

# PREA Facility Audit Report: Final

**Name of Facility:** Community Alternatives of the Black Hills

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/18/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert Manville	<b>Date of Signature:</b> 08/18/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Manville, Robert
<b>Email:</b>	robertmanville9@gmail.com
<b>Start Date of On-Site Audit:</b>	07/26/2022
<b>End Date of On-Site Audit:</b>	07/27/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Community Alternatives of the Black Hills
<b>Facility physical address:</b>	5031 Highway 79 , Rapid City , South Dakota - 57701
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Tessa LaHaie
<b>Email Address:</b>	tlahaie@geogroup.com
<b>Telephone Number:</b>	605-341-4240

Facility Director	
<b>Name:</b>	Tessa LaHaie
<b>Email Address:</b>	tlahaie@geogroup.com
<b>Telephone Number:</b>	605-341-4240

Facility PREA Compliance Manager	
<b>Name:</b>	Derek Schuster
<b>Email Address:</b>	deschuster@geogroup.com
<b>Telephone Number:</b>	O: 605-341-4240 1008
<b>Name:</b>	Tessa LaHaie
<b>Email Address:</b>	tlaHaie@geogroup.com
<b>Telephone Number:</b>	O: 605-241-4240 112

Facility Characteristics	
<b>Designed facility capacity:</b>	70
<b>Current population of facility:</b>	65
<b>Average daily population for the past 12 months:</b>	62
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-66
<b>Facility security levels/resident custody levels:</b>	minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	16
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	John Hardwick	<b>Email Address:</b>	johardwick@geogroup.com

**SUMMARY OF AUDIT FINDINGS**

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

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

**Number of standards exceeded:**

11

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.217 - Hiring and promotion decisions
- 115.221 - Evidence protocol and forensic medical examinations
- 115.231 - Employee training
- 115.233 - Resident education
- 115.241 - Screening for risk of victimization and abusiveness
- 115.242 - Use of screening information
- 115.253 - Resident access to outside confidential support services
- 115.278 - Disciplinary sanctions for residents
- 115.282 - Access to emergency medical and mental health services
- 115.283 - Ongoing medical and mental health care for sexual abuse victims and abusers

**Number of standards met:**

30

**Number of standards not met:**

0

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-07-26
2. End date of the onsite portion of the audit:	2022-07-27

### 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:	Women Against Violence Inc. Professional Mental Health Services Inc.

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	70
15. Average daily population for the past 12 months:	62
16. Number of inmate/resident/detainee housing units:	2
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:	40
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The center does not have a segregation unit.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
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:	16
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	16
54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	I interviewed residents from each of the housing units and assigned to the different programs at the center. I also interviewed residents that worked during the day.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>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).</b></p>	<p>Prior to the selection of residents the PREA compliance manager, facility director, employment specialist, classification supervisor and I review the Screening instrument and discussed each of the residents assigned to the program. The staff were extremely knowledgeable about each of the residents. The facility does not have a medical unit and as a general rule does not receive residents with any medical needs.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Prior to the selection of residents, the PREA compliance manager, facility director, employment specialist, classification supervisor and I review the Screening instrument and discussed each of the residents assigned to the program. The staff were extremely knowledgeable about each of the residents. The facility does not have a medical unit and as a general rule does not receive residents with any medical needs.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Prior to the selection of residents, the PREA compliance manager, facility director, employment specialist, classification supervisor and I review the Screening instrument and discussed each of the residents assigned to the program. The staff were extremely knowledgeable about each of the residents. The facility does not have a medical unit and as a general rule does not receive residents with any medical needs.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Prior to the selection of residents, the PREA compliance manager, facility director, employment specialist, classification supervisor and I review the Screening instrument and discussed each of the residents assigned to the program. The staff were extremely knowledgeable about each of the residents. The facility does not have a medical unit and as a general rule does not receive residents with any medical needs.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Prior to the selection of residents, the PREA compliance manager, facility director, employment specialist, classification supervisor and I review the Screening instrument and discussed each of the residents assigned to the program. The staff were extremely knowledgeable about each of the residents.</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Prior to the selection of residents, the PREA compliance manager, facility director, employment specialist, classification supervisor and I review the Screening instrument and discussed each of the residents assigned to the program. The staff were extremely knowledgeable about each of the residents. T</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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Prior to the selection of residents, the PREA compliance manager, facility director, employment specialist, classification supervisor and I review the Screening instrument and discussed each of the residents assigned to the program. The staff were extremely knowledgeable about each of the residents.
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:	1
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility does not have a segregation unit. One of the targeted population residents was bi-sexual and had a history of victimization. I only counted him as one of the resident interviews per the handbook, however, I did interview him about access to mental health and housing assignments. Therefore, the number I interviewed was two, however it appears to be three targeted residents.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
71. Enter the total number of RANDOM STAFF who were interviewed:	12

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>I interviewed all staff on duty during the two day I was at the center. This includes early morning for night shift and late evenings for second shift staff including case managers.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></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><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>7</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>The center does not have any volunteers or contractors at this time.</p>

**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.

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

<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>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).</b></p>	<p>During the site review, the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility Notices in English and Spanish provided to the facility during the Pre-Onsite Audit Phase were found displayed in various locations throughout the facility. PREA reporting information and other PREA posted information is in both English and Spanish and posted in all housing units and in numerous locations throughout the facility. Reminders of opposite gender announcements are stenciled near the entries of housing units. Intakes are completed in a private office with a private room for shakedown when residents arrive at the facility. The PREA compliance manager or case manager conducts the initial screening and go over the mission and expectation of the facility. The intake staff was able to walk through all steps that residents would go through during intake. The staff provided me with a resident handbook, a resident PREA handbook and a PREA brochure. The staff provided a copy of the acknowledgment sheet residents sign after they have received the PREA orientation and comprehensive education. The staff indicated that after the video, they use the pamphlet to read to each resident.</p> <p>During the site review, the auditor spoke informally to residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. Most residents were talkative and could articulate the agency policies about zero tolerance. Most of the residents came from</p>
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BOP and were aware of PREA policies and all had received an orientation while confined to BOP. When asked how staff would manage a resident that claims to be in imminent danger of sexual assault since there is no segregation unit, staff indicated they would stay with the resident and take him to a safe area. They would follow the protocol of not brushing his teeth, not taking a shower, not defecating, and would notify the shift supervisor. All showers have curtains for privacy. All toilets had partitions and walls in front of the toilet area. Residents stated they are not seen by staff when showering or using the restroom. The residents stated that staff announce their presence when entering their living unit and don't come in the area where they shower and use the toilet when that area is being utilized by residents. All residents interviewed stated they felt safe at the facility and were engaging with the auditor and staff accompanying the auditor. The facility director and supervisory staff were in the housing areas most of the time I was at the facility. All staff and residents knew each other's name.

The reporting option numbers were called to determine if the calls were accessible to reentrants. The number for the WAVI was dialed and found to be answered by a victim advocate. The number for the RAINN National Hotline Network (1-800-656-4673) was also dialed and was answered by a live person. When the option to call a victim advocate was chosen, a member of the WAVI program answered the telephone. The facility resident can also call BOP hotline. I called the number and was asked to leave a detail message of my call. I nor the center did not receive a call back from the hotline. After the audit I called the BOP Reentry program. They advised that the hotline does not return call when the Auditor calls to verify the number. However, when a resident calls the BOP reentry staff will call the Warden and the area Reentry office and copy an email to OIG.

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

CABH is a male and female facility. There is a door with a buzzer that separates the female and male population. The facility is ACA accredited and has undergone two previous PREA audits.

## Documentation Sampling

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

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

- Yes  
 No

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

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

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility has not had an allegation of sexual abuse or sexual harassment since 2019.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

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

<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility has not had an allegation of sexual abuse or sexual harassment since 2019.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The environment at the center provides residents with a feeling of safety. Interviews with residents and random conversations with residents during the tour and outside when come and going from the facility was extremely positive. Residents may have been overstating the PREA efforts at the center, however, based on no allegations in three years confirms that this is a safe facility.

