

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

Interim       Final

Date of Report    July 18, 2019

### Auditor Information

Name: Barbara Jo Denison	Email: denisobj@sbcglobal.net
Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: June 4-6, 2019

### Agency Information

Name of Agency: The GEO Group, Inc.		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 561-893-0101		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted in GEO's care.

**Agency Website with PREA Information:** <https://www.geogroup.com/prea> (Social Responsibility Section)

### Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561-893-0101

### Agency-Wide PREA Coordinator

<b>Name:</b> Rob Walling	<b>Title:</b> Acting PREA Coordinator
<b>Email:</b> rwalling@geogroup.com	<b>Telephone:</b> 561-325-5719
<b>PREA Coordinator Reports to:</b> Daniel Ragsdale, Executive Vice President, Contract Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 108

### Facility Information

<b>Name of Facility:</b> Alabama Therapeutic Education Facility (ATEF)				
<b>Physical Address:</b> 102 Industrial Parkway, Columbiana, AL 35051				
<b>Mailing Address (if different than above):</b> PO Box 1970, Columbiana, AL				
<b>Telephone Number:</b> 205-669-1187				
<b>The Facility Is:</b>		<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Community treatment center		<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility		<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility			

**Facility Mission:** GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted in GEO's care.

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

**Have there been any internal or external audits of and/or accreditations by any other organization?**  Yes  No

### Director

<b>Name:</b> George Edwards	<b>Title:</b> Facility Director
<b>Email:</b> gedwards@geogroup.com	<b>Telephone:</b> 205-757-6445

### Facility PREA Compliance Manager

<b>Name:</b> Aqueelah Radcliff-Evans	<b>Title:</b> Fidelity Compliance Manager
<b>Email:</b> aradcliff@geogroup.com	<b>Telephone:</b> 205-669-1187

### Facility Health Service Administrator

<b>Name:</b> Charderrick Wilson	<b>Title:</b> Health Services Administrator
<b>Email:</b> charderrick.wilson@wexfordhealth.com	<b>Telephone:</b> 205-669-1187, ext. 225

### Facility Characteristics

<b>Designated Facility Capacity:</b> 718	<b>Current Population of Facility:</b> 632
<b>Number of residents admitted to facility during the past 12 months</b>	1126
<b>Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:</b>	1126
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	1124
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	1124
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>	0
<b>Age Range of Population:</b>	<input checked="" type="checkbox"/> Adults <input type="checkbox"/> Juveniles <input type="checkbox"/> Youthful residents
18-69	N/A N/A
<b>Average length of stay or time under supervision:</b>	6 months
<b>Facility Security Level:</b>	Medium
<b>Resident Custody Levels:</b>	Medium
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	84
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	36
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	0

### Physical Plant

<b>Number of Buildings:</b> 1	<b>Number of Single Cell Housing Units:</b> 0
<b>Number of Multiple Occupancy Cell Housing Units:</b>	6
<b>Number of Open Bay/Dorm Housing Units:</b>	6

**Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):**

The facility has 103 cameras (95 interior and 8 exterior). There are three DVR's located outside of the Control Room that retain data from 30 days to up to four months. Camera monitors are located in the Control Room and on the desktops of the Facility Director, Assistant Director of Operations, and the HR Manager.

### Medical

<b>Type of Medical Facility:</b>	Outpatient Clinic
<b>Forensic sexual assault medical exams are conducted at:</b>	Central Alabama Crisis Center

### Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	3 volunteers 27 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111 (4 at this facility)

## Audit Findings

### Audit Narrative

The Alabama Therapeutic Education Facility (ATEF) is a community confinement facility owned and operated by the GEO Group, Inc. (GEO). GEO contracts with the Alabama Department of Corrections (ADOC) to house their adult male and female offenders.

#### Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of agency policies 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jails*, and 5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, as well as the facility policies 2019-6, *Sexual Abusive Behavior Prevention and Intervention Program (PREA)*; 2019-1, *PREA Staffing and Facility Requirements*, 2019-2, *PREA Intake and Orientation*, 2019-3, 2019-4, *Resident Searches, Viewing and Contraband* and 2019-5, *Grievance Process*, Procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. Aqueelah Radcliff-Evans, Fidelity Compliance Manager, designated as the facility’s PREA Compliance Manager, answered questions and provided additional information and documentation as requested.

The Facility Director would not be onsite during the audit visit and was interviewed by telephone on 5/29/19. He is a facility investigator and is on the Incident Review Team and was asked questions as they relate to those responsibilities, as well as the Facility Director questions.

The facility was provided with facility notices in English and Spanish six weeks prior to the onsite audit visit informing residents of the scheduled audit date, which included my name and mailing address if they wished to send me correspondence. Residents were informed correspondence would remain confidential.

Wexford Health, the contracted medical provider for the Alabama Therapeutic Education Facility, has a Memorandum of Understanding (MOU) with the Central Alabama Rape Crisis Center to provide confidential emotional support services to resident victims of sexual abuse. The Clinical Director of the agency was contacted to confirm and review the terms of the MOU. Upon a resident calling the 24-hour hotline number, the call would be answered by a paid advocate between the hours of 9 a.m. – 9 p.m. After those hours, an on-call advocate would answer all calls. If the resident reports sexual abuse that occurred within the past 72 hours, the victim would be referred to the Central Alabama Crisis Center’s SANE facility. Per request of law enforcement, SANE exams may be performed outside of the 72-hour state mandated timeframe.

Within 30-minutes of being dispatched, an advocate would meet the victim at the Brookwood Medical Center to accompany the victim through the SANE exam. Following the SANE exam, the victim would be offered a 12-week Self-Care Series. The PREA Coordinator of the Central Alabama Crisis Center would send weekly educational material to the victim for 12 weeks. Victims would have the option of receiving STD prophylactics and HIV testing and female victims would be given a pregnancy test. If the pregnancy test results are negative, the victim would be offered contraception prophylactics. The Central Alabama Rape Crisis Center also provides victims with court advocacy services and referrals for legal services. All services provided to resident victims would be billed to Wexford Health and be at no cost to the victim. All calls to the Central Alabama Crisis Center are confidential and are not monitored. Residents reporting sexual abuse would be encouraged to report their allegations to facility staff.

The reporting option numbers on page 9 of the *PREA Education Manual for Residents*, on the *Resident Reporting Options* posters and on page 24 of the *Resident Handbook* were reviewed and called. The number provided for the Brookwood Medical Center was listed as a Rape Crisis Center reporting number. When called, the number reaches the main switchboard of the medical center and it was discovered through conversation with the emergency department, the Brookwood Medical Center does not have a Rape Crisis Center. The number provided as a PREA Hotline number (1-800-305-9673) on page 24 of the *Resident Handbook*, when called accessed Language Line Services. It was recommended, those numbers be removed as they are not options for residents to report allegations of sexual abuse and sexual harassment. Those revisions were made and forwarded for my review.

The PREA Compliance Manager provided lists of security staff and non-security staff scheduled to be on-site during the audit. She also provided housing rosters, an At Risk Log, an LGBTI Log and names of one resident who is hard of hearing and two residents with low vision. From this information, staff and residents were selected to be interviewed.

The At Risk Logs and the LGBTI log were found not to be handwritten and included residents who were no longer assigned to the facility. It was recommended to the PREA Compliance Manager these logs be revised in electronic format and kept current at all times.

