staff and agency reporting duties
	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 Policy 5.1.2-A</p> <p>LRRC Policy 0803-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>PREA Cards</p> <p>Texas Vulnerable Persons Law</p> <p>PAQ</p>

	<p>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 to the Shift Supervisor, the PREA Compliance Manager, or facility executive staff. In interviews with random staff, they knew their reporting duties. Staff receive training on reporting allegations of sexual abuse or sexual harassment prior to be allowed to be in contact with residents. During the tour the auditor had informal conversations with staff and asked how they report allegations of sexual abuse, sexual harassment or retaliation for making a report. Several pulled their PREA card to read to me the exact method to report, while others indicated they would report to the PREA compliance manager or the Facility Director. All said they would stay with the resident until they reported and the PREA compliance manager, facility director or their supervise arrived at their location.</p> <p>115.261 (b): LRRRC Policy 0803-1 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>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 an interview with the PREA compliance manager, the facility doesn't presently house vulnerable residents. The PREA compliance manager was aware of the Texas vulnerable persons reporting responsibilities.</p> <p>115.261 (e): In interview with the facility director and his executive team, the LRRRC 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 Facility Investigator, PREA Coordinator, Reentry Services PREA Divisional Coordinator and to the client. There have been no reports by a vulnerable resident in the past 12 months.</p> <p>Compliance was determined by review of the policies, training curriculum and interviews with random staff, PREA compliance manager, facility investigator 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>
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115.262	Agency protection duties
	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-A</p> <p>LRRC Policy 0803-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>Customer Notification</p> <p>Statement of Fact</p> <p>115.262 (a): GEO Corporate Policy 5.1.2-A and GRRC Policy 0803-1 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>In interview with the facility director, as well as documentation provided on the Pre-Audit Questionnaire, there were no times during the past 12 months it was necessary for the facility to take immediate action in regard to a resident being in substantial risk of sexual abuse. The Facility Director reported he would take immediate action and ensure the resident was brought to a safe location. The alleged perpetrator would probably be moved offsite. Staff interviewed were aware of their responsibilities if they felt a resident was at risk of sexual abuse. There has been no incident when a resident was moved to another facility for sexual abuse or sexual harassment due substantial risk.</p> <p>Compliance was determined by review of policy and interviews with the GEO agency head, PREA coordinator, facility director, and random staff.</p>
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115.263	Reporting to other confinement facilities
	<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: GEO Corporate Policy 5.1.2-A</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>LRRC Policy 0803-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA)</p>

	<p>Copies of email from Leidel Center director to Warden of sending facility.</p> <p>PAQ</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 BOP and will document notification of an allegation of sexual abuse or sexual harassment and offer to provide whatever services needed during the investigative process. There was one allegation that was made when a youth arrived at the center. The facility director sent email to the facility warden and copied to the sending investigator at the warden's request. The Warden responded and indicated that the investigation was ongoing.</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>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <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 PREA</p> <p>First Responder Card</p> <p>Staff Training</p> <p>LRRC Policy 0803-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>PAQ</p> <p>115.264 (a): GEO Corporate Policy 5.1.2-A and staff training requires that correction</p>

staff that are the first responders of a sexual assault shall:

Separate the alleged victim and abuser,

Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim 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,

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.

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.

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.

115.264 (b): GEO Corporate Policy 5.1.2-A, LRRC Policy 0803-1 and staff training requires that non correctional staff at the center are still first responders if a resident tells them they have been sexual abuse or harassed and are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Interviews with security and non-security staff revealed that they knew the policy and procedures to follow if they were the first responder to an allegation of sexual abuse. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and physical evidence. 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 the 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 no allegations of sexual abuse that have been made in the last 12 months. In order to meet the required interviews of random staff, non-correctional staff were interviewed by the auditor. Each of these staff had PREA cards, had gone through annual training and were able to articulate their duties if a resident made an allegation of being sexual abused or harassed.

Compliance was determined by review of the policy and interviews with random staff, PREA compliance manager, agency head, PREA coordinator and facility director.

