

PREA Facility Audit Report: Final

Name of Facility: Alabama Therapeutic Education Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/03/2025

Auditor Certification

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.



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



Auditor Full Name as Signed: Patrick Firman

Date of Signature: 07/03/2025

AUDITOR INFORMATION

Auditor name: Firman, Patrick

Email: patrickfirman@gmail.com

Start Date of On-Site Audit: 05/13/2025

End Date of On-Site Audit: 05/15/2025

FACILITY INFORMATION

Facility name: Alabama Therapeutic Education Facility

Facility physical address: 102 Industrial Parkway, Columbiana, Alabama - 35051

Facility mailing address:

Primary Contact

Name:	Kenneth Moss
Email Address:	kmoss@geogroup.com
Telephone Number:	2058425958

Facility Director	
Name:	Kenneth Moss
Email Address:	kmoss@geogroup.com
Telephone Number:	2058425958

Facility PREA Compliance Manager	
Name:	Sarah Bowman
Email Address:	sarah.bowman@geogroup.com
Telephone Number:	205-669-1187

Facility Characteristics	
Designed facility capacity:	722
Current population of facility:	607
Average daily population for the past 12 months:	614
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5	
Age range of population:	19-72
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	95
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	32
Number of volunteers who have contact with residents, currently authorized to enter the facility:	57

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

Agency Chief Executive Officer Information:	
Name:	J David Donahue
Email Address:	ddonahue@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information

Name:	Manny Alvarez	Email Address:	Manuel.Alvarez@geogroup.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

3

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.215 - Limits to cross-gender viewing and searches
- 115.231 - Employee training

Number of standards met:

38

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-05-13
2. End date of the onsite portion of the audit:	2025-05-15

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	RAINN National Sexual Assault Hotline The Crisis Center, Inc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	722
15. Average daily population for the past 12 months:	616
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	608
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	6
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	3
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	23
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	89
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	98

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	10
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	18
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☒ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I received a roster of all residents housed at the facility on the first day of the onsite. Using this roster I randomly selected residents from different housing units, varying lengths of stay and gender.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Per the facility PREA Manager, there were no individuals meeting this criteria housed in the facility during the onsite.
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Per the facility PREA Manager, there were no individuals meeting this criteria housed in the facility during the onsite.

44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Per the facility PREA Manager, there were no individuals meeting this criteria housed in the facility during the onsite.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Per the facility PREA Manager, there were no individuals meeting this criteria housed in the facility during the onsite.
48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	6
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not use segregated housing.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	13
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

16

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
62. Enter the total number of CONTRACTORS who were interviewed:	3
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☒ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The auditor conducted a comprehensive on-site audit of the Alabama Therapeutic Education Facility (ATEF) in Columbiana, Alabama. The visit included a full facility tour, document review, staff and resident interviews, signage evaluation, and observation of operational practices. ATEF is a closed facility, residents are not allowed to come and go without escort. Facility leadership and staff were cooperative, and residents appeared comfortable engaging with the audit process.

The ATEF is composed of dormitory-style housing units, classrooms, program spaces, dining areas, and administrative offices.

There are two female housing units consisting of a dayroom area with rooms holding 6-8 beds each. There are four male units consisting of a dayroom area with rooms holding 6-8 beds each. The female units had private, individual showers. The male units had two large shower areas each with multiple shower heads. Residents confirmed that they felt their privacy was respected when using these areas. Monitors are present in each dorm to assist with coordination and communication. Staff presence was observed in all living units, with routine walk-throughs conducted at regular intervals. The layout permits clear lines of sight, and all surveillance cameras were positioned appropriately to avoid compromising privacy in shower and restroom areas. Supervisory staff demonstrated an understanding of PREA principles related to cross-gender viewing and searches. All staff announced their presence prior to entering housing units with residents of the opposite gender.

All incoming residents receive a PREA orientation during intake, which includes a video presentation, distribution of educational materials, and a verbal explanation of resident rights and reporting methods. Residents complete a written acknowledgment of receiving PREA education.

Individual interviews confirmed that residents understood the content and could articulate various ways to report abuse, including to staff, through the hotline, in writing, and to external agencies. Posters and informational brochures were observed throughout the facility, clearly outlining PREA protections in both English and Spanish.

Risk screenings are conducted one-on-one in private intake rooms by trained staff. Screenings include questions that assess the resident's risk for sexual victimization or abusiveness. There was some question regarding how the Risk Screening tool was being used to inform housing decisions. This was discussed with the PREA manager and adjustments are being made to the process ensure the tool is used most effectively.