## 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
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### 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## AUDITING ARRANGEMENTS AND COMPENSATION

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

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Corporate Policy: 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>Community Alternative of Black Hills (CABH) Policy 2019-1-PREA Staffing and Facility Requirements</p> <p>CABH Policy 2019 Policy 2019-6 Abuse, Neglect and Exploitation</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 preventing, detecting, and responding to sexual abuse and sexual harassment. The policy and practices provide a zero-tolerance for all forms of sexual abuse and sexual harassment. Residents are informed orally about the zero-tolerance policy and the PREA program during in processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the resident’s manual, and postings distributed throughout the center (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for residents who do not speak or read English. Both center staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The agency and center exceed the standards with all the programs they have implemented to ensure the residents and staff understand its position on zero- tolerance.</p> <p>115.211 (b): GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency’s organizational chart depicts his position within the agency. The PREA Coordinator oversees the agency’s efforts to comply with the PREA standards in all of GEO’s facilities. Within the GEO PREA coordinator office are additional staff that provides technical assistance to PREA compliance managers, conducts yearly PREA assessments for each facility, and provides quality control in reviewing all investigations, incident review reports and PREA audits. GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The GEO staff are instrumental in working with the local PREA compliance managers in carrying out the expectation of the agency to exceed the expectations of the National PREA standards. In addition to conducting yearly PREA assessments the staff work with the PREA auditors to assist the facility in gathering documents, developing corrective action plans and documenting plans.</p> <p>GEO ensures that all of its facilities have a PREA compliance manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility’s organizational chart illustrates PREA compliance manager’s position within the facility. At CABH the PREA compliance manager is the assistant director and reports directly to the facility director. GEO and facility policy outline the responsibilities of the PREA compliance Manager. The PREA compliance manager and facility director indicated they confers with GEO PREA coordinator’s representative for all PREA matters and involves the representative of the PREA coordinator’s office in making PREA related decisions. The facility director is extremely knowledgeable of PREA standards and assists the PREA compliance manager in carrying out the duties of the PREA compliance manager (PCM). The facility director interviews confirmed that the center meets on a regular basis to discuss facility’s efforts to comply with PREA and to develop a culture to maintain a Safe environment for staff and residents.</p> <p>All resident and staff interviewed knew the requirements to enforce and develop a culture to establish a facility that has a zero tolerance from sexual abuse, sexual harassment and a culture of holding each person and resident with the responsibility to maintain a safe environment. The center has monthly staff meetings and monthly resident meetings in which PREA is always a stable during these meetings.</p> <p>The facility exceeds expectations through the collaborative measures that operations, therapist, unit managers, PREA compliance manager, facility director and facility director that make CABH a sexual safe environment. The facility had developed best practices and utilizes the tools that are available through PREA to foster a sexual safe culture for staff and residents. This includes the screening instrument, rescreening instrument, videos that provide PREA orientation and training, and reviewing the standards on a regular basis to ensure all stakeholders are aware of the culture the facility has developed at the facility.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="244 329 1449 389">Corporate Policy: 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="244 421 1034 448">Not Applicable for GEO facilities Contract Statement of Work Statement of Fact</p> <p data-bbox="244 479 868 506">CABH Policy 1901-1-PREA Staffing and Facility Requirements</p> <p data-bbox="244 537 1493 629">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 data-bbox="244 660 1445 721">Compliance was determined by review of facility contract agreement and interviews with the GEO PREA coordinator and facility director.</p>

115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Corporate Policy: 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>CABH Policy 2019-1-PREA Staffing and Facility Requirements</p> <p>Approved Facility Staffing Plan</p> <p>Annual PREA Facility Assessment 9/23/2021</p> <p>PREA Unannounced Supervisor Round Log</p> <p>Security Staff Schedule Sample</p> <p>Facility diagram with cameras locations</p> <p>115.213 (a): The GEO Group has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The agency conducts a yearly assessment that includes review of staffing plans. A review of the staff plans for the last three years found that the staffing plan was revised in 2020 from 22 staff to 25 staff. The latest staffing assessment was in September 2021 and noted there were no additional staffing needs, or any additional camera's needs. The facility has not had an allegation of sexual abuse or sexual harassment in last audit cycle.</p> <p>115.213 (b): There were no deviations from the contractually approved staffing plan during the review period. The facility maintains the required two alert staff at all times. In the event of staff vacancies, callouts or PTO requests, the facility uses overtime as needed to ensure all shifts are covered in accordance with staffing plan.</p> <p>115.213 (c): GEO conducts an annual PREA facility assessment. PREA assessments for the last 3 years were reviewed by the auditor. The present staffing plan is based on 70 residents while the number of residents assigned to the facility during the audit was 40. The facility has a mandatory staffing plan that requires the center to provide over time, call in, and use of specialized staff to provide staff to meet the mandatory posts. All staff at the facility are provided training on providing direct care supervision of residents. The facility director indicated that per contract the facility must maintain a minimum of two staff awake and alert at all times. Unannounced random rounds by the facility supervisor staff during weekends and nights are conducted to insure the appropriate awake and alert staff are on duty at all times.</p> <p>During the tour of the facility, there were staff noted in the general areas wherever residents were located. The camera system provides additional support for providing supervision of the population. Random staff interviewed during the tour indicated they are required to be relieved from their post prior to leaving their assigned post. All residents interviewed indicated they felt safe at the facility. It was noted during the tour that a large number of the population were actively involved in educational or drug treatment programs. There were direct care staff assigned to each of the program areas.</p> <p>Compliance was determined by review of policies, documents viewed during the tour of the facility, review of the cameras and interviews with PREA compliance manger and facility director.</p>

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 387 1469 445">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 477 1481 504">CABH Policy 2019-4 Resident Searches, Viewing, and Contraband PREA Staff Training Curriculum (Pre-Service/In-Service)</p> <p data-bbox="242 535 932 562">PREA Staff Training Acknowledgements Random Staff Training Files</p> <p data-bbox="242 593 1477 719">115.215 (a): Based on review of GEO policy 5.1.2-A, and facility policy 2019-4, the agency and facility have policies in place regarding resident searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no cross-gender strip or visual body cavity searches conducted.</p> <p data-bbox="242 750 1458 1010">115.215 (b): CABH houses male and female residents. GEO policy 5.1.2-A, and facility policy 2019-4 clearly defines that transgender cannot be examined to determine their genital status. All staff interviewed acknowledge they had received training on cross gender pat down searches and were aware of the policy that forbids staff from examining a transgender person to determine their genital status. Local policy mandates that transgender residents will be offered a preference on gender to conduct pat down searches. The facility director indicated that the facility would not restrict access to programs due to a resident's gender. Female staff that were interviewed had never been search by a male staff member. The facility director indicated that the decision to house a transgender resident would be determined by the resident's preference and the overall security and safety of the resident population.</p> <p data-bbox="242 1041 1461 1099">115.215 (c): GEO policy 5.1.2-A, and facility policy 2019-4 mandate that all gross gender searches be documented. Based on interviews with PCM and PAQ there have been no cross-gender searches at the facility.</p> <p data-bbox="242 1131 1490 1525">115.215 (d): The agency and facility have policies and practices that allow residents to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Opposite gender staff are required to announce their presence when entering opposite-gender housing units or restroom areas. All residents are required to change their clothes in the resident bathroom area to ensure their privacy. Signs posted near the restroom area informs residents that the restroom is an authorized changing area. In the event a staff observes an opposite-gender resident for any reason, the staff member is responsible for making an immediate report of the incident and submit the report to the facility director. In interview with residents, they all feel they have privacy to shower, toilet, and change clothing when opposite gender staff are in their housing area. They also reported that staff do not come into the restrooms area of the other gender and all staff advise resident they are entering the showering and toile areas. All showers and toilets had curtains that allowed privacy for residents to shower. There are signs located in the front of each housing unit reminding staff to announce their presence when entering a housing unit. A review of the showering areas confirmed there were privacy for residents to shower, use the toilet and dress in privacy.</p> <p data-bbox="242 1556 1485 1816">115.215 (e): GEO policy 5.1.2-A, and facility policy 2019-4 clearly defines that transgender cannot be examined to determine their genital status. The center would determine the housing plan and genital status by interviews by medical professionals in consultation with 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. All female resident interviewed indicated they had never been unable to participate in normal activities due to lack of female staff to conduct pat searches.</p> <p data-bbox="242 1848 1461 2040">115.215 (f): All employees of CABH receive training on how to conduct cross-gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. The Guidance in Cross-Gender and Transgender Pat Searches lesson plan was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receiving and understanding the training provided. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually through on-line training. There were no transgender or intersex residents assigned to the facility during the on-site audit.</p> <p data-bbox="242 2072 1422 2130">There are showers curtains around the showers. There are partitions in the restrooms. Compliance was determined by interviews with residents, direct care staff and review of policies and practices.</p>