115.265	Coordinated response
	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</p> <p>LRRC Coordinated Response Plan</p> <p>115.265 (a): GEO Corporate Policy 5.1.2-A mandates that facilities have a coordinated response plan. LRRC 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 outlined below:</p> <p>Initial response</p> <p>Shift supervisors Responsibility Facility Crime Scene</p> <p>Notification required when a sexual abuse is alleged Evidence Protocol Medical Response</p> <p>Mental Health Response Investigative Responsibilities</p> <p>Responsibilities when sexual harassment is alleged.</p> <p>Each of the above responses includes but not limited to staff, contractors, victim advocates, Investigators (facility and HPD), facility director and GEO Coordinator.</p> <p>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, BOP, facility director, PREA compliance manager and local law enforcement.</p> <p>The PREA Compliance Manager and facility director are responsible for ensuring 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>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>GEP Corporate Policy 5.1.2-E Investigating Allegation of Sexual Abusive Behavior and Evidence Collection</p> <p>LRRC Policy 0803-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>Statement of Fact</p> <p>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. According to information provided for review, LRRC does not have a collective bargaining agreement.</p> <p>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>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. In an interview with the facility director, LRRC does not have a collective bargaining agreement at this time.</p> <p>Compliance was determined by review of policies and interviews with the agency head and facility director.</p>
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115.267	Agency protection against retaliation
	<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>LRRR Policy 0803-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>Protection from Retaliation Logs</p> <p>Statement of Fact</p> <p>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 as outlined in policy 5.1.2-A, and in facility policy 0803-1.</p> <p>115.267 (b): 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>115.267 (c): The PREA Compliance Manager or the Case Manager Supervisor are responsible for weekly monitoring of residents and monthly of staff who reported sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations for retaliation for at least 90 days and longer if there is a continuing need. Items that are monitored are resident disciplinary reports, house or program changes, or negative performance reviews or reassignment of staff.</p> <p>Monitoring is documented on the Protection from Retaliation Log - Reentry. Completed logs will be filed in the investigative file.</p> <p>115.267 (d): Monitoring of residents will also include periodic status checks.</p> <p>115.267 (e): If any resident or staff who cooperates with an investigation expresses fear of retaliation, the agency will respond appropriately to protect that individual from retaliation.</p> <p>115.267 (f): Retaliation monitoring will terminate if it is determined that the allegation was unfounded.</p> <p>At Leidel Residential Reentry Center monitoring extends to residents that make allegation of sexual harassment. The facility director indicated that he was part of the retaliation monitoring and met with the resident that made the allegation several times a week.</p> <p>In an interview with the PREA Compliance Manager, in the past 12 months, there was no retaliation that occurred. Retaliation logs were found filed in corresponding investigative files.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

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

GEO Corporate Policy 5.1.2-E- PREA Investigation Procedure

LRRC PREA Tracking Log

Notice of GEO Administrative PREA Investigation Template

PAQ

115.271 (a): GEO policy 5.1.2-E mandate an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at Leidel Residential Reentry Center. Investigations are conducted promptly, thoroughly and objectively, including third party and anonymous reports. The agency's policy on administrative and criminal investigations as outlined in GEO policy 5.1.2-E.

115.271 (b): The facility has one staff that has completed specialized training in the investigation of sexual abuse allegations.

115.271 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.271 (d): When the quality of evidence supports criminal prosecution, the LPD may conduct compelled interviews only after consulting with prosecutors.

115.271 (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.

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

115.271 (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.

115.271 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Criminal investigations are conducted by the Houston

	<p>Police Department or BOP. In the information provided on the Pre-Audit Questionnaire, in the past 12 months there was one allegation referred for criminal investigation. The allegation was for sexual abuse. The allegation was substantiated; however it has no final decision has been made by the client pursue prosecution.</p> <p>115.271 (i): Interviews with Facility Administrator and investigator confirmed that the present retention period is the agency retain all written reports referenced in 115.371 for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>115.271 (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>115.271 (k): Any state entity or Department of Justice component that conducts investigations shall do so pursuant to the above requirements.</p> <p>115.271 (l): When the 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, she 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 required.</p> <p>During the last 12 months there have been four allegations. One was for sexual abuse involving staff and resident that was substantiated. The client is pursuing criminal charges on this allegations. One allegation was voyeurism and was determined unsubstantiated and two allegation were for sexual harassment. One was determined unsubstantiated. The other allegation was made three weeks prior to the audit and is being investigated by sexual harassment.</p> <p>In an interview with facility investigators, he knew his responsibilities in the conduct of administrative investigations and referral of allegations for criminal investigations. Compliance was determined by review of investigative reports, and interviews with the facility investigator, facility director and agency head's designee.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives and documentation were reviewed in formulating compliance with this standard:

	<p>GEO Corporate Policy 5.1.2-E.</p> <p>Investigator training curriculum</p> <p>115.272 (a): GEO Policy # 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA) - Evidentiary standard for administrative investigations mandates facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Sexual Harassment are Substantiated. Based on interviews with the facility investigator, he indicated he makes a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all of the evidence which is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and in order to support a finding of child abuse or neglect by a Preponderance of Evidence. Investigator must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.</p> <p>Compliance of the standard was determined by reviewing the Policy, investigative report, and interview with the agency PREA coordinator and Facility investigators.</p>
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115.273	Reporting to residents
	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-E</p> <p>LRRC Policy 0803-1</p> <p>Notice of Outcome of Investigations</p> <p>115.273 (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. There was one notification to the victim that the staff that was involved in the incident had been removed from the program. There was one notification of unsubstantiated that provided the resident</p>