Screenings for male and female residents are completed separately. Female residents are screened by male staff and male residents by male staff. All screening forms are stored securely, and documentation showed timely completion within 72 hours of arrival.

Residents have multiple avenues for reporting sexual abuse or harassment, including a toll-free hotline, grievance forms, access to case managers, and mailing letters to external organizations. Envelopes and stamps are distributed to indigent residents upon request. Mail procedures support confidential and anonymous reporting. Some confusion was noted among staff regarding residents needing to include a return address on all outgoing mail. Facility leadership was advised to ensure clear signage is posted and accurate instructions are included in orientation materials.

The facility adheres to agency policy prohibiting cross-gender strip and pat searches, except under emergency circumstances. Strip searches are conducted in private spaces and by staff of the same gender.

PREA-related records are securely stored in locked filing cabinets located within case manager offices. Only assigned staff have access to these documents. Electronic records are maintained in the facility's case management system, which is password-protected and access-controlled. Staff demonstrated an understanding of confidentiality requirements, including limiting the sharing of sensitive information to individuals with a legitimate need to know.

Language interpretation services are available through a contracted telephone service provider. During the audit, hotline numbers posted in living units were tested. While most were functional, one number failed to connect and several were duplicates. Facility leadership was notified, and immediate corrective action was initiated to update signage. Staff interviews revealed general awareness of how to access interpretation services, but additional training was recommended to reinforce consistent application, particularly during intake and incident reporting.

Documentation Sampling

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

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

☒ Yes

☐ No

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

Thirty-two resident records were randomly selected and reviewed to determine compliance with screening requirements and PREA education. All residents are screened within 24 hours of arrival at the facility and followed up, when necessary, within 30 days. Residents determined to be at risk of victimization or being abusers are referred for evaluations. Residents must sign to accept or decline the service. All resident records reviewed contained appropriate acknowledgment for receiving PREA educational materials.

Twenty-eight staff records were randomly selected and reviewed. All records reviewed contained an acknowledgment of annual PREA training, including training on searches. All files examined contained initial background clearances completed by Accurate Background. Self-disclosure statements are renewed and signed annually as part of a performance evaluation. Staff members that had been promoted in the past 12 months had completed backgrounds before the promotion. Staff members who had previous institutional experience had documentation in their files that the prior institutions were contacted. All staff members have background clearances renewed every five years.

Volunteer records (10) were examined and found to contain the required background checks, PREA training and acknowledgements.

The facility had a total of three allegations regarding sexual abuse or sexual harassment during the past 12-months. All allegations were unsubstantiated. All investigative files were reviewed.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

2

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.211 Evidence relied upon in making the compliance determinations: - Alabama Therapeutic Education Facility (ATEF) PAQ - GEO Corporate Policy and Procedure Manual 5.1.2 Zero Tolerance Policy Towards Sexual Abuse and Harassment (effective 2/5/2024) - GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024) - Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing and Facility Requirements (effective 2/3/25) - Interview responses from the PREA Coordinator - Interview responses from PREA Manager Reasoning and analysis (by provision):

115.211(a)**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the agency has a written policy mandating zero tolerance.
 2. Reported that the agency has a written policy outlining the agency's approach to preventing, detecting, and responding to such conduct.
 3. Reported that the policy includes definitions of prohibited behaviors.
 4. Reported that the policy includes sanctions for those found to have participated in prohibited behaviors.
 5. Reported that the policy includes a description of the agency's strategies and responses to reduce and prevent SA and SH of residents.
2. GEO Corporate Policy and Procedure Manual 5.1.2 Zero Tolerance Policy Towards Sexual Abuse and Harassment (pp. 1 & 5-7):
 1. Outlines the agency's zero tolerance policy toward sexual abuse and sexual harassment.
 2. Provides definitions of prohibited behaviors and sanctions.
3. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 1-2 & 9-10):
 1. Requires that each facility have a current policy mandating zero tolerance towards all forms of SA and SH and outlining GEO's approach to preventing, detecting, and responding to such conduct.
 2. Outlines sanctions for those found to have participated in prohibited behaviors.
4. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing and Facility Requirements (p. 1):
 1. Outlines the facility's zero tolerance towards SA and SH.
 2. Outlines the facility's approach to preventing, detecting, and responding to such behaviors.
 3. Outlines that disciplinary action, including possible criminal prosecution, may be taken.
 4. Describes the facility's strategies and responses to reduce and prevent SA and SH.

115.211(b)**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the agency employs an upper-level, agency-wide PREA Coordinator.
 2. Reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards.