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></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>CABH Policy 2019-2 PREA Intake and Orientation PREA Education Manual for Residents- English PREA Education Manual for Residents- Spanish</p> <p>PREA Education Manual for Residents- English (Large Print) PREA Education Manual for Residents- Spanish (Large Print) Photo of the Telecommunication Device for the Deaf (TDD) Resident Reporting Options Posters (English/Spanish) Language Line Contract</p> <p>Statement of Fact (No resident interpreters)</p> <p>115.216 (a): GEO and CABH policies mandates that the facility shall not discriminate against residents with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy. Through policy and practice, the facility staff ensures that residents with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. There were no deaf or blind resident housed at the facility during this audit period. The facility has TTY telephone and hard of hearing telephones for residents. The PREA manual is provided in English and Spanish in Large Print. The facility staff that conduct PREA orientation and comprehensive education indicated that all orientation and comprehensive education is read to the residents, and they sign a statement acknowledging they understand the PREA program. The staff indicated that residents with learning disabilities are provided the same training program, however all of the training programs at the center are individualized and learning-disabled residents are provided training including reading documents. The facility has a Language Line Contract.</p> <p>115.216 (b): All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The facility has access to translation services for written access in other languages. Staff also may read information to residents when necessary. Agency and facility policies prohibit residents to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. All staff interviewed indicated they would utilize staff that were bilingual or the language line if staff were not available. There were no LEP residents at the facility during the audit.</p> <p>115.216 (c): The facility director provided a memo of record indicating that the center has not utilized resident interpreters, resident readers, or other types of resident assistants during this accreditation period. The use of residents under these circumstances must be justified and documented in a written investigative report. Staff interviewed knew residents were not to be used for these purposes. Interviews with first responders, and monitors confirmed their awareness of the prohibition of using resident interpreters for PREA compliance functions.</p> <p>Compliance of this standard by review of policies, contracting agreement and interviews with intake staff and facility director.</p>

115.217

**Hiring and promotion decisions**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

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

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

CABH Policy 2019-1 PREA Staffing and facility requirements New Hire Application

GEO Background Check on New Hires

Annual Performance Evaluation & Disclosure (PREA Questionnaire) Promotion PAF & Disclosure

Five Year Background Check

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

115.217 (a): All employees, contractors and volunteers have had criminal background checks completed prior to being employed by CABH. 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, CABH is required by contract to submit applications for FBOP Residential Reentry Office for background checks by US Department of Justice. The FBOP reentry office send an approval to hire to the facility human resources office prior to hiring new staff.

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

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

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

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

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

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

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

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

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 1473 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 421 1394 448">CABH Policy 2019-1 PREA Staffing and facility requirements PREA Annual Facility Assessment for last three years</p> <p data-bbox="242 479 1422 539">115.218 (a): The facility has not made any major modifications in the last three years. The facility did add two cameras during the last audit cycle based on an annual assessment in 2019.</p> <p data-bbox="242 571 1477 631">115.218 (b): The facility has an annual PREA assessment that includes needs for cameras and monitoring upgrades. There were no recommendations during the September 2021, annual PREA assessment.</p> <p data-bbox="242 663 1457 723">Compliance was determined by review of the camera mapping program, review of camera placement, and interviews with facility director.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

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

Evidence Protocol and Forensic Medical Examination

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

This Memorandum of Understanding Rapid City Police

CABH Policy 2019.6

PREA-Advocacy poster

MOU agreement with Working Against Violence

MOU agreement with Rapid City Mental Health Professionals

MOU with Monument Health Medical Center Rapid City

Interviews with Mental Health Professionals

Interview with Working Against Violence

115.221(a): Investigating PREA Allegations policies and MOUs establishes that the evidence protocol to be utilized in sexual assault cases involving residents to mirror the U.S. Department of Justice Office of Violence Against Women's "A National Protocol for Sexual Assault Medical Forensic Examinations for Adults/Adolescents." A victim of sexual abuse at CABH will be transported to Monument Health Medical Center shall also contact Working Against Violence

Inc. to provide a victim advocate accompany the victim to the hospital and support the victim.

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. (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols. Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. CABH conducts administrative investigations, and the Rapid City or BOP OIG investigate sexual abuse allegations that are criminal in nature. The MOU with Rapid City Police requires that the Police utilize a uniform protocol for investigations. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

115.221 (c): The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The facility does have a MOU with Working Against Violence Inc. The need for SANE or Sexual Assault Forensic Examiner (SAFE) for an investigation will be referred to the RSP, BOP OIG and Monument Health Medical Center. Staff at Monument Health Medical Center were interviewed and indicated the medical center has SANE staff on call 24 hours a day.

115.221 (d): The facility does have a MOU with Working Against Violence for victim advocacy services. This MOU includes advocacy services and emotional support services. The Victim's center director was contacted and provided a review of the program and services available to residents at CABH. The medical center staff interviewed by telephone verified that the hospital had SANE staff on duty and had a working relationship with Working Against Violence. A qualified victim advocate would accompany a resident for a SANEs and during the law enforcement investigations. The advocate program would continue to offer emotional support and crisis intervention. The Working Against Violence is a RAINNs program provider and would provide advocacy services for resident that were taken to Monument Health Medical Center. The agency was contacted and indicated they had offered the services and provided the facility with their hotline and signed a MOU. The MOU was provided to the auditor and was reviewed with the staff from the WAVI program. The facility has a MOU with Mental Health Professionals inc. to provide emotional support and mental health services for all of the residents at the center and would provide services at the medical center and after care services as required following a sexual assault.

Exceed compliance was determined by the MOUs the center has signed with victim advocates, mental health providers, and local law enforcement and interview with the providers and staff facility staff.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 863 356">5.1.2-E Investigating Allegations of Sexually Abusive Behavior</p> <p data-bbox="242 383 660 412">PREA Monthly Investigation Tracking Log</p> <p data-bbox="242 439 541 468">GEO Website (Investigations)</p> <p data-bbox="242 495 1161 524">CABH Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)</p> <p data-bbox="242 551 520 580">MOU with Rapid City Police</p> <p data-bbox="242 607 1493 775">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 CABH, BOP is notified of all allegations of sexual abuse and sexual harassment. Allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). In the past 12 months there was no allegations of staff-on-resident sexual abuse reported to BOP.</p> <p data-bbox="242 801 1466 1037">115.222 (b): GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior mandate that all allegations of sexual abuse will be investigated by an agency with criminal authority unless the allegation is not criminal in nature. The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the Monthly PREA Tracking Log. Interview with facility director confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>. GEO website provides the role and responsibility of staff in the investigative process.</p> <p data-bbox="242 1064 1477 1126">115.222 (c): The center coordinated response also provides the facilities duties in the investigative process. Staff carry PREA cards that outlined their duties in cases of a sexual abuse allegation at the center. All staff were aware of their duties.</p> <p data-bbox="242 1153 1473 1249">The facility does have two investigators that conducts all administrative investigations and refers criminal investigation to RSP and BOP OIG office. The BOP may conduct the investigation, or request RSP conduct the investigation that appear to be criminal in nature.</p> <p data-bbox="242 1276 1445 1339">Compliance was determined by review of the policy and interviews with direct care staff, facility director, investigator and PREA compliance manager.</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>

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

CABH Policy 2019-1 PREA staffing and Facility Requirements PREA Staff Training Curriculum (In-Service/Pre-Service)  
PREA Staff Training Acknowledgement

Random Training Acknowledgement

115.231 (a): All staff are provided an employee handbook that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the residents and preserving the possible crime scene. Training includes:

- 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

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. CABH is a therapeutic substance abuse program.

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

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

115.231 (d): CABH 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 administrative staff conduct unannounced PREA rounds. During the rounds staff are interviewed and asked to explain part of the training curriculum. The center conducts training in staff meetings, shift briefings and training flyers on a regular basis. The facility provided samples of staff training. The center has an all staff meeting monthly where PREA is one of the stable discussions on the agenda. The auditor requested random training files for 10 staff members, which were reviewed. All files contained pre-service and annual in-service training.