	<p>that made the allegation. The resident chose to refuse to sign receipt of the notification.</p> <p>115.273 (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>115.273 (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>115.273 (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>115.273 (e): All Notification of Outcome of Allegation or attempted notifications are documented and filed in the corresponding investigative file.</p> <p>115.273 (f): An agency's obligation to report under this standard shall terminate if the resident is released from GEO custody.</p> <p>Compliance was determined by review of the agency and facility policy and interviews with PREA compliance managers, investigator, PAQ, notification memo and facility director.</p>
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115.276	Disciplinary sanctions for staff
	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</p> <p>LRRC Policy 0803-1</p> <p>SOF Reports to Law Enforcement</p> <p>Employee Handbook</p>

	<p>15.276 (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): 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 an interview with the facility director and in information provided during the review of investigations in the past 12 months, one staff member resigned during an investigation which was considered a termination. There was one substantiated case 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 LRRC it was obvious that staff training includes setting appropriate boundaries with residents and providing an atmosphere that fosters respect and support for staff. The GEO Employee Handbook, provided to all staff explains the zero-tolerance policy for employees and the sanctions that would be imposed for violations of the policy. The yearly training includes how to establish boundaries, how to communicate with residents and how to work with other staff to establish a culture that fosters a safe environment for staff and residents. Residents interviewed discussed how they feel safe and supportive by staff.</p> <p>Compliance was determined by review of policies, staff training, interview with the PREA compliance manager and random staff.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <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>115.276 (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>115.276 (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 the center does not utilize contractors. 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 LRRC.</p> <p>Compliance was determined by review of the volunteer and contractor training and statement acknowledging of training. Also interviews with PREA compliance manager and facility director confirm compliance with this standard.</p>
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115.278	Disciplinary sanctions for residents
	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-E GEO Corporate Policy 5.1.2-A</p> <p>LRRC Policy 0803-1</p> <p>Statement of Fact</p> <p>Resident Handbook</p> <p>Posters located throughout the facility.</p> <p>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, the resident will be subject to formal disciplinary sanctions. Residents are made aware of sexual misconduct and the sanctions and disciplinary actions that will be taken in the Resident Handbook.</p> <p>115.276 (b): Sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history and the sanctions imposed</p>

	<p>for comparable offenses by other residents with similar histories.</p> <p>115.276 (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>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. In cases of sexual abuse, the client (BOP) 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. The services are available through the Cross Creek Mental Health; however, offenders are transferred to the facility for reentry programming. The client would have to approve placement in the outpatient program. In interviews with the Cross Creek Menta Health, the center has provided this service for residents housed at the Leidel Residential Reentry Center.</p> <p>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>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>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.</p> <p>In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there was no residents violating the sexual abuse and sexual harassment policy,</p> <p>Compliance was determined by review of policies, resident handbook, resident, PREA compliance manager and facility director interviews.</p>
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115.282	Access to emergency medical and mental health 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-E</p>

GEO Corporate Policy 5.1.2-A

LRRC Policy 0803-1

Cross Creek Mental Health

Letter Ben Taub RE: Availability of Care

Statement of Fact

Posters located Coordinated Response Plan

Victim Advocacy Posting English/ Spanish

Interview with Ben Taub Hospital

115.282 (a): GEO Corporate Policy 5.1.2-A, and LRRC 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. LRRC shall utilize local community facilities to provide emergency medical treatment and crisis intervention. Following a reported PREA allegations, a "Resident Referral Verification" form for referral to 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. Victims/ Abusers shall be transported to Ben Taub Hospital for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). All refusals of medical services shall be documented.

LRRC 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 the Cross Creek or Bridge over Troubled Water mental health.

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

	<p>evaluation of an alleged victim of sexual abuse.</p> <p>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 Ben Taub Hospital. Medical staff at the hospital indicated that is part of the SANE process and she would follow up when the resident returns to the facility or coordinate for the resident to return as an outpatient if required.</p> <p>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.</p> <p>Compliance was determined by review of the coordinated response plan, and agreement with the Ben Taub Hospital. 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.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	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-E</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>LRRC Policy 0803-1</p> <p>Ben Taub Hospital</p> <p>Cross Creek Mental Health Staff</p> <p>Bridge over Troubled Waters</p> <p>Houston Area Women’s Center</p> <p>Resident Handbook</p> <p>LRRC Policy 1702-1 PREA Screening/admission Reentry Facility Screening Instrument</p> <p>Mental Health Referral Form</p>