### **Onsite Audit Phase**

The PREA audit of the Alabama Therapeutic Education Facility was conducted June 4-6, 2019. On the first day of the audit, an entrance meeting was held. Information on the audit process and the audit schedule was reviewed. The following persons attended the entrance meeting:

- Kenneth Moss, Assistant Director of Operations
- Aqueelah Radcliff-Evans, Fidelity Compliance Manager/ PREA Compliance Manager
- Kim Davis, Assistant Director of Programs
- Shannette Lacey-Jenkins, Training Coordinator
- Mark Blackerby, Human Resource Manager
- Ricardo Guzman, Maintenance Supervisor
- Flora Tolleson, Business Assistant
- Derrick Williams, Unit Manager, Harmony I Unit
- Portsha Jones, Unit Manager, Tranquility I Unit
- Daffany Baker, Unit Manager, Serenity Unit
- Shaquita Washington, Unit Manager, Harmony II Unit
- Nillie McMullen, Unit Manager, Tranquility II Unit
- Dr. Kenneth Garner, Director of Education, J.F. Ingram

Chad Anderson, Manager, Contract Compliance - PREA

Following the entrance meeting, a site review of the facility was conducted with the, Assistant Director of Operations, the PREA Compliance Manager, the Maintenance Supervisor and the Manager, Contract Compliance – PREA accompanying me on the site review. During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. One area of concern for a blind spot was in the dry storage area in the kitchen. A recommendation was made to install a mirror on the back wall of the area. By the second day of the audit, the mirror was installed and found to capture the area in question.

Facility Notices in English and Spanish provided during the Pre-Onsite Audit Phase were found in various locations throughout the facility with the date posted noted as 4/23/19. I did not receive any correspondence from residents of the Alabama Therapeutic Education Facility. Also posted were *Resident Reporting Options* and *Third Party Reporting* posters in numerous locations throughout the facility.

The speed dial numbers provided to residents on *Resident Reporting Options* posters were dialed on a resident pay telephone. The numbers are #33 and #34 to reach the Central Alabama Crisis Center and #78 and #66 to reach the Alabama Department of Corrections. The numbers #33 and #34 were answered by an advocate of the Central Alabama Crisis Center. The numbers #78 and #66 were also answered by the same advocate and not the Alabama Department of Corrections. The Assistant Director of Operations offered to contact GTL to report this information. It was suggested the residents be given one speed dial number, either #78 or #66, to reach the Central Alabama Crisis Center and one speed dial number, either #33 or #34, to reach the Alabama Department of Corrections.

On the last day of the audit the Assistant Director of Operations received an e-mail notification from GTL that speed dial numbers were set up for residents to access the Alabama Department of Corrections (#78) and the Central Alabama Crisis Center (#33). Those speed dial numbers were called on a resident phone and found both speed dial numbers accessed the Central Alabama Crisis Center. The PREA Coordinator of the Alabama Department of Corrections was contacted to discuss the possibility of the facility allowed access to the ADOC hotline as an external reporting option for residents. Conversations with ADOC personnel are ongoing. In the event the ADOC hotline number will not be an option for external reporting, the facility will need to explore other options to meet compliance to all provisions of standard 115.251. The facility entered into a 60-day corrective action period. Recommended corrective action to bring this standard into compliance can be found on page 11, *Summary of Corrective Action* section.

The Assistant Director of Programs is responsible for maintaining the At Risk Logs and the LGBTI Log. On the first day of the audit, the logs were revised with current information in an electronic format. There were 21 residents on the At Risk Log who screened to be a risk of victimization and one resident at risk for abusiveness. There were six residents who self-disclosed at initial risk assessment being bisexual. The logs are now able to be accessed by administrative staff, Case Managers, the Classification Supervisor and the PREA Compliance Manager in a folder on a shared drive. It was recommended a column be added to the At Risk Log to include the date a resident referred for mental health services was seen by the Mental Health Provider, after confirmation of the date of encounter. The Assistant Director of Programs will make this revision and plan a training for Case Managers, Classification Supervisor, the PREA Compliance Manager and administrative staff to inform them of the changes to the At Risk Log and how they can access this document.

On the first day of the audit, there were 632 residents (576 males/56 females) assigned to the Alabama Therapeutic Education Facility. Thirty residents (six from each housing unit) were interviewed on the second day of the audit including those with the following special designations:

<b>Number</b>	<b>Special Designation</b>
1	Low Vision
1	Low Vision/Medical Disability
1	Hard of Hearing
6	At Risk of Victimization
1	At Risk of Abusiveness
4	Bisexual

All residents interviewed reported they received written PREA information at intake and viewed the PREA video. They were all knowledgeable of the methods of reporting available to them and reported feeling safe from sexual abuse at this facility. There were no residents assigned to the facility who self-disclosed being lesbian, gay, transgender or intersex. There were no residents who were blind, deaf, with cognitive deficits, with low reading skills or who were limited English proficient.

One resident interviewed reported an allegation of staff-on-inmate sexual abuse that he alleged he witnessed approximately two weeks ago. The resident wished to remain anonymous. This information was relayed to the PREA Compliance Manager. Notification was made to the ADOC Intelligence and Investigation Unit and a referral was made to GEO's Office of Professional Responsibility (OPR). The staff member was put on administrative leave pending the outcome of the investigation.

Twenty random resident records were reviewed to determine compliance with screening procedures. Initial screenings were found to be conducted on residents' day of arrival to the facility. Thirty-day reassessments were found to be timely. Residents who disclosed prior sexual victimization or abusiveness were offered a referral to mental health with an option to refuse these services. Two residents who did not refuse these services were referred to mental health. Documentation was obtained from the Mental Health Provider to show one of the residents was seen for a mental health evaluation, but the other resident was referred, but not been seen. The Mental Health Provider evaluated the resident on the day of review of resident records and provided documentation to confirm a mental health evaluation was completed.

The same 20 random resident records were reviewed to determine compliance to the requirements of PREA education for residents. All records reviewed had documentation of receipt of written PREA material and confirmation residents had viewed the PREA video.

Eighteen specialized staff and fifteen random staff were interviewed. The agency's former PREA Coordinator and the Executive Vice President Continuum of Care and Reentry Services (agency head designee) were both interviewed by telephone at the beginning of this three-year reaccreditation period. A volunteer was interviewed by telephone. Staff interviewed confirmed receiving PREA training as a new employee and completing online training annually in the Learning Management System (LMS). They knew their responsibilities if they were a first responder to an allegation of sexual abuse and whom to report allegations to. All staff carry with them a First Responder Card affixed to their badges reminding them of their first responder duties. Staff who have multiple roles were asked questions as they relate to each of those roles, as well as the Random Staff questions.

The human resource files of 25 random employees, were reviewed with the Human Resource Manager to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are performed for pre-employment, for employees considered for a promotion and every five years through Career Builders. Required annual disclosures and disclosures for those considered for promotions were found filed in human resource file.

The facility has three volunteers and 27 contractors. The Director of Education for J.F. Ingram verified in writing that all 10 J.F. Ingram employees had criminal background checks performed by the Alabama Bureau of Investigation (ABI). The Health Services Administrator verified in writing that the 17 Wexford Health employees had criminal background checks performed by ADOC. It was recommended the Human Resource Manager maintain contractor information in a binder to be easily accessible. He created a binder which included documentation of criminal background checks and annual PREA training documentation for J.F. Ingram and Wexford Health contractors.

Twenty-five random training files were reviewed to determine compliance with PREA training requirements for staff. All files reviewed had documentation of PREA training at pre-service and annually. The Human Resource Specialist/Training Coordinator maintains volunteer records. The three volunteer training files were reviewed and found to be complete.

In information provided prior to the audit, in the 12 months preceding the audit there was one allegation of inmate-on-inmate sexual abuse. An investigation by the Alabama Department of Corrections Investigation and Intelligence Unit (I & I) determined the allegation to be unsubstantiated. The investigative file showed the victim was offered mental health services, but refused these services. Retaliation monitoring was conducted, an after action review was completed and a notice of outcome was presented to the victim at the conclusion of the investigation. An investigation was initiated on the allegation of staff-on-inmate sexual abuse reported during a PREA interview with a resident. The allegation was entered into the GEO portal and a referral to OPR was made. The alleged employee was placed on administrative leave pending the outcome of the investigation.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

- Kenneth Moss, Assistant Director of Operations
- Aqueelah Radcliff-Evans, Fidelity Compliance Manager/ PREA Compliance Manager
- Kim Davis, Assistant Director of Programs
- Shannette Lacey-Jenkins, HR Specialist/Training Coordinator
- Mark Blackerby, Human Resource Manager
- James Battiest, Classification Manager
- Ricardo Guzman, Maintenance Supervisor
- Clark Cantley, Intake Coordinator
- Daffany Baker, Unit Manager, Serenity Unit
- Shaquita Washington, Unit Manager, Harmony II Unit
- Chad Anderson, Manager, Contract Compliance - PREA

Observations and findings during the on-site audit were reviewed. Discussion was held on corrective action to bring standard 115.251 into compliance. The team was thanked for their cooperation prior to the onsite visit and throughout the audit process and were informed of the process that would follow the onsite audit visit.