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

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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>CABH Policy 2019-1 PREA Staffing and Facility Requirements Sexually Abusive Behavior Prevention and Intervention Program Volunteer/Contractor Training Curriculum</p> <p>Statement of Fact</p> <p>115.232 (a): CABH ensures all volunteers who have contact with inmates are trained on their responsibilities under the agency and facility's sexual abuse and sexual harassment policies and procedures prior to their assignment and annually. GEO policy 5.1.2-A, outline the requirements for PREA training for contractor and volunteer. This training includes their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. There is no contractor for services at the facility.</p> <p>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. The center has seven (7) volunteers that have received training; however, BOP has not authorized Volunteers to resume providing Volunteers services at this time.</p> <p>115.232 (c): Policy mandate that all volunteer, and contractor files shall include background check and annual training acknowledgements.</p> <p>Compliance was determined by review of policy, training curriculum, training files and interviews with PREA compliance manager and facility director. At the present time the facility does not have any volunteers or contractors authorized to resume providing services for the residents.</p>

115.233	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>

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

CABH Policy: 2901.2 PREA intake and Orientation PREA Resident Education Manual (English/Spanish) Acknowledgement Receipt

PREA Video Acknowledgement Receipt

PREA Resident Reporting Options Posters (English/Spanish) PREA Resident Reporting Options Posters Large Print PREA Brochure

Unannounced Round Interviews

115.233 (a): Based on GEO policy 5.1.2-A, and facility policy 2901-2 Intake and Orientation, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In interview with the Case Managers who provides the PREA Education Manual for Residents to the residents and shows the PREA: What You Need to Know video. Resident are asked to sign an acknowledgement statement while they are still in the intake area. The Case Manager provides resident PREA education, during the intake process or the following morning. On information reported on the Pre-Audit Questionnaire, there were 252 residents assigned to CABH in the past 12 months and all residents assigned received PREA education. All resident interviewed indicated they saw a video when they first arrived at the facility and the PREA compliance manager went over the PREA handbook. During this training the PREA compliance manager provided information of the victim support agency. Residents again sign an acknowledgement that they received and understood the PREA training program.

115.233 (b): Residents who transfer to the facility from a different community confinement facility receive the same PREA education that all newly assigned residents receive. In the past 12 months, there were no residents who transferred to the facility from another community confinement facility,

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

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

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

Due to the knowledge of residents interviewed and to the continuous reinforcement of PREA the facility was found to exceed in the requirements of this standard. The facility does monthly PREA meetings with residents, daily unannounced rounds in which they are quizzed on PREA topics and informal discussions and training about Reporting and victim advocacy services. This information is shared with all residents, including residents that work outside of the center during normal working hours.

115.234	<b>Specialized training: Investigations</b>
	<p data-bbox="240 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 453 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 329 1118 358">Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)</p> <p data-bbox="240 387 632 416">GEO Training Curriculum Investigators</p> <p data-bbox="240 445 493 474">Certificate of Completion</p> <p data-bbox="240 504 424 533">Statement of Fact</p> <p data-bbox="240 562 1366 620">115.234 (a): GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. There are three investigators at CABH.</p> <p data-bbox="240 649 1473 745">115.234 (b): The GEO training programs includes Specialized training of Investigators. This training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution</p> <p data-bbox="240 775 1449 833">115.234 (c): GEO maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations on the GEO training data base. The facility has three trained investigators.</p> <p data-bbox="240 862 1406 920">Compliance was determined by reviewing training curriculum, interview with the facility director and statement of fact confirmed compliance with this standard.</p>

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

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 327 1473 387">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="240 416 1115 443">CABH Policy 2019-3 PREA Screening/admission Reentry Facility Screening Instrument</p> <p data-bbox="240 472 644 499">PREA Vulnerability Reassessment PAQ</p> <p data-bbox="240 528 1489 826">115.241 (a): CABH Policy 2019-3 requires that every resident shall be assessed during intake and upon transfer for their risk of being sexually abused by another resident in CABH or being sexually abusive towards another individual (staff or resident) in CABH. Intake risk screening shall ordinarily take place within 24 hours of arrival at the facility. A designated intake staff or case management staff will conduct all screening of prospective residents. Persons tasked with screening shall conduct a thorough review of any available records (i.e., medical files or pre-sentence investigation reports, etc.) which can assist them with the risk assessment. A review of resident files and interviews with residents, and interviews with the intake staff confirmed that all residents are assessed during intake and upon transfer for their risk of being sexually abused by another resident in CABH. On information provided on the Pre-Audit Questionnaire, in the past 12 months 250 residents assigned to CABH were assessed for their risk of victimization or abusiveness upon arrival.</p> <p data-bbox="240 855 1469 952">115.241 (b): Intake screening ordinarily takes place within 24 hours of residents' arrival to the facility. The facility meets this provision of the standard requirement of intake screening within 72 hours of arrival to the facility. In review of random resident files, intake screening is conducted within 48 hours of arrival to the facility.</p> <p data-bbox="240 981 1493 1041">115.241 (c): Intake risk assessments are conducted by the facility director, operations supervisor or case managers using the Reentry Facilities PREA Risk Assessment, an objective screening tool.</p> <p data-bbox="240 1070 1150 1097">115.241 (d): The Screening for Risk of Victimization and Abusiveness include the following:</p> <ul data-bbox="240 1126 1414 1615" style="list-style-type: none"> <li>· Whether the resident has a mental, physical, or developmental disability.</li> <li>· The age of the resident.</li> <li>· The physical build of the resident.</li> <li>· Whether the resident has previously been incarcerated.</li> <li>· Whether the residents' criminal history is exclusively nonviolent.</li> <li>· Whether the resident has prior convictions for sex offenses against an adult or child.</li> <li>· Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.</li> <li>· Whether the resident has previously experienced sexual victimization.</li> <li>· The resident's own perception of vulnerability; and</li> </ul> <p data-bbox="240 1644 1458 1740">115.241 (e): The screening includes the screener's thorough review of any available records available to assist with determining the resident's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.</p> <p data-bbox="240 1769 1489 1933">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 208 residents were assigned to the facility for more than 30 days, 208 were reassessed for their risk of victimization and abusiveness within 30 days of arrival to the facility. In review of random resident files, this process is in place.</p> <p data-bbox="240 1962 1442 2089">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. Out of the ten screening files, three had additional reassessment after resident had been at the facility more than 90 days.</p> <p data-bbox="240 2119 1474 2145">115.241 (i): CABH Policy 2019-3 addresses this standard. Sensitive information shall be limited to need-to know employees</p>

only for the purpose of treatment, programming, housing and security and management decisions. Only designated staff identified by the Facility Director shall have access to completed risk screening information which shall be maintained in a secure area of the facility. The facility director, PREA compliance manager and case managers have access to screening information.

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

Based on review of this standard it was determined that this standard exceeds expectations.

115.242	<b>Use of screening information</b>
	<p data-bbox="242 145 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1369 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 1473 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 416 820 445">CABH Policy 2019-3 PREA Screening/admission Reentry</p> <p data-bbox="242 472 539 501">Facility Screening Instrument</p> <p data-bbox="242 528 592 557">PREA Vulnerability Reassessment</p> <p data-bbox="242 584 596 613">Referral for Mental Health Services</p> <p data-bbox="242 640 363 669">At-Risk Log</p> <p data-bbox="242 696 585 725">MOU Mental Health Professionals</p> <p data-bbox="242 752 549 781">Transgender Preference Form</p> <p data-bbox="242 808 1484 981">115.242 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. GEO policy and facility policy explains the use of PREA screening information. When the risk assessment indicates the resident scores as a potential victim or abuser, it is reviewed by the Case Manager Supervisor and forwarded to the PREA compliance Manager to place the resident on the at-risk logs.</p> <p data-bbox="242 1008 1497 1202">The PREA Compliance Manager maintains a PREA At-Risk of being victimized log for residents who are identified as being potential victims, a PREA At-Risk for Abusiveness Log for residents who are identified from screening to be a potential abuser, and a PREA At- Risk of Being Victimized/Abusive log for residents who are identified as being a victim and abuser. The PREA Compliance Manager stated the logs are updated daily and reviewed weekly for accuracy. The at-risk logs current housing locations and will be used to assist in making housing placements per the Case Manager Supervisor and PREA Compliance Manger.</p> <p data-bbox="242 1229 1489 1462">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.</p> <p data-bbox="242 1489 1484 1655">Through staff interviews and review of resident files, it was determined that the facility addresses the needs of the resident consistent with the security and safety of the individual resident regarding housing. Residents that claim victimization or history of predator sexual behavior prior to coming to the center, including prior to be incarcerated is provided a referral form and ask if they would like to talk to a mental health professional. The center utilizes the Mental Health Professionals Inc. According to policy, interviews and referrals, all referrals are within 14 days of arrival at the center.</p> <p data-bbox="242 1682 1461 1848">115.242 (b): CABH Policy 2901-3 requires that screening information shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager maintains an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" is kept current and includes current housing locations. Each resident's screening is utilized along with interviews with the residents for placement on an individual basis.</p> <p data-bbox="242 1874 1463 2004">115.242 (c): The PREA Compliance Manager also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location to ensure LGBTI residents are not placed in housing units solely based on their identification as LGBTI. There were two LBGT residents at the facility during the audit. Each indicated they felt safe and had no concerns about possible victimization or intimidation at the facility.</p> <p data-bbox="242 2031 1457 2094">Exceed compliance was determined by review of the housing matrix, at risk log, resident file reviewed and interviews with PREA compliance manager and case managers.</p>