	<p>Facility Director Memo to File RE: No Residents on Treatment Plans GEO PREA Resident Education Manual for Residents</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 reports history of victimization or referred to the Cross Creek 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 residents are asked about past victimization and a referral for mental health services is completed at the time of the screening and rescreening. Residents may choose 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-A, 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): Medical and mental health services provided to residents is provided offsite. Forensic exams and other medical services are provided at Ben Taub Hospital and mental health services by referral to the Cross Creek or Bridge over Troubled Waters Mental Health or the Women’s Center for victim advocacy and emotional support.</p> <p>115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy test, Ben Taub Hospital staff indicated in interview that during SANE the staff and victim advocate will discuss with the victim the availability of medical services regarding pregnancy including Levonorgestrel medication and side effects.</p> <p>115.283 (e): If pregnancy results, the victim will receive timely and comprehensive information and timely access to all lawful pregnancy-related medical services.</p> <p>According to information provided by the PREA Compliance Manager and PAQ in the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.</p>
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115.286	Sexual abuse incident reviews
	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</p> <p>LRRC Policy 0803-1</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, 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 recommendations for improvement or document the reasons for not doing so. There was one allegation of sexual abuse or sexual harassment that have been closed in the last 30 days and no after action reported has been completed. There one after action report for May 2022 that was provided 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 2022 Annual Report</p> <p>LRRC 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 collect uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to utilize a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at 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 In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Compliance Manager is to ensure 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. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ.</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 the confinement of its 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 center also keeps a log of all investigative reports that are updated each day as required to determine the status of the investigations. The log contained all elements required by policy. The review of the log, agency website and interview with PREA compliance manager and PREA coordinator confirmed compliance with this standard.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

GEO Corporate PREA Procedure 5.1.2-A

GEO 2022 2021 Annual PREA Comparisons

Data Report

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.

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.

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>.

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.

GEO annual reports were reviewed. There were no recommendations for improvement in 2019-2022 when the last PREA audit was completed. The auditor reviewed GEO data from 2022 report. There was two allegation of staff on resident that was unsubstantiated and one allegations of Staff on resident abuse that was ongoing. It was found that in 2022 there were no allegation of sexual harassment that were substantiated.

This annual report is a comprehensive document that provides a Policy Summary (PREA), Operational Changes made to GEO facilities during the reporting year, PREA Audit and Certification information, Definitions used in the Report and the acronyms for Incident Types. The GEO Annual PREA Report provides the required data, however, the data is presented within the context of GEO's efforts to implement and support the National PREA Standards. The Analysis section compares the current year to previous year data and presents statistics in a clear format. The Report is posted on the GEO website after approval by the agency head who along with the PREA coordinator signs the annual reports.

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.
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115.289	Data storage, publication, and destruction
	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 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 and interview with GEO PREA coordinator.</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 2022 uploaded to 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
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO policy 5.1.2-C PREA Audit Postings</p>

	<p>GEO Website (www.geogroup.com)</p> <p>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 Department of Justice audits each facility at least once. LRRC latest audit was conducted in November 2020 by a DOJ Certified auditor. The prior audit was conducted in April 2017. The original audit was conducted in December 2014. This auditor’s recertification was effective through December 2024.</p> <p>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 second year of this cycle. According to GEO coordinator all facilities are scheduled to be audited during this cycle.</p> <p>115.401 (h): During the audit, I was allowed access to all areas of LRRC 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>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>115.401 (m): Prior to the onsite audit I interviewed the specialized staff. During the onsite audit I interviewed all staff on duty on the for the 36 hours of the on-site audit. I interviewed targeted residents and random sample of residents 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>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 of the Leidel Residential Reentry Center.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency maintains all PREA related Policies on its website including third party reporting, staff reporting, investigation of allegations and all previous PREA audits.

	<p>The initial PREA audit of Leidel Residential Reentry Center was conducted in December 2014 by a DOJ certified PREA auditor, The second audit was conducted in April 2017. The third audit was conducted in November 2020. 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>
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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	na

	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.)	
	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	yes

	staffing patterns?	
	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.)	yes
	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.)	yes
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,	yes

	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?	
	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	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.)	na
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	na

	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.)	
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.)	yes
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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
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).	na

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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
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	yes

	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)).	
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).)	yes
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	na

	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.)	
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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.)	no
	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	yes

	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.)	
	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	yes

	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.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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,	yes

	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?	
	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).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (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	Criminal and administrative agency investigations	

(h)		
	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).)	yes
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	yes

	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.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (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	yes

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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.)	yes
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	yes

	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.)	
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	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
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.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with 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	yes

	same manner as if they were communicating with legal counsel?	
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