## Post-Onsite Audit Phase

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and resident interviews during the Onsite Audit Phase were reviewed to determine the facility's compliance to the PREA standards. Following a corrective action period and review of documentation of the corrective action taken, the facility was found to achieve compliance to standard 115.251.

### **Facility Characteristics**

Alabama Therapeutic Education Facility (ATEF) is located at 102 Industrial Parkway, Columbiana, Alabama. The building was formerly a textiles factory, which was left abandoned for many years. The property was purchased and renovated by the Community Education Centers and in March 2008, the facility was opened as the Alabama Therapeutic Education Facility. In April 2017, the facility was acquired by the GEO Group, Inc. (GEO). The rated capacity of the facility is 718.

ATEF is a residential reentry treatment and vocational training center. The program partners with J.F. Ingram Technical College and the Alabama Department of Post-Secondary Education to assist residents prepare to reenter the community. Vocational classes include carpentry, plumbing, electrical, HVAC and welding. Education classes include Adult Basic Education and GED. Substance abuse treatment is provided within a therapeutic community environment.

Staff and visitors enter the facility through a turnstile operated by staff in the Control Room and enter into a lobby area where visitors sign in and out on a Visitor's Log. ID's are checked by staff posted in Main Reception. All entering the building walk through a metal detector and stand next to a cell phone detector and all property is searched. Behind Main Reception there is a Control Room/Shift Office where security staff control movement in and out of the facility and view camera monitors. Security staff posted in the Control Room control magnetized doors and monitor movement in and out of the facility.

The facility has 103 cameras (95 interior/8 exterior). Three DVR's are located outside of the Control Room/Shift Office that store data from 30 days to up to 4 months. The facility had a complete camera upgrade in 2018. View of camera monitors showed excellent clarity of cameras. The Facility Director, Assistant Director of Operations and the Human Resource Manager have access to the cameras on their desktop computers.

Upon arrival residents enter the facility through a separate door and are processed in an intake area. Residents receive written PREA information and view the PREA video before they leave the intake area. PREA risk assessments are conducted in private in Case Managers' offices. There are two holding cells in the intake area. Residents are strip searched in a restroom to ensure privacy.

The facility is a single-story structure consisting of approximately 115,000 square feet. The physical plant includes living units each with multiple occupancy dormitory-style rooms. Description of dormitory units are as follows:

<b>Unit</b>	<b>Capacity</b>	<b># of Rooms</b>	<b>Gender</b>	<b>Population Designation</b>
Serenity	56	7	Female	All Females
Tranquility I	158	19	Male	Therapeutic Community Program
Tranquility II	128	15	Male	Pre-Therapeutic Community Program

Harmony I	178	20	Male	Therapeutic Community Program
Harmony II	138	15	Male	Pre-Therapeutic Community Program
Harmony III	Unit closed since March 2017- All doors locked- open area used for orientation- Unit Manager's office provides office space for 3 Case Managers			

The male living units have two common restrooms each with a multi-person shower room with a shower curtain for privacy. The female unit has restrooms adjacent to each room with one toilet, sink and shower with a curtain. All units have a large program room/day room and a glass enclosed Unit Manager's office.

Males and females have access to separate recreation yard/smoking areas accessed through mag locked door. There are picnic tables, a basketball hoop and an exercise machine enclosed in a wire fence with cameras to monitor activities in the yards. Housing units have board games, books, movies and television for resident indoor leisure time.

The facility also administrative offices, medical department, maintenance, kitchen, dining room, laundry, a large lecture hall, storage space and a vocational training area.

The facility currently has 83 staff. There are three security shifts; 6:45 a.m. – 2:00 p.m., 2:45 p.m. – 11:00 p.m. and 10:45 p.m. – 7:00 Monitor I's remain on units and conduct unit tours every 15 minutes. Monitor II's and Monitor III's periodically tour the entire facility. Shift Supervisors conduct perimeter checks twice each shift. PREA unannounced rounds are conducted by Shift Supervisors once each month per shift.

The facility has two has three volunteers and 27 ADOC contracted staff, which includes 17 Wexford Health employees and 10 employees from J.F. Ingram Technical College.

## Summary of Audit Findings

The audit findings of the Alabama Therapeutic Education Facility are as follows:

**Number of Standards Exceeded:** 4

The facility was found to exceed in the requirements of the following standards: 115.211; 115.217; 115.233 and 115.288.

**Number of Standards Met:** 37

The facility was found to meet compliance to all provisions of the following standards: 115.212; 115.213; 115.215; 115.216; 115.218; 115.221; 115.222; 115.231; 115.232; 115.234; 115.235; 115.241; 115.242; 115.251; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.287; 115.289; 115.401 and 115.403.

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

The facility did not meet all of the provisions of standard 115.251 and entered into a 60-day corrective action period. The following is the recommended corrective action to bring this standard into compliance:

#### Recommended Corrective Action:

1. The facility to continue to explore the option of the ADOC reporting hotline number being an external reporting option for residents.
2. If ADOC will not allow access to their reporting hotline, the facility needs to explore other options available.
3. Once the facility has permission to access either ADOC's or any other hotline reporting option, ensure the reporting line is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon requests, as outlines in provision 115.251 (b) of standard 115.251.
4. Revise *Resident Reporting Options* posters, the *PREA Education Manual for Residents* and the *Resident Handbook* and provide the revised information to all current residents.

#### Corrective Action Taken:

1. On 7/17/19, the Manager, Contract Compliance, PREA, forwarded me revised copies of the *Resident Reporting Options* posters, page 9 of the *PREA Education Manual for Residents* and page 24 of the *Resident Handbook*. Residents can now speed dial the number #78 to reach the Alabama Department of Corrections PREA Hotline. They are also informed of the mailing address to the ADOC PREA Coordinator at 301 South Ripley St., Montgomery, AL 36104 on

page 9 of the *PREA Education Manual for Residents* and on the *Resident Reporting Options* posters.

2. Also, provided on 7/17/19, was an e-mail dated 7/16/19 from the PREA Compliance Manager to the Facility Director confirming the PREA hotline number had been assigned the speed dial number #78 by GTL on 7/9/19 and verified the number is a working reporting line for residents.
3. On 7/18/19, the Manager, Contract Compliance, PREA forwarded pictures of the revised *Resident Reporting Options* posters showing they are posted in enclosed bulletin boards.
4. Also provided were sign in rosters showing that on 7/9/19, current residents of ATEF received an updated copy of the *Resident Handbook* and were informed of the updated PREA reporting numbers found on page 24.

After review of the above documentation, the facility was found to achieve compliance to standard 115.251.

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.211 (a):** GEO policy 5.1.2-A and the Alabama Therapeutic Education Facility policy 2019-6, are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's/facility's approach to preventing, detecting and responding to such conduct. Facility policy 2019-1, *PREA Staffing and Facility Policy*, and GEO policy 5.1.2-A include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. The agency policy was found to be comprehensive and address all provisions of the PREA standards, exceeding in the requirements of this standard.

**115.211 (b):** The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level, but also employs a Director, Quality Assurance, Reentry Services who serves a Divisional PREA Coordinator and provides oversight to the agency's reentry facilities; therefore, exceeding in the requirements of this section of this standard. The agency's organizational chart depicts the PREA Coordinator and the Director, Quality Assurance, Reentry Services positions within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO policy 5.1.2-A, page 6, section III-B-1 outlines the responsibilities of the agency's PREA Coordinator. At this time, the agency's PREA Coordinator is vacant and being filled by the Senior Manager, Contract Compliance PREA is the Acting PREA Coordinator.