115.251	<b>Resident reporting</b>
	<p data-bbox="240 143 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 329">The following policies, directives and documentation were reviewed in formulating compliance with this standard. GEO 5.1.2-A</p> <p data-bbox="240 360 606 392">Employee Reporting Options Poster</p> <p data-bbox="240 421 1114 452">GEO Website (Staff and Third-Party Reporting Info) Resident Reporting Options Poster</p> <p data-bbox="240 481 1158 512">PREA Resident Education Manual (Resident Reporting Options) Acknowledgement Receipt</p> <p data-bbox="240 542 746 573">CABH Policy 2019-2 PREA Intake and Orientation</p> <p data-bbox="240 602 1023 633">CABH Policy 2019-6 Abuse, Neglect and Exploitation (PREA) RAINNS hotline</p> <p data-bbox="240 663 1497 880">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.</p> <p data-bbox="240 909 1465 940">If you do not feel comfortable informing a staff member in person or in writing, you or a third party can report anonymously.</p> <ul data-bbox="240 969 900 1111" style="list-style-type: none"> <li>· RAINN National Advocacy Hotline:</li> <li>· Women Against Violence Inc.</li> <li>· BOP Reentry Report line (not manned during the day)</li> </ul> <p data-bbox="240 1140 1474 1366">The auditor contacted the RAINN National Hotline, the Women Against Violence Inc and the BOP Reentry report line. Each number were operational and did not require a PIN to make a report. One was to report an allegation as a third party or second to refer in the case of RAINN to an area Victim Advocate program and in the case, it was to the Women Against Violence. I spoke with a victim support staff and asked her how you would report if it came from RAINN. She indicated she would report as she would if it came directly to the center which would be to the facility director or local law enforcement if it was an allegation of sexual abuse. The BOP Reentry Staff indicated they would report to the BOP Reentry Regional Office and OIG.</p> <p data-bbox="240 1395 1481 1456">There are multiple posters located throughout the center for resident to review. These poster include other ways of reporting including to the GEO cooperate office.</p> <p data-bbox="240 1485 1481 1682">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 data-bbox="240 1711 1469 1937">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 (<a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>. Third-Party Reporting posters and the Employee Handbook informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of residents. All resident interviewed were aware of the multiple ways to make reports of allegations of sexual abuse or sexual.</p> <p data-bbox="240 1966 1490 2027">Compliance was determined by the testing of telephone, review of the many posters, and interviews with the victim advocate, PREA compliance manger, PREA Coordinator, staff and residents.</p>

115.252	<b>Exhaustion of administrative remedies</b>
	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

CABH Policy 2019-5-- Resident Grievance System PREA Education Manual for Residents

Resident Handbook PAQ

115.252 (a): GEO policy 5.1.2-A, Sexual Abuse Grievances section and CABH 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. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no grievances filed alleging sexual abuse.

115.252 (c): Based on agency and facility policies, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Residents may submit grievances to the facility director or to GEO's PREA coordinator. If a third-party file a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.

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.

115.252 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

115.252 (f): Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Information on the procedure for residents to file emergency grievances is found in GEO policy 5.1.2-A. After receiving an emergency grievance of this nature, the facility director or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

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.

Grievance or information boxes are in each of the housing units and grievance forms were readily available next to the box. Posters throughout the center included reporting by residents or third party through the use of the grievance system. All residents interviewed during touring the facility were aware of the grievance system, where the forms or located and how to complete a grievance form. Two of the residents were not aware family could file a grievance on their behalf. None of the resident had filed a grievance at this facility for any reason. The grievance officer checks the grievance box daily and logs the time the box is checked.

Compliance was determined by review of the policies, interview with the PREA compliance managers, residents, and presence of grievance forms and grievance boxes.

115.253	<b>Resident access to outside confidential support services</b>
	<p data-bbox="242 145 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1364 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 550 356">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 383 454 412">Contract for Services</p> <p data-bbox="242 439 574 468">Resident Orientation PowerPoint</p> <p data-bbox="242 495 678 524">Acknowledgement of Receipt of Orientation</p> <p data-bbox="242 551 518 580">Residents PREA Handbook</p> <p data-bbox="242 607 359 636">PREA flyer</p> <p data-bbox="242 663 510 692">Resident PREA Handbook</p> <p data-bbox="242 719 726 748">MOU with Women Against Violence Inc. (WAVI)</p> <p data-bbox="242 775 1204 804">MOU with Professional Mental Health Services Acknowledgement of Receipt of Handbook/Flyer</p> <p data-bbox="242 831 1476 936">115.253 (a): GEO Corporate Policy 5.1.2-A addresses the agency/facility's policies on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. The Woman's Resource Center and CABH enables reasonable communication between the residents and the Resource Center in a confidential manner.</p> <p data-bbox="242 963 1492 1361">115.253 (b): CABH has a MOU with WAVI and Professional Mental Health Services for emotional support. The information is posted on the resident bulletin board. The resident handbook contains the telephone number and address of the victim crisis center and the mental health providers which would provide emotional support. Residents are informed as part of their orientation process that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. Telephone calls to the advocacy group are not routinely monitored but will be reviewed if there is suspected misuse of the service. Resident are allowed to have cell phone and are able to make calls from their cell phones. Residents PREA Handbook provides a phone number of the advocacy program. The facility also provides a telephone number and address of RAINN a national victim advocate and emotional support network. They indicated that they would provide the service free of charge for the resident population. If requested, they would set up a time for the residents to have a private consultation with one of their trained staff. The facility PREA compliance manager indicated he would arrange for the meeting or phone call and showed the auditor private offices that could be utilized by residents and victim emotional support staff.</p> <p data-bbox="242 1388 1476 1621">The auditor called the WAVI phone and spoke briefly with the staff answering the call. She offered to transfer the call to one of the center's emotional staff. I also call RAINN and requested to talk to emotional support staff. The call was transferred to the same staff at WAVI. Later I interviewed the director of the program and discussed how resident would be able to contact the center for services. She indicated the center has their phone and address posted throughout the center and they always have staff available. She had visited the facility prior to the pandemic and the center was offering indicated that WAVI works with the Professional Mental Health Services in providing services to the Rapid City area through a community outreach program.</p> <p data-bbox="242 1648 1476 1753">115.253 (c): CABH utilizes Monument Rapid City Medical Center to provide emergency medical services and SAFE/SANE examinations. Staff at the hospital indicated the hospital has a SART team that includes and emotional support network if a resident is sexually assaulted.</p> <p data-bbox="242 1780 1428 1839">Compliance was determined by review of the handbook, and interviews with staff at Woman's Against Violence and the facility PREA compliance manager.</p>