**115.211 (c):** 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 the Fidelity Compliance Manager/PREA Compliance Manager's position within the facility. Pages 6 & 7, section III-B-2 of policy 5.1.2-A, and pages 8 & 9, section 4.1 of facility policy 2019-6 outline the responsibilities of the PREA Compliance Manager. The PREA Compliance Manager reports to the Facility Director and the agency's PREA Coordinator.

In interview with the agency's PREA Coordinator at an earlier date and the PREA Compliance Manager during the onsite audit, both stated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. Both were knowledgeable and found to exceed in this provision of this standard.

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

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

#### 115.212 (a)

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

#### 115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".)  Yes  No  NA

#### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if

the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

GEO is a private provider and does not contract for the confinement of their residents; therefore, this standard is not applicable to this facility.

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.213 (b)

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

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.213 (a):** Based on GEO policy 5.1.2-A, pages 7, section C-1 and facility policy 2019-1 pages 3 & 4, section B-1-a-e, the facility has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the inmate population and the prevalence of substantiated incidents of sexual abuse, and any other relevant factors in the development of the facility's staffing plan. Since August 20, 2012, the average daily population of the facility was 550 residents. In interview with the Facility Director and the PREA Compliance Manager, they both confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this provision. The staffing plan was provided for review.

**115.213 (b):** According to information provided on the Pre-Audit Questionnaire and on interview with the PREA Compliance Manager and the Facility Director, in the past 12 months there were no deviations to the staffing plan. Documentation provided showed when vacancies occur the facility utilizes overtime or staff schedule changes are implemented to ensure staff-to-resident ratios remain compliant at all times. ADOC requires there be one Security Monitor assigned in each housing unit and two floaters. In interview with the Facility Director, he reported he ensures compliance to the staffing plan by receiving shift rosters by e-mail daily for all three security shifts. Quarterly the staffing plan is reviewed with the Human Resource Manager and the Deputy Director of Operations and annual assessment of the staffing plan.

**115.213 (c):** Whenever necessary and no less than annually, the staffing plan is reviewed and documented on the *Annual PREA Facility Assessment – Reentry*. This completed form is submitted to the Corporate PREA Coordinator and the Vice President, Residential Reentry Centers for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. Based on the *Annual PREA Facility Assessment – Reentry* completed on 8/1/18, it was noted there were no deviations to the staffing plan and no recommendations for changes to the established staffing plan. In interview with the former agency's PREA Coordinator, she reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the *Annual PREA Facility Assessments* she reviews and approves for each of the agency facilities annually.

**115.213 (d):** According to facility policy 2019-1, page 4, section B-1-f & g, the Alabama Therapeutic Education Facility has a policy and practice requiring facility management staff and mid-level supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. These rounds are required at a minimum of once a month for each shift and documented on the *PREA Unannounced Supervisor Rounds* form. Employees are prohibited from alerting other employees that supervisor rounds are being conducted, unless such announcement is related to the legitimate operational functions of the facility. In interview with management staff and mid-level supervisors and in review of *PREA Unannounced Supervisor Rounds* for the months of April and May, 2019, the practice of unannounced rounds by Shift Supervisors is in place and being followed.

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes    No

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)   
Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents?  
 Yes  No

#### 115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  
 Yes  No

#### 115.215 (f)

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

## Auditor Overall Compliance Determination

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

**115.215 (a):** Based on review of GEO policy 5.1.2-A, page 17, section I and facility policy 2019-4, pages 2-5, 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.

**115.215 (b):** The facility does not permit cross-gender pat searches of female residents, absent exigent circumstances. Female residents are not restricted access to regularly available programming or other outside opportunities in order to comply with this provision. Female residents interviewed reported there is always a female staff member available to pat search them.

**115.215 (c):** The facility would document any cross-gender strip searches and cross-gender visual body cavity searches and cross-gender pat-down searches of female residents if necessary due to exigent circumstances.

**115.215 (d):** The agency and facility has 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. Residents are required to change their clothes in the resident bathroom area to ensure their privacy. 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.

**115.215 (e):** GEO policy 5.1.2-A, pages 17 & 18, section J and facility policy 2019-4, address searches of transgender and intersex residents. Facilities shall not search or physically examine a transgender or intersex resident solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. At the time of the onsite visit, there were no transgender or intersex residents assigned to the facility.

**115.215 (f):** All employees of the Alabama Therapeutic Education Facility 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 2016* lesson plan was provided for review. Staff sign a *PREA Basic Acknowledgement* form acknowledging receiving and understanding the training provided and *The Prison Rape Elimination Act Training Acknowledgement and Policy Receipt* form. 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 in the Learning Management System (LMS).

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

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

### **115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

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

#### 115.216 (c)

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

#### Auditor Overall Compliance Determination

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

**115.216 (a):** Based on GEO policy 5.1.2-A, page 12, section E-1 and facility policy 2019-2, page 1, section II, the agency and the facility ensure that offenders with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff training curriculum addresses residents with disabilities. In interview with the Vice-President, Continuum of Care and Reentry Services (agency head designee), he stated PREA education is offered in various formats. Posters, the videos and all PREA education is available in both English and Spanish. He also stated that facilities have contracts with Language Line Services that provide translation and staff interpreters are used for translation. There are TTY phones for the deaf residents. At the time of the onsite audit there was resident who was hard of hearing and two residents

with low vision housed at the facility. When interviewed, they all reported they were able to comprehend the PREA information presented to them and they answered interview questions appropriately.

**115.216 (b):** The facility takes steps to ensure that offenders who are limited English proficient have access to PREA information that they can understand. All written and posted information is provided in both English and Spanish. Offenders receive a *PREA Education Manual for Residents*, available in English and Spanish. A contract with Language Line Solutions provides translation of any language. At the time of the audit, there were no resident who were limited English Proficient.

**115.216 (c):** 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 offender's safety. The use of residents under these circumstances must be justified and documented in a written investigative report. In information provided by the facility, in the past 12 months residents have not been used for this purpose. Staff interviewed knew residents were not to be used for this purpose.

## Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.217 (f)

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

#### 115.217 (g)

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

## 115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.217 (a):** GEO policy 5.1.2-A, page 8 section C-2 and facility policy 2019-1, page 4, section 2, interview with the Human Resource Manager, and review of random employee files were used to verify compliance to this standard. Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community.

**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.

**115.217 (c):** The agency requires all applicants and employees who may have contact with residents to have a criminal background checks. Criminal background checks for all potential employees are completed through a contract with Career Builders. 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 a Career Builders criminal background check is conducted. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers is requested through Career Builders. From information provided on the Pre-Audit Questionnaire, in the past 12 months, 36 criminal background checks were completed.

**115.217 (d):** The facility performs criminal background checks through Career Builders 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. Contractors from J.F. Ingram and Wexford Medical receive background checks through the Alabama Bureau of Investigation (ABI).

**115.217 (e):** Criminal background checks are conducted through Career Builders every five years.

**115.217 (f):** The agency asks all applicants and employees who have contact with offenders 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* (PREA-102). Annually at the time of performance evaluations, employees sign a *PREA Disclosure and Authorization – Annual Performance Evaluations* (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.

**115.217 (h):** Unless prohibited by law, GEO’s Corporate Reentry Services 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.

Random human resource files of 25 employees were reviewed and were found to be complete with documentation showing adherence to standard and agency policy requirements. The facility was found to exceed in the requirements of this standard. Records reviewed were well maintained and contained required documentation.

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

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

#### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

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

**115.18 (a) & (b):** GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2019-1, pages 4 & 5, section 3, state that the facility will consider the effect of new or upgraded design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect residents from sexual abuse.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit the facility has not acquired any new facility, expanded or modified the existing physical plant. The Facility Director reported that there was a new camera system installed since the last PREA audit. The 2018 *Annual PREA Facility Assessment – Reentry* noted in 2017, approval for a state of the art surveillance and security system, approved and installed in 2018.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee) at an earlier date he explained that every facility that is acquired or designed has an assessment made by the operations team along with the construction team. He also stated there is a constant assessment being made at the facilities and by the PREA Coordinator and her group for blind spots and cameras to improve the monitoring efforts for the protection of inmates from sexual abuse.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.221 (a):** GEO policy 5.1.2-E, pages 7 & 8, sections D-J and facility policy 2019-6, page 7 section 3, outline the agency/facility's requirements as it applies to this standard. The policy addresses the requirements of the facility in response to reports of sexual abuse allegations. The ADOC is responsible for conducting investigations of allegations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes.

**115.221 (b):** The agency and the facility follows a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

**115.221 (c):** Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. Wexford Medical has an MOU with the Central Alabama Crisis Center where resident victims of sexual abuse are referred for forensic exams. In information reported on the Pre-Audit Questionnaire, in the last 12 months there were no residents referred for a forensic exam.

**115.221 (d):** The Central Alabama Crisis Center provides resident victims with emotional support services.

**115.221 (e):** The terms of the written contract provides advocates to accompany and support the victim through the forensic medical exam process and the investigatory process, a 24-hour hotline and a 12-week Self-Care Series provided to a victim of sexual abuse by the Crisis Center's PREA Coordinator.

**115.221 (f):** According to facility policy 2019-6, page 7, section 2, it is the responsibility of the local law enforcement to conduct all investigations and ensure all forensic evidence is collected and preserved. Criminal investigations are conducted by the Alabama Department of Corrections.

Residents are made aware of the confidential emotional support services available to them and how to access them in the *PREA Education Manual for Residents* and on *Resident Reporting Options* posters displayed throughout the facility in both English and Spanish. When interviewed, residents knew how to access information if needed.

## **Standard 115.222: Policies to ensure referrals of allegations for investigations**

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

#### **115.222 (a)**

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

#### **115.222 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### **115.222 (c)**

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

#### **115.222 (d)**

- Auditor is not required to audit this provision.

#### **115.222 (e)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

**115.222 (a):** GEO policy 5.1.2-A, page 5, section III-A-2, GEO policy 5.1.2-E, page 4, section III-A-1 and facility policy 2019-6, page 8, sections 4-f & h, address the agency's policy and procedures for investigating and documenting incidents of sexual abuse and sexual harassment. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Alabama Department of Corrections Intelligence and Investigation Department (I & I) is notified of all allegations of sexual abuse and sexual harassment reported. Allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR).

In the past 12 months there was one allegation of inmate-on-inmate sexual abuse reported and investigated by ADOC. A report of staff-on-inmate sexual abuse was made during an interview with a resident during the onsite audit visit. An investigation was initiated. In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he explained that administrative and criminal investigations are required by the corporate and local policies. Sometimes contract compliance may require differences on who can investigate allegations of sexual abuse and sexual harassment.

**115.222 (b):** GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations.

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 investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <https://www.geogroup.com/prea>.

**115.222 (c):** Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

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

#### 115.231 (b)

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

#### 115.231 (c)

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

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.231 (d)

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

### Auditor Overall Compliance Determination

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

**115.231 (a):** GEO employees receive training on GEO's zero-tolerance policy (5.1.2-A) for sexual abuse and sexual harassment at pre-service and annually. The agency's requirement of this training is found on pages 13 & 14, section F-1 of policy 5.1.2-A. The *PREA DOJ 2017 Pre-Service* and the *PREA 2017 In-Service* training curriculums were reviewed and found to address all elements of this provision of this standard as required. Staff also receive *Guidance to Cross-Gender and Transgender Pat Searches* training at pre-service and annually. New hires receive classroom training facilitated by corporate staff and onsite by the Human Resource Manager. Annually employees complete annual PREA training online through LMS.

**115.231 (b):** The Alabama Therapeutic Education Facility houses adult male and female resident. The training provided is tailored to meet the needs of both genders.

**115.231 (c):** In information provided in the Pre-Audit Questionnaire and in review of random staff training records, employees of the Alabama Therapeutic Education Facility receive PREA education as required annually. In the past 12 months there were 84 employees assigned to the facility who completed PREA training. Between trainings, monthly staff meetings, weekly meetings with Unit Managers and monthly clinical meetings are held where PREA issues or concerns are discussed.

**115.231 (d):** Upon completion of PREA pre-service and annual in-service training, staff sign a GEO *PREA Basic Acknowledgement* form acknowledging receipt and understanding of the training received and sign *The Prison Rape Elimination Act Training Acknowledgement and Policy Receipt* acknowledging review of policy agency policy 5.1.2-A and have completed PREA training. Documentation of annual PREA training for employees is maintained and recorded electronically on individual training records in LMS.

Review of 25 random employee training records confirmed training is being completed and documentation of this training being maintained by the facility. In interview with staff, they were able to

confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment.

## Standard 115.232: Volunteer and contractor training

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

### 115.232 (a)

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

### 115.232 (b)

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

### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

**115.232 (a):** The Alabama Therapeutic Education Facility ensures all volunteers and contractors 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, page 14, section G-1 outline the requirements for volunteer PREA training and GEO policy 5.1.2-A, page 15, H-1 outlines the requirements for contractor and volunteer PREA training.

**115.232 (b):** The facility has three volunteers who completed *Sexual Abusive Behavior Prevention and Intervention Program 2017* facilitated by the Human Resource Manager and have signed a *PREA Basic Acknowledgement* form acknowledging receipt and understanding of the training received. J.F. Ingram and Wexford Health contracted staff receive PREA training annually provided by ADOC.

**115.232 (c):** In review of volunteer and contractor training records, documentation of PREA training for volunteers is being maintained by the HR Specialist/Training Coordinator and the Human Resource Manager will begin maintaining all contractor training information.

In interview with a volunteer by telephone and five contracted staff, they confirmed receiving PREA training annually and were knowledgeable of the agency/facility's zero-tolerance policies and of their responsibilities as outlined in the policies. They knew who to report to if a resident alleged sexual abuse or sexual harassment to her.

## **Standard 115.233: Resident education**

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

### **115.233 (a)**

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

### **115.233 (b)**

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

### **115.233 (c)**

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

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

#### 115.233 (d)

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

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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

**115.233 (a):** Based on GEO policy 5.1.2-A, page 12, section E-2 and facility policy 2019-2, pages 3 & 4, “Documentation” section, 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 Intake Coordinator who provides resident PREA education, on the day of arrival, residents receive a *PREA Education Manual for Residents* and view the *PREA: What You Need to Know* video. On information reported on the Pre-Audit Questionnaire, there were 1126 residents assigned to the Alabama Therapeutic Education Facility in the past 12 months and all residents assigned received PREA education.

**115.233 (b):** Refresher training is provided to residents who transfer to the facility from a different community confinement facility. In the past 12 months, there were no residents who transferred to the facility from another community confinement facility.

**115.233 (c):** All PREA education provided to residents is in formats accessible to all residents, including those who are limited English proficient, deaf, hard of hearing, blind, with low vision, otherwise disabled or have limited reading skills. The *PREA Education Manual for Residents* is provided in both English and Spanish and in large print for residents with low vision. A contract with the Language Line Solutions provides translation of any languages. The facility has a TTY for deaf or hard of hearing inmates.

**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.

**115.233 (e):** In addition to PREA education provided to residents, there is posted information in English and Spanish throughout the facility. The facility also holds House Meetings where PREA is reviewed.

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. In review of 20 random resident files, the facility is exceeding in the provisions of this standard and keeping excellent records of documentation of this training.

## Standard 115.234: Specialized training: Investigations

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

### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  
 Yes  No  NA

### 115.234 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**115.234 (a):** Based on GEO policy 5.1.2-A, page 14, section F-3, in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings.

**115.234 (b):** The facility has four trained investigators who completed *Specialized Training: Investigating Sexual Abuse in Correctional Settings*, facilitated by GEO's PREA Coordinator. The training curriculum was provided for review and found to include interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

**115.234 (c):** The agency maintains documentation that investigators have completed specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files, all investigators have completed this specialized training, as well as general training provided to all employees with documentation maintained by the facility.