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="244 329 440 356">GEO Policy 5.1.2-A</p> <p data-bbox="244 387 675 414">Third Party Posters Employee PREA cards</p> <p data-bbox="244 445 379 472">GEO website</p> <p data-bbox="244 504 448 530">Memo for the record</p> <p data-bbox="244 562 1458 685">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. There are posting in each living area, main entrance to the center, visiting area, and staff bulletin board.</p> <p data-bbox="244 716 1490 943">The method for third party reporting procedures is made available on the GEO website at <a href="http://www.geogroup.com/prea">http://www.geogroup.com/prea</a> and on Third Party Reporting posters posted in areas visible to visitors and staff. Third-party reports can be made in person, in writing and may be made anonymous. Additionally, the information on the web site encourages third parties to report allegations to the facility director, and GEO PREA coordinator. Outside parties can report verbally or in writing to the facility management also. The auditor called the GEO hotline and spoke with a member of the PREA Coordinator's office. She explained that she would notify the facility director, the regional director and the GEO coordinator of any reports that she would receive from a resident. She indicated she would document this in an email to the above staff.</p> <p data-bbox="244 974 1474 1070">In interview with the PREA compliance manager, during the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party. Residents and staff interviewed were aware of this method of reporting and their requirements to notify and investigate all allegations of sexual abuse or sexual harassment.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard: GEO Corporate Policy 5.1.2-A</p> <p>CABH Policy 2019—6 Neglect, Abuse and Exportation</p> <p>Anonymous Reporting</p> <p>Third Party Reporting Posters</p> <p>PREA Cards</p> <p>South Dakota 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 the Shift Supervisor, the PREA Compliance Manager, or facility executive staff. In interview with random staff, they knew their reporting duties. staff, contractors, volunteer, interns receive training on reporting allegations of sexual abuse or sexual harassment prior to be allowed to be in contact with residents.</p> <p>115.261 (b): CABH Policy 2019-6 and training mandates that apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff interviewed knew this information is to be kept confidential and knew whom to report allegations.</p> <p>115.261 (c)(d): The facility does not have medical or mental health staff. The facility does not house residents under the age of 18. Based on interview with the PREA compliance manager, the facility doesn't presently house vulnerable residents. The PREA compliance manager was aware of the South Dakota vulnerable persons reporting responsibilities.</p> <p>115.261 (e): In interview with the facility director and his executive team, the CABH reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports that all allegations of sexual abuse will be investigated by an agency with criminal authority unless the allegation is not criminal in nature. All allegations of sexual abuse and sexual harassment by staff and residents are referred to the PREA Coordinator, Reentry Services PREA Divisional Coordinator and to the client. There have been no reports of a vulnerable resident in the past 12 months. There were two reports of staff on resident that was non-criminal.</p> <p>Compliance was determined by review of the policies, training curriculum and interviews with random staff, PREA compliance manager, and facility director. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contracts report all allegation, suspicions or sexual abuse sexual harassment or retaliation as outline in this standard.</p>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 547 356">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 387 772 414">CABH Policy 2019-6 Neglect, Abuse and Exportation</p> <p data-bbox="242 445 459 472">Customer Notification</p> <p data-bbox="242 504 424 530">Statement of Fact</p> <p data-bbox="242 562 1469 687">115.262 (a): GEO Corporate Policy 5.1.2-A and CABH Policy 2019-6 mandates when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive, and nonjudgmental.</p> <p data-bbox="242 719 1485 978">The PAQ indicated in the past 12 months there were no times it was necessary for the facility to take immediate action regarding a resident being in substantial risk of sexual abuse. The facility director stated that if it was suspected a resident was at substantial risk of sexual abuse, he would immediately move the resident and investigate. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse. Random staff and shift supervisor indicated the resident that was in imminent danger would be separated from the accuser and would be moved a safe area until it could be investigated and determine if the resident can be placed in another dormitory, if the staff needed to be placed on administrative leave, if the predator needed to be moved off the campus or if the victim needed to be moved pending the investigation. The facility director indicated this decision would be made in concert with BOP.</p> <p data-bbox="242 1010 1417 1068">There has been no incident when a resident was moved to another facility for sexual abuse or sexual harassment due substantial risk.</p> <p data-bbox="242 1099 1414 1158">Compliance was determined by review of policy and interviews with the GEO agency head, PREA coordinator, facility director, and random staff.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="229 318 1509 380">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="229 380 1509 443">PAQ</p> <p data-bbox="229 443 1509 506">Statement of Fact</p> <p data-bbox="229 506 1509 685">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 data-bbox="229 685 1509 842">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 Reentry Office and will document notification of an allegation of sexual abuse or sexual harassment and offer to provide whatever services needed during the investigative process.</p> <p data-bbox="229 842 1509 931">According to the PAQ and statement of fact there have been no allegation of resident being sexually abused while confined at another facility. There was no allegation that a resident was sexually abused while at CABH reported from another facility.</p> <p data-bbox="229 931 1509 1014">Compliance was determined by review of the policy and interviews with intake staff, PREA compliance manager, agency head, PREA coordinator and facility director.</p>

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 547 353">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 383 667 409">PREA First Responder Card Staff Training</p> <p data-bbox="242 439 772 465">CABH Policy 2019-6 Neglect, Abuse and Exportation</p> <p data-bbox="242 495 293 521">PAQ</p> <p data-bbox="242 551 1461 613">115.264 (a): GEO Corporate Policy 5.1.2-A and staff training requires that correction staff that are the first responders of a sexual assault shall:</p> <p data-bbox="242 642 639 669">Separate the alleged victim and abuser,</p> <p data-bbox="242 698 1490 828">Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence,</p> <p data-bbox="242 857 1477 952">Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.</p> <p data-bbox="242 981 1447 1043">Notify the shift supervisor by telephone or in person and tell only those staff need to know in assisting you in carrying out these responsibilities.</p> <p data-bbox="242 1072 1485 1202">Staff are issued a card that includes steps to take as first responders. All random staff were able to articulate their responsibilities and have received training on preserving and protecting the crime scene. All staff at the center have contact with residents on a regular basis. As part of the staff interviews all staff at the center was interviewed during the 36 hours the auditor was conducting on-site audit. All indicated they would carry out the duties detailed in standard 115.264.</p> <p data-bbox="242 1232 1481 1326">115.264 (b): GEO Corporate Policy 5.1.2-A, CABH Policy 2019-6 and staff training requires that non correctional staff that are first responders are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p data-bbox="242 1355 1497 1516">Several of the staff interviewed as random staff are non-correctional first responder such as case managers. Like many Community Correctional Centers, all staff receive the same basic PREA training and yearly in-service training and understand their role in case of first responders. Staff knew their duties and reported they received the training during yearly in service and on reminder training that is sent out by the PREA compliance managers from time to time. There have been no allegations of sexual abuse that has been made in the last 12 months.</p> <p data-bbox="242 1545 1396 1572">Compliance was determined by review of the policies and training and interview with all staff assigned to the facility.</p>

115.265	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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>CABH Coordinated Response Plan</p> <p>PAQ</p> <p>115.265 (a): GEO Corporate Policy 5.1.2-A mandates that facilities have a coordinated response plan. CABH Coordinated Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made.</p> <p>The Coordinated Response Plan includes action required after report of sexual abuse</p> <p>Initial response</p> <p>Shift supervisors Responsibility Facility Crime Scene</p> <p>Notification required when a sexual abuse is alleged Evidence Protocol</p> <p>Medical Response Mental Health Response</p> <p>Investigative Responsibilities</p> <p>Responsibilities when sexual harassment is alleged Responsibilities when sexual activity is alleged</p> <p>Each of the above responses includes but not limited to staff, contractors, victim advocates, SANE staff, investigators, Rapid City Police Department, 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, Rapid City police and BOP Reentry Regional Office. The PREA Compliance Manager, and facility director are responsible to ensure compliance to the plan.</p> <p>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	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></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 CABH Policy 2019-6 Neglect, Abuse and Exportation</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. On information provided for review, CABH 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.</p>