In interview of the facility investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in this training.

## Standard 115.235: Specialized training: Medical and mental health care

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

### 115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

#### 115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231?  Yes  No
- 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.]  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.235 (a):** GEO policy 5.1.2-A, page 14, section 2 and facility policy states that the agency ensures that all full-time and part-time medical and mental health staff will be trained to detect signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

**115.235 (b):** This provision of this standard is not applicable to this facility. Medical staff do not perform forensic exams. Forensic exams are performed at the Brookwood Medical Center by SANE nurses.

**115.235 (c):** Medical and mental health staff complete Wexford's *What Healthcare Providers Need to Know Medical and Mental Health Specialized Training* and receive a certificate of completion. The curriculum was provided for review and found to include the training requirements as outlined in provision 115.235 (a) of this standard. The facility maintains documentation of this training. In review of contracted medical providers' training records, all Wexford Health staff have completed PREA training.

**115.235 (d):** Medical and mental health staff, in addition, receive the general PREA training that all employees receive. In review of the training files of random medical staff and the mental health provider, documentation of general training is being maintained by Wexford's Health Services Administrator and by the Human Resource Manager.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.241: Screening for risk of victimization and abusiveness

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

#### 115.241 (a)

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

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

#### 115.241 (e)

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

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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

**115.241 (a):** According to GEO policy 5.1.2-A, pages 8 & 9, section D-1, all residents are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility. On information provided on the Pre-Audit Questionnaire, in the past 12 months, 1126 residents assigned to the Alabama Therapeutic Education Facility were assessed for their risk of victimization or abusiveness upon arrival.

**115.241 (b):** Intake screening takes place within 24 hours of residents' arrival to the facility. The facility exceeds in this provision of the standard exceeding in the standard requirement of intake screening within 72 hours of arrival to the facility. In review of random resident files, intake screening is conducted on the day of arrival to the facility.

**115.241 (c):** Intake risk assessment are conducted by Case Managers using the *Reentry Facilities PREA Risk Assessment*, an objective screening tool.

**115.241 (d):** The *Reentry Facilities PREA Risk Assessment* was reviewed and found to contain all requirements of this provision of this standard and allowed the screener to document his/her perception of gender non-conformity.

**115.241 (e):** The screening includes the screener's thorough review of any available records available to assist with determining the resident's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

**115.241 (f):** Within a set time period, not to exceed 30 days of residents' arrival to the facility, residents are reassessed by their Case Managers for their risk for victimization and abusiveness using the *PREA Vulnerability Questionnaire*. In review of random resident files, this process is in place.

**115.241 (g):** 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.

**115.241 (h):** Residents are not be disciplined for refusing to answer any questions or for not disclosing complete information.

**115.241 (i):** The Facility Director, PREA Compliance Manager, assigned Case Managers and the Assistant Director of Programs have access to screening information.

In interview with the PREA Compliance Manager and Case Managers and in review of random resident files, the screening process is in place.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

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

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

#### 115.242 (b)

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

#### 115.242 (c)

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

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

### Auditor Overall Compliance Determination

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

**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 5.1.2-A, pages 10 & 11, section D-3 and facility policy 2019-3. Page 3, section 2, explains the use of PREA screening information. On interview with the PREA Compliance Manager and Case Managers, they explained how the facility utilizes screening information for this purpose.

**115.242 (b):** Individualized determinations are made about how to ensure the safety of each resident. Residents who score at risk of victimization or abusiveness are referred off site for further evaluation. Residents have an option of refusing these services. Those identified to be at risk of being victimized or abusive are tracked on an *At Risk Log* maintained current by the PREA Compliance Manager. Following an allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the *At Risk Log* pending the outcome of the investigation. If the investigation determines the allegation to be unfounded, the victim may be removed from the *At Risk Log*.

**115.242 (c):** Guidelines for housing and program assignments and for the management of transgender and intersex residents are outlined in GEO policy 5.1.2-A, pages 10 & 11, section D-3-c-g and in facility policy 2019-3, page 3, section 2-b-d. In making housing and programming assignments for transgender or intersex resident, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Residents who self-disclose being gay, bisexual, transgender or intersex are tracked on a *LGBTI Log*. At the time of the onsite visit, there were

no residents who self-disclosed being lesbian, gay, transgender or intersex. In interview with the PREA Coordinator, she explained the agency's guidelines for housing and program assignments for the management of transgender and intersex residents.

**115.42 (d):** A transgender or intersex resident's housing and program assignments will be reassessed every six months using the *PREA Vulnerability Reassessment Questionnaire* to review any threats to safety experienced by the resident.

**115.242 (e):** A transgender or intersex are offender the opportunity to shower separately from other residents.

**115.242 (f):** GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. In interview with four residents who self-disclosed at screening of being bisexual, they stated they did not feel they were housed any differently because of their sexual orientation.

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

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

#### 115.251 (c)

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

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.251 (d)

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

#### Auditor Overall Compliance Determination

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

**115.251 (a):** As stated in GEO policy 5.1.2-A, page 19, section L-1, and facility policy 2019-6, page 5, section III-A, 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*, page 9 they can report to any staff member or to the PREA Compliance Manager. They are informed in the *Resident Handbook*, page 25 they can send a written report via a Resident Request Slip to any staff member or a note to the facility's administrative staff.

**115.251 (b):** Residents are informed on page 9 of the *PREA Education Manual for Residents* they can contact the ADOC PREA hotline by speed dialing #78 on a resident phone, or they can write to the ADOC PREA Coordinator and are given the mailing address. They are also provided the speed dial number (#33) for the Rape Response Hotline to request victim advocacy and emotional support services.

**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.

**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 inmate and staff reporting was found on the GEO website (<https://www.geogroup.com/prea>). *Third Party Reporting* posters and page 4, section I of 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 with 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

Staff and residents interviewed were aware of the internal and external reporting options that are available.

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.252 (b)

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

#### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (d)

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

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

**115.252 (a):** In review of GEO policy 5.1.2-A, pages 19 & 20, section K-2, and facility policy 2019-5, page 4, *Sexual Abuse Grievances* section, there is a procedure in place 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 page 9 of the *PREA Education Manual for Residents* and on page 25 of the *Resident Handbook*.

**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 an inmate 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 was one grievance filed alleging sexual abuse that a final decision was reached within 90 days after being filed. Residents interviewed were aware they could file a grievance regarding 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. If a third party files 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 on page 20, section L-2-b of GEO policy 5.1.2-, and on page 4 of facility policy 2019-5. 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.

## Standard 115.253: Resident access to outside confidential support services

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

#### 115.253 (a)

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

#### 115.253 (b)

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

### 115.253 (c)

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

#### Auditor Overall Compliance Determination

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

**115.253 (a):** GEO policy 5.1.2-A, pages 25 & 26, section N-8 and facility policy 2019-6, page 12, section 7, addresses the agency/facility's policies on providing offenders with access to outside victim advocates for emotional support services related to sexual abuse.

**115.253 (b):** Residents are informed on page 9 of the *PREA Manual for Residents* and on *Resident Reporting Options* posters that victims will be offered counseling from mental health staff and assistance from victim advocates. They are given the telephone numbers for the Central Alabama Crisis Center and RAINN the National Advocacy Hotline. The Alabama Therapeutic Education Facility enables reasonable communication between the residents and these agencies in a confidential manner.

**115.253 (c):** ADOC contracts with Wexford Health. Wexford Health contracts with the Brookwood Medical Center to provide emergency medical services and SAFE/SANE examinations.

### Standard 115.254: Third-party reporting

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

### 115.254 (a)

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

#### Auditor Overall Compliance Determination

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

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**115.254 (a):** Based on GEO policy 5.1.2-A, page 20, section L-3, the agency has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Residents are informed of third party reporting on PREA posters displayed in both English and Spanish.

The method for third party reporting procedures is made available on the GEO website at <http://www.geogroup.com/prea> and on *Third Party Reporting* posters posted in areas visible to visitors and staff. Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator.

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.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary,

as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.261 (d)

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

#### 115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.261 (a):** The agency's requirement on staff reporting duties can be found on pages 20 & 21, section N-4 of GEO policy 5.1.2-A and pages 5 & 6, section III-B of facility policy 2019-6. Reporting duties for volunteers is found on pages 14 & 15, section G-2 of GEO policy 5.1.2-A and contractor reporting duties on pages 15 & 16, section H-2 of GEO policy 5.1.2-A. All 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 Facility Director, PREA Compliance Manager and the Alabama Department of Corrections. In interview with random staff, contractors and volunteers, they knew their reporting duties.

**115.261 (b):** Apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff and volunteers interviewed knew this information is to be kept confidential and knew whom to report allegations to.

**115.261 (c):** Medical and mental health staff are required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report and the limitation of confidentiality at the initiation of services. Medical and mental health staff interviewed confirmed this practice.

**115.261 (d):** Alabama Therapeutic Education Facility houses adult male and female residents only and does not house residents under the age of 18. No residents, according to their classified level of care, are considered vulnerable adults under the State Vulnerable Persons Statute; therefore, this provision of this standard is not applicable to this facility. In interview with the Facility Director, he confirmed this information.

**115.261 (e):** In interview with the Facility Director, Alabama Therapeutic Education Facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to facility investigators and to the Alabama Department of Corrections I & I Department.

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

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

#### Auditor Overall Compliance Determination

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

**115.262 (a):** When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim according to GEO policy 5.1.2-A, page 21, section M-1 and facility policy 2019-6, page 5, paragraph 2. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive and non-judgmental.

In interview with the Facility Director as well as documentation provided by the facility, during the past 12 months there no times it was necessary for the facility to take immediate action in regards to an 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 interview the resident, take precautions, notify staff and possibly have the resident moved to

another unit. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse. In interview with the Executive Vice President Continuum of Care and Reentry Services, he stated that facilities would need to protect the potential victim from any harm. An individual approach is taken and the facility has a responsibility to separate the potential victim to keep him/her safe from harm.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

**115.263 (a):** GEO policy 5.1.2-A, pages 24 & 25, section M-5 and facility policy 2019-6, page 10, section F were used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director will notify the head of the facility where the sexual abuse was alleged to have occurred.

**115.263 (b):** This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

**115.263 (c):** The facility will document that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Compliance Manager and the PREA Coordinator.

**115.263 (d):** The facility will ensure that the allegation is investigated in accordance with the PREA standards.

In information reported on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months the facility did not receive any allegations that a resident was abused while confined at another facility and no notifications were received from another facility of a resident formerly assigned to the Alabama Therapeutic Education Facility alleging sexual abuse while assigned to the facility. The Facility Director reported he would notify ADOC and initiate an investigation.

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

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

#### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

**115.264 (a):** GEO policy 5.1.2-A, pages 21 & 22, section M-2 and facility policy 2019-6, pages 6 & 7, section C-1, outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member.

Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone.

**115.264 (b):** If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence, stay with the alleged victim and notify security staff.

All staff carry with them a First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first responder duties.

On information provided on the Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, in the past 12 months there were no allegations reported that required implementation of first responder duties.

Interviews with security and non-security staff revealed that they knew the policy and procedures to follow if they were the first responder to an allegation of sexual abuse.

## Standard 115.265: Coordinated response

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

### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

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

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

**115.65 (a):** GEO policy 5.1.2-A, page 6, section A-4, and review of the Alabama Therapeutic Education Facility *PREA Coordinated Response Plan* were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse and sexual harassment.

The 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. This checklist is filed with the completed investigative packet.

The Facility Director and the PREA Compliance Manager are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

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

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

### **115.266 (a)**

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

### **115.266 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

**115.266 (a):** GEO policy 5.1.2-A, pages 5 & 6, section III-A-3, GEO policy 5.1.2-E, pages 4 & 5, section III-A-2 and facility policy 2019-6, page 8, section 5-e, were used to verify compliance to this standard. GEO 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 offender pending the outcome of an investigation. On information provided for review, Alabama Therapeutic Education Facility does not have a collective bargaining agreement.

**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.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he stated there are no collective bargaining agreements for any of GEO's reentry facilities.

## **Standard 115.267: Agency protection against retaliation**

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

#### **115.267 (a)**

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

#### **115.267 (b)**

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

#### **115.267 (c)**

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

**115.267 (a):** GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined in policy 5.1.2-A, pages 26 & 27, section N-2 and in facility policy 2019-6, pages 12 & 13, section H-8-14.

**115.267 (b):** The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or offender 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.

**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 PREA Compliance 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 and staff is documented on the *Protection from Retaliation Log – Reentry* form.

**115.267 (d):** Monitoring of residents also includes periodic status checks.

**115.267 (e):** If any resident or staff who cooperates with an investigation expresses fear of retaliation, the agency will respond appropriately to protect that individual from retaliation.

**115.267 (f):** Retaliation monitoring will terminate if it is determined that the allegation was unfounded.

In interview with the PREA Compliance Manager and the Facility Director and information provided on the Pre-Audit Questionnaire, in the past 12 months no incidents of retaliation occurred.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee) at an earlier dated stated facilities would always look for the best options for residents and staff. Residents and staff could always be talked to individually and assessed on a case-by-case basis. If there was retaliation identified, immediate action would be taken.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.271 (b)

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

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.271 (e)

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

#### 115.271 (f)

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

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.271 (a):** An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at Alabama Therapeutic Education Facility, promptly, thoroughly and objectively, including third party and anonymous reports. The agency's policy on administrative and criminal investigations as outlined in GEO policy 5.1.2-E, pages 5 & 6, section III-B.

**115.271 (b):** The facility has four 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.

**115.271 (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.

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

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

**115.271 (f):** 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.

**115.271 (g):** A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports from the Alabama Department of Corrections I & I Department.

**115.271 (h):** Substantiated allegations of conduct that appears to be criminal shall be referred for criminal prosecution. On information reported on the Pre-Audit Questionnaire, in the past 12 months, there were two allegations of sexual abuse reported and neither allegation was referred for prosecution.

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

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

**115.271 (k):** Any state entity or Department of Justice component that conduct investigations shall do so pursuant to the above requirements.

**115.271 (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, she reported that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required.

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.

## Standard 115.272: Evidentiary standard for administrative investigations

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

### 115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

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

**115.72 (a):** Based on GEO policy 5.1.2,-E, page 6, section B-2-d the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In interview with facility investigators, they confirmed this practice.

## Standard 115.273: Reporting to residents

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

### 115.273 (a)

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

### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in 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  No  NA

### 115.273 (c)

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**115.273 (a):** GEO policy 5.1.2-E, pages 11 & 12, section III-K and facility policy, page 13, section J, were used to verify compliance to this standard. The policies 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 the notification to the alleged victim for his/her signature. The resident receives a copy of the form and a copy is forwarded to the agency's PREA Coordinator.

**115.273 (b):** 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.

**115.273 (c):** 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.

**115.273 (d):** 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.

**115.273 (e):** All *Notification of Outcome of Allegation* or attempted notifications are documented and filed in the corresponding investigative file.

**115.273 (f):** An agency's obligation to report under this standard shall terminate if the resident is released from GEO custody.

In information provided on Pre-Audit Questionnaire and in interview with the Facility Director, the PREA Compliance Manager and facility investigators, in the one closed investigation in the past 12 months, the resident was presented a *Notification of Outcome of Allegation* and the notice was found filed in the investigative file.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.276 (a):** Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, page 12, section L-1 and facility policy 2019-6, page 15, section M-1.

**115.276 (b):** Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

**115.276 (c):** Disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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.

**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. The *GEO Employee Handbook*, provided to all staff, page 18, explains the agency's zero-tolerance policy for employees and the sanctions that would be imposed for violations of the policy.