115.267	<b>Agency protection against retaliation</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 547 356">GEO Corporate Policy 5.1.2-E</p> <p data-bbox="242 383 451 412">CABH Policy 2019-6</p> <p data-bbox="242 439 564 468">Protection from Retaliation Logs</p> <p data-bbox="242 495 424 524">Statement of Fact</p> <p data-bbox="242 557 1484 685">115.267 (a): GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The policy provides procedures to protect individual in GEO facilities. The PREA compliance manager has been appointed with the responsibility to carry out these procedures. At CABH, the facility director is the Retaliation Monitor.</p> <p data-bbox="242 712 1497 898">115.267 (b): The GEO procedure states the agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.</p> <p data-bbox="242 925 1489 1090">115.267 (c): Residents who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of residents is documented on the Protection from Retaliation Log. There was a blank log reviewed by the auditor.</p> <p data-bbox="242 1117 1477 1216">115.267 (d): GEO procedure also requires Monitoring of residents includes periodic status checks. The PREA compliance manager was interviewed and indicated he reviews the monitoring logs on the data base on an ongoing basis and randomly will see the resident during tour to check on his status.</p> <p data-bbox="242 1243 1469 1341">115.267 (e): Retaliation monitoring may be terminated if it is determined that the allegation was unfounded. The Retaliation monitor indicated while the official monitoring would officially end, he would continue to check on the resident for retaliation for making a report.</p> <p data-bbox="242 1368 1490 1467">In interview with the PREA Compliance Manager and the Human Resource Manager and information provided on the Preaudit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred. There was no resident that was monitored for retaliation. There was no allegation of sexual abuse.</p> <p data-bbox="242 1494 1445 1554">Compliance was determined by review of the monitoring log form, agency policy and procedures, and interviews with the retaliation monitor, agency head, and facility director.</p>

115.271	<b>Criminal and administrative agency investigations</b>
	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

CABH PREA Tracking Log

Attachment B-Notice of GEO Administrative PREA Investigation Template Notification of Investigations

PAQ

115.71 (a): GEO Corporate Policy 5.1.2-E requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the CABH, promptly, thoroughly, and objectively, including third party and anonymous reports. All allegation of sexual abuse or sexual harassment or immediately referred to BOP Reentry for determination of appropriate staff to conduct the investigations. Criminal investigations are transferred to BOP and Rapid City Police. CABH conducts non-criminal administrative investigations.

115.71 (b): The facility has three trained investigators and facility investigators have completed specialized training in the investigation of sexual abuse allegations. The facility provided documentation of completion of specialized investigative training completed by facility investigators.

115.71 (c): It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

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

115.71 (e): The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination.

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

115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports from the RCP. Allegations are tracked on the PREA Tracking Log.

115.71 (h): Substantiated allegations of conduct that appears to be criminal shall be referred to RCP for investigation and criminal prosecution. On information reported on the Pre-Audit Questionnaire and in interview with facility director, since the last PREA audit there no allegations of sexual abuse referred for prosecution. Criminal investigations are conducted by the RCPD or BOP office of inspector general. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for investigation. There was no case that has been referred for criminal investigation since the last 12 months.

115.71 (i): The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j): The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation

115.71 (l): When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, he reported that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required. GEO has developed a template for monthly request from Law Enforcement that are conducting investigations to obtain information on the investigations and to aid as requested.

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

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

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

115.273	<b>Reporting to residents</b>
	<p data-bbox="242 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1423 331">The following policies, directives and documentation were reviewed in formulating compliance with this standard: GEO Corporate Policy 5.1.2-E</p> <p data-bbox="242 360 451 389">CABH Policy 2019-6</p> <p data-bbox="242 477 660 506">Notice of Outcome of Investigations Form</p> <p data-bbox="242 591 293 620">PAQ</p> <p data-bbox="242 649 1477 808">115.73 (a): GEO policy 5.1.2-E and investigator interview indicate that following an investigation of sexual abuse of a resident, the resident shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The resident receives a copy of the form, and a copy is forwarded to the PREA Coordinator office.</p> <p data-bbox="242 840 1442 900">115.73 (b): According to policy and PREA compliance manager if the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident.</p> <p data-bbox="242 931 1485 1090">115.73 (c): GEO policy requires following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation. The resident is to be informed if the staff member is no longer posted within the resident's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="242 1122 1489 1218">115.73 (d): GEO policy and procedure requires following a resident's allegation that he has been sexually abused by another resident, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="242 1249 1485 1310">115.73 (e): All Notification of Outcome of Allegation or attempted notifications are documented and filed in the corresponding investigative file. There were no notifications during the last 12 months.</p> <p data-bbox="242 1341 1445 1402">Compliance was determined by review of the agency and facility policy and interviews with PREA compliance managers, investigator, PAQ and facility director.</p>

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1422 331">The following policies, directives and documentation were reviewed in formulating compliance with this standard: GEO Corporate Policy 5.1.2-A</p> <p data-bbox="240 360 660 389">Employee Handbook Staff Discipline SOF</p> <p data-bbox="240 418 580 448">Reports to Law Enforcement SOF</p> <p data-bbox="240 477 1490 537">115.276 (a): GEO Corporate Policy 5.1.2-A establishes the standard that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy.</p> <p data-bbox="240 566 1469 627">115.276 (b): Based on GEO policy termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="240 656 1490 786">115.276 (c): Based on GEO policy, facility director and human resources staff disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than 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 data-bbox="240 815 1474 875">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 data-bbox="240 904 1469 1066">In interview with the facility director and in information provided on the Pre-Audit Questionnaire, in the past 12 months, no staff member was terminated or received any adverse action due regarding a PREA violation. There were no substantiated cases of staff-on-resident sexual abuse. Staff training includes personnel policies involving violation of PREA standards or having any sexual activity with residents. In interviews with staff at CABH it was obvious that staff training includes setting appropriate boundaries with residents and to provide an atmosphere that foster respect and support to staff.</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Statement of Fact</p> <p>115.277 (a): Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. Any contractor or volunteer who engages in sexual abuse even though it was not criminal will be reported to professional licensing/certifying bodies.</p> <p>115.277 (b): In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with residents.</p> <p>At the present time the center does not utilize contractor or volunteers. During this audit cycle, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at CABH. Compliance was determined by review of the volunteer and contractor training and statement acknowledging violation of PREA standards from other GEO Group centers.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></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>Statement of Fact Resident Handbook</p> <p>Posters located throughout the facility</p> <p>The facility has developed a culture that residents discipline themselves on establishing safe boundaries, reminding each other of PREA zero tolerances of sexual abuse and sexual harassment. Residents that were formally interviewed and resident that were informally interview during the tour and as they were coming and going from the facility shared with the auditor the culture of making sure each resident shares the responsibility to assist other residents in making the transition from prison to society.</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, either through administrative or criminal investigations, the resident will be subject to formal disciplinary sanctions. The Resident Program Handbook outlines violations a resident will be disciplined for and the sanctions to be imposed.</p> <p>115.278 (b): Sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p>115.278 (c): Based on GEO policy 5.1.2-E, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>115.278 (d): If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The 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.</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. In information provided on the Pre-Audit Questionnaire and in interview with the facility director, in the past 12 months there were no disciplinary sanctions imposed for residents violating the sexual abuse policies.</p> <p>Compliance was determined by review of GEO policy, review resident handbook, and interviews with the PREA compliance manager and facility director.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1422 331">The following policies, directives and documentation were reviewed in formulating compliance with this standard: GEO Corporate Policy 5.1.2-E</p> <p data-bbox="242 360 547 387">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 416 451 443">CABH Policy 2019-6</p> <p data-bbox="242 472 707 499">MOU Professional Mental Health Services Inc.</p> <p data-bbox="242 528 424 555">Statement of Fact</p> <p data-bbox="242 584 687 611">Posters located Coordinated Response Plan</p> <p data-bbox="242 640 667 667">Victim Advocacy Posting English/ Spanish</p> <p data-bbox="242 696 762 723">Interview with Monument Rapid City Medical Center</p> <p data-bbox="242 752 791 779">Interview with Professional Mental Health Services Inc.</p> <p data-bbox="242 808 1493 1514">115.282 (a): GEO Corporate Policy 5.1.2-A, and CABH 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. CABH shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegations, a “Resident Referral Verification” form for referral to onsite or offsite mental health services will be utilized to document the offer made to the resident victim and the acceptance or refusal of services. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. No attempt will be made by staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim’s medical condition; however, visible injuries shall be documented both photographically and in writing and placed in the victim’s medical record. e. Victims/Abusers shall either be transported to a local community Facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) to conduct the examination. All refusals of medical services shall be documented. Following a reported PREA allegation, resident would be transported to Monument Rapid City Medical Center Emergency Room for medical treatment and a SANE provided by a trained SANE staff. Medical Center has a SART program, and the resident would be provided the services of the Sexual Abuse Response Team. CABH does not house mental health residents and they do not employ mental health practitioners at this facility. The center has a MOU with Professional Mental Health Services Inc. If it is determined that a mental health practitioner is needed, the resident will be transported to Professional Mental Health Service Inc., or the provider will interview the resident at the medical center, facility or by phone.</p> <p data-bbox="242 1543 1453 1603">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.</p> <p data-bbox="242 1632 1481 1760">115.282 (b): All staff first responders are trained to take preliminary steps to protect the victim. Security staff first responders are to take preliminary steps to protect the victim and notify facility medical and mental health staff immediately. The Mental Health Provider would present a Consent to Evaluate: Sexual Abuse Allegation form to the alleged victim prior seeking their consent to conduct a mental health evaluation of an alleged victim of sexual abuse.</p> <p data-bbox="242 1789 1493 1917">115.282 (c): Resident victims are offered prophylactics for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate by staff at the Monument Health Care of Rapid City. Medical staff at the hospital indicated that is part of the SANE process, she would follow up when the resident returns to the facility or coordinate for the resident to return as an outpatient if required.</p> <p data-bbox="242 1946 1461 2040">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 data-bbox="242 2069 1485 2130">Exceed compliance was determined by review of the coordinated response plan, and agreement with the Monument Health Care. Exceed compliance was also determined by interviews with first responders, random staff, PREA compliance manager</p>

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. The victim advocate and SANE provider are part of a network of Sexual Assault Response Team for Rapid City. In interviews the SANE staff provide a detail description of the services that are provided through the SART program and emphasized that the service is provided to all including incarcerated persons in the Rapid City area. She indicated that there are several reentry programs and correctional facilities in the Rapid City area that they have MOU to offer the services of the Rapid City SART program.

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></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>CABH Policy 2019-6 Healthcare Charges SOF Resident Handbook</p> <p>WAVI MOU</p> <p>CABH Policy 2019-3 PREA Screening/admission Reentry Facility Screening Instrument</p> <p>Mental Health Referral Form</p> <p>MOU Professional Mental Health Services Inc.</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 Professional Mental Health Services for consultation and services. During the intake process, the resident undergoes a screening and within 30 days a reassessment and screening. During these screenings resident are asked about past victimization and a referral for mental health services is completed at the time of the screening and rescreening. Resident may 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-and facility policy 2019-6, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.</p> <p>115.283 (c): According to the mental health provider programs offered residents is consistent with the community level of care.</p> <p>115.283 (d)(e): The facility house male and female residents. Female resident victim of sexual abuse would be provided with lawful pregnancy information and male and female resident would receive testing and treatment for STD as appropriated based on interview with staff at the medical center.</p> <p>115.283 (g): All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.283 (h): The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate.</p> <p>On information provided by the PREA Compliance Manager, in the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse. Compliance was determined by review of the GEO policy, interviews with medical and mental health staff at Monument Rapid City Medical Center, Professional Mental Health Services and WAVI staff.</p>

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 327 549 353">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 385 453 412">CABH Policy 2019-6</p> <p data-bbox="242 443 421 470">After Action Form</p> <p data-bbox="242 501 296 528">PAQ</p> <p data-bbox="242 560 1493 685">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 data-bbox="242 716 1493 775">115.286 (c): The Incident Review Committee consists of the facility director, operations director, PREA Compliance Manager, Classification Supervisor, and the PREA Coordinator may attend via telephone or in person.</p> <p data-bbox="242 806 1477 931">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 data-bbox="242 963 1493 1057">115.286 (e): The facility will implement the recommendations for improvement or documents the reasons for not doing so. There were no allegations of sexual abuse or sexual harassment that have been closed in the last 12 months and no incident review team has been required. The facility provided an after-action report form for review</p> <p data-bbox="242 1088 1477 1146">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 data-bbox="242 1178 1414 1236">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>

115.287	<b>Data collection</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1422 331">The following policies, directives and documentation were reviewed in formulating compliance with this standard: GEO Corporate Annual Report</p> <p data-bbox="242 360 820 389">CABH PREA Tracking Log GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 418 1490 546">115.287 (a): GEO policy 5.1.2-A mandates that all facilities under the GEO umbrella collects uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to utilize a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="242 575 1474 761">115.287 (b): The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator monthly on the Monthly PREA Incident Tracking Log. In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Compliance Manager ensures that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data.</p> <p data-bbox="242 790 1425 851">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 data-bbox="242 880 1445 940">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 data-bbox="242 969 1485 1030">115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of residents.</p> <p data-bbox="242 1059 1445 1120">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 data-bbox="242 1149 1453 1276">There was one allegations of sexual abuse in 2019. There were no reports of sexual abuse or sexual harassment in 2020 noted in the GEO Annual PREA report. The facility provided a copy of the monthly log and annual log for review. The log contained all elements required by policy. The auditor reviewed the GEO website as well as the PREA audit completed in 2019.</p> <p data-bbox="242 1305 1469 1366">The review of the log and interview with PREA compliance manager and PREA coordinator confirmed compliance with this standard.</p>

115.288	<p><b>Data review for corrective action</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Procedure 5.1.2-A</p> <p>GEO Annual PREA Data Report</p> <p>115.288 (a): GEO reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. This information is provided in the annual report.</p> <p>115.288 (b): The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>115.288 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Secure Services and International Operations for their signatures and approval. The report is made public on the GEO website at <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>.</p> <p>115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report.</p> <p>GEO annual reports was reviewed. There were no recommendations for improvement in 2019-2022 when the last PREA audit was completed. The auditor review GEO data from 2020 report. There was no allegation of resident on resident that was substantiated and no allegations of Staff on resident abuse that were substantiated at CABH. It was found that in 2020 there were no allegation of sexual harassment that were substantiated.</p> <p>Compliance of this standards was determined by reviewing annual report for GEO Group, review the facility policy and interviews with the PREA coordinator and PREA compliance manager. The GEO annual report provides more information than is required and at the same time provides the person reviewing the report a detailed look at PREA in action in GEO facilities.</p>
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115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Policy 5.1.2-A</p> <p>GEO Annual PREA Data Report</p> <p>115.289 (a): GEO policy 5.1.2-A ensures that data collected are securely retained for at least 10 years according to GEO policy 5.1.2-A</p> <p>115.289 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>. A review of the website confirmed that the agency has PREA reports from 2017 until 2021 uploaded in the above website.</p> <p>115.289 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers.</p> <p>115.289 (d): Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities ensures that data collected are securely retained for at least 10 years.</p> <p>Compliance was determined by review of two (2) Annual Reports and interviews with PREA coordinator</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 327 440 356">GEO policy 5.1.2-C</p> <p data-bbox="240 383 456 412">PREA Audit Postings</p> <p data-bbox="240 439 416 468">PREA audit 2016</p> <p data-bbox="240 495 416 524">PREA audit 2019</p> <p data-bbox="240 555 1477 618">115.401 (a): GEO policy 5.1.2- require during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO’s Contract Compliance Department ensures that a PREA auditor who has been certified through the</p> <p data-bbox="240 645 1458 707">Department of Justice audits each facility at least once. CABH latest audit was conducted in April 2019 by a DOJ Certified auditor. The original audit was conduct in August 2016. This auditor’s recertification was effective January 1, 2022.</p> <p data-bbox="240 734 1477 900">115.401 (b): According to GEO’s PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3 year cycle. This is the third year of this cycle. According to GEO coordinator all facilities are scheduled to be audited during this cycle.</p> <p data-bbox="240 927 1485 990">115.401 (h): During the audit, I was allowed access to all areas of CABH. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.</p> <p data-bbox="240 1016 1430 1079">115.401 (i): I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis.</p> <p data-bbox="240 1106 1481 1205">115.401 (m): I interviewed all staff on duty on the for the 36 hours of the on-site audit. and random sample of resident during the onsite audit. No resident declined to be interviewed and the facility did not prohibit me from interviewing residents selected for interview. Interviews were conducted in a private area of the facility.</p> <p data-bbox="240 1232 1481 1330">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 Community Alternative of Black Hills</p> <p data-bbox="240 1357 1465 1420">Compliance was determined by reviewing posting prior to the onsite audit and during the onsite audit. Interviews with staff, residents, victim advocate/emotional support staff and Medical Center staff.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency maintains all PREA related Policies on its website including third party reporting, staff reporting, investigation of allegations and all previous PREA audits. The auditor reviewed the report for 2019 and 2016 on the GEO Group Website.</p> <p>Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>) to be available to the public.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female 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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	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

<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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