In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no staff members disciplined for violating the agency sexual abuse or sexual harassment policies.

## Standard 115.277: Corrective action for contractors and volunteers

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

#### 115.277 (a)

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

#### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

**115.277 (a):** Based on review of GEO policy 5.1.2-E, page 13, section L-3 and GEO policy 5.1.2-A, page 15, section G-3 for volunteers and page 16, section H-3 for contractors, any volunteer or contractor who engages in sexual abuse or sexual harassment is prohibited from contact with residents and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

**115.277 (b):** The applicable GEO contracting authority will be notified and appropriate remedial measures will be taken and will consider whether to prohibit further contact with residents.

In interview with the Facility Director and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no volunteers or contractors reported to law enforcement for engaging in sexual abuse of residents. In interview, the Facility Director reported he would suspend privileges of volunteers and contractors pending an investigation.

## **Standard 115.278: Interventions and disciplinary sanctions for residents**

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

#### **115.278 (a)**

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

#### **115.278 (b)**

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

#### **115.278 (c)**

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

#### **115.278 (d)**

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

#### **115.278 (e)**

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

#### **115.278 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### **115.278 (g)**

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

### Auditor Overall Compliance Determination

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

**115.278 (a):** According to GEO policy 5.1.2-E, pages 12 & 13, section L-2 and facility policy 2019-6, pages 15 & 16, section M-2, 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.

**115.278 (b):** Sanctions will 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.

**115.278 (c):** Based on GEO policy 5.1.2-E, page 12, section 2-c, 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.

**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 Alabama Department of Corrections 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.

**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.

**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.

**115.278 (g):** The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between offenders 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.

## MEDICAL AND MENTAL CARE

## Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

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

#### 115.282 (b)

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

#### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

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

**115.282 (a):** Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 25, section 7 and facility policy 2019-6, page 8, section 5-f & h. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement.

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

**115.282 (c):** SANE exams are performed offsite at the Central Alabama Crisis Center’s SANE facility. Resident victims are offered prophylactics for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Female victims are offered contraception prophylaxis.

**115.282 (d):** 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. In information reported from the facility, in the past 12 months there were no residents who required emergency medical or mental health services due to being victimized by sexual abuse.

Medical and mental health staff interviewed knew what actions to take in response to incidents of sexual abuse. Security and non-security staff were knowledgeable of their responsibilities of taking preliminary steps to protect the victim and to notify medical and mental health staff immediately.

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

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

### **115.283 (a)**

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

### **115.283 (b)**

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

### **115.283 (c)**

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

### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### **115.283 (e)**

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.283 (f)

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

#### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.283 (h)

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

### Auditor Overall Compliance Determination

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

**115.283 (a):** The facility offers ongoing medical and mental health care to all residents who have been victimized by sexual abuse.

**115.283 (b):** According to GEO policy 5.1.2-A, pages 26, section N-1 and facility policy 2019-6, page 8, section 4-h, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.

**115.283 (c):** The facility provides victims with immediate medical and mental health care. Residents are transferred to the Brookwood Medical Center for ongoing medical services and receive ongoing mental health services on site.

**115.283 (d):** Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

**115.283 (e):** If pregnancy results from vaginal penetration, will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

**115.283 (f):** Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.

**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.

**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.

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.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.286 (e)

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

### Auditor Overall Compliance Determination

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

**115.286 (a):** According to GEO policy 5.1.2-A, page 28, section 3 and facility policy 2019-6, page 14, section K, the facility is required 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.

**115.286 (b):** The review is conducted within 30 days of the conclusion of the investigation.

**115.286 (c):** The review team consists of the Facility Director, PREA Compliance Manager and the Assistant Director of Operations, the PREA Coordinator may attend via telephone or in person.

**115.286 (d):** The review 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.

Incident reviews are documented on a *PREA After Action Review Report* (attachment J to policy 5.1.2-A) with any recommendations for improvement, and forwarded to the PREA Coordinator no later than 10 working days after the review. The PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file.

**115.286 (e):** The facility will implement the recommendations for improvement, or documents the reasons for not doing so.

In interview with the PREA Compliance Manager, on information provided on the Pre-Audit Questionnaire and in review of the *PREA After Action Review Report* of the one sexual abuse investigation completed in the past 12 months, this process is in place.

## Standard 115.287: Data collection

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

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.287 (b)

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

#### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.287 (d)

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

#### 115.287 (e)

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

#### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**115.287 (a):** Information on data collection is found on pages 27 & 28, section O-1 of GEO policy 5.1.2-A and facility policy 2019-6, page 16, section M-1, GEO collects uniform data for every allegation of sexual abuse at all facilities under their control.

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.

**115.287 (b):** The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log* (attachment K of policy 5.1.2-A). In addition to submitting the *Monthly PREA Incident Tracking Log*, the PREA Compliance Manager is to ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data.

**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).

**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.

**115.287 (e):** This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its offenders.

**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.

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

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

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

#### 115.288 (b)

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

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

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

### Auditor Overall Compliance Determination

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

**115.288 (a):** Based on GEO policy 5.1.2-A, page 28, section O-2, facility policy 17.001, page 35, section 4.20, and on interview with the PREA Coordinator, the agency 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. The PREA Coordinator stated that a database program, monitored by a Data Specialist, is used at the corporate level to maintain the data.

**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. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

**115.288 (c):** The PREA Coordinator forwards the annual report to the Senior Vice President, President of GEO Care and to the Senior Vice President, US Corrections and Detention and

International Operations for their signatures and approval. The report is made public on the GEO website at <https://www.geogroup.com/prea>.

**115.288 (d):** Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO’s annual report.

### Standard 115.289: Data storage, publication, and destruction

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

##### 115.289 (a)

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

##### 115.289 (b)

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

##### 115.289 (c)

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

##### 115.289 (d)

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

#### Auditor Overall Compliance Determination

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

**115.89 (a):** Based on GEO policy 5.1.2-A, page 28, section O-3, facility policy 2019-6, page 17, section M-3, and on interview with the PREA Coordinator, GEO ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A (11).

**115.89 (b):** GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <https://www.geogroup.com/prea>.

115.89 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

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

**115.401 (a):** Based on GEO policy 5.1.2-C, page 18, section Q, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. The initial PREA audit of Alabama Therapeutic Education Facility was conducted December 2015 by a DOJ certified PREA auditor when the facility was operated by CED. This audit is, conducted three years after the initial PREA audit, was conducted by a DOJ certified PREA auditor.

**115.401 (b):** According to GEO's PREA Coordinator, 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.

**115.401 (f):** I received and reviewed all relevant agency-wide policies and procedures during the onsite audit phase and during the onsite audit.

**115.401 (g):** I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

**115.401 (h):** During the audit, I was allowed access to all areas of the Alabama Therapeutic Education Facility.

**115.401 (i):** I was permitted to request and received copies of relevant documentation.

**115.401 (j):** I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

**115.401 (k):** I interviewed a random sample of staff and residents during the onsite audit.

**115.401 (l):** I reviewed camera monitors.

**115.401 (m):** I was permitted to conduct private interviews with residents and staff in an area that ensured confidentiality to our conversation.

**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 Alabama Therapeutic Education Facility.

**115.401 (o):** During the Pre-Onsite Audit Phase I contacted the Central Alabama Crisis Center to confirm and review the MOU the facility has with that agency.

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.403 (a):** In compliance with the National PREA Standards, I certify by my signature in the *Auditor's Certification* Section of this report that no conflict of interest exists with my ability to conduct this audit.

**115.403 (b):** In thorough review of GEO's policies, as well as facility policies and procedures, were found to comply with relevant PREA standards.

**115.403 (c):** For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page 11 for a summary of audit findings for each of the PREA standards.

**115.403 (d):** This report describes the methodology, sampling sizes and basis for my conclusions as required.

**115.403 (e):** I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request.

**115.403 (f):** Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<https://www.geogroup.com/prea>) to be available to the public.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara Jo Denison  
**Auditor Signature**

July 18, 2019  
**Date**