	2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 2): 1. Outlines the designation and responsibilities of an agency-wide PREA Coordinator. 3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing and Facility Requirements (pp. 2-3): 1. Outlines the designation and responsibilities of an agency-wide PREA Coordinator. 2. Outlines the designation and responsibilities of a facility-level PREA Manager. What was heard as part of a systematic review of evidence: 1. Interview interview responses from the PREA Coordinator: 1. PREA Coordinator reported that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all community confinement facilities. 2. Interview with PREA Manager: 1. The PREA Manager reported that she feels like she has sufficient time and resources to oversee the facilities efforts to comply with PREA Standards. Based on this analysis and GEO's commitment to creating and maintaining a zero-tolerance approach to sexual abuse and sexual harassment, the facility exceeds the requirements of this standard, and corrective action is not required.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.212 Evidence relied upon in making the compliance determination: • Interview with the facility Director confirmed that the agency has not entered into or renewed a contract for the confinement of its residents since the last PREA audit. Based on this analysis, the facility substantially complies with this standard, and corrective action is not required.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.213 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024) • Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing and Facility Requirements (effective 2/3/25) • ATEF Approved Staffing Plan • ATEF security staff schedule • ATEF facility floor plans with camera locations • Annual PREA Facility Assessment reports • Interview with Facility Director • Interview responses from PREA Coordinator • Site review observations Reasoning and analysis (by provision): 115.213(a) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the facility develops and documents a staffing plan that provides for adequate levels of staffing. 2. Reported that the average daily number of residents since the last PREA audit was 600. 3. Reported that since the last PREA audit, the staffing plan was developed based on 722 residents. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 3-4): 1. Outlines that each facility must develop and document a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring to protect individuals against SA. 3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing and Facility Requirements (pp. 3-4): 1. Outlines that the Alabama Therapeutic Education Facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect residents against sexual abuse. 2. In any circumstance where the staffing plan is not complied with, the

Facility Director shall document and justify all deviations from the plan.

3. Alabama Therapeutic Education Facility management staff shall assess, determine and document no less frequently than once each year, whether adjustments are needed to:
 1. The staffing plan.
 2. The facility's deployment of video monitoring systems and other monitoring technologies; and
 3. The resources the facility has available to commit to ensure adherence to the staffing plan.
 4. The management staff review shall assess, determines, and document prevailing staffing patterns.
4. The staffing plan, to include all deviations and the PREA Annual Facility Assessment, shall be completed and submitted to the Corporate PREA Coordinator as directed.
5. GEO's Reentry Services Divisions, in consultation with the Corporate PREA Coordinator, shall review all facility assessments and take appropriate actions necessary to protect residents from sexual abuse at its facilities. All findings and corrective actions taken shall be documented by the Corporate PREA Coordinator.
4. Approved facility staffing plan was reviewed and compared with actual staffing observed during the onsite visit.
5. Annual reviews of facility staffing plan for the past three years were reviewed and found to contain all of the requirements of this standard.
6. Facility layout diagram with camera locations was reviewed and compared to actual locations during the onsite visit.

What was heard as part of a systematic review of evidence:

1. Interview responses from PREA Coordinator:
 1. PREA Coordinator reported that a staffing plan has been developed for the facility that provides adequate staffing levels and video monitoring. The plan is reviewed each year.
2. Interview with Facility Director:
 1. Confirmed that a staffing plan is in place that is reviewed each year. The staffing plan takes into account the number of residents, as well as the availability of cameras and mirrors throughout the facility.

What was observed as part of a systematic review of evidence:

1. Site review:
 1. Observation of staffing over several shifts revealed that there appeared to be adequate staff available to cover the facility.
 2. Observation of camera and mirror placement to cover all blind spots and entrance/exits to areas where residents were not allowed.
 3. Informal conversations with staff regarding staffing levels revealed

that there are minimum levels of staff that must be at the facility at all times. Vacancies are filled with overtime.

115.213(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that there have been no instances where the staffing plan has not been complied with.
2. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing and Facility Requirements (p. 3):
 1. Requires the Facility Director document and justify any deviations from the staffing plan.

What was heard as part of a systematic review of evidence:

1. Interview with Facility Director:
 1. Reported that he is required to document and report any deviations from the staffing plan.
 2. Reported that there have been no deviations from the approved staffing plan. Overtime is utilized to cover any openings from staff absences.
 3. Reported that it is part of their contract with ADOC to provide minimum staff each day.

115.213(c)

What was read, as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the staffing plan is reviewed yearly.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 3-4):
 1. Requires that each facility assess, determine and document no less frequently than once each year whether adjustments are needed to the staffing plan, deployment of video technology or other resources.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing and Facility Requirements (p. 3):
 1. Requires that ATEF facility management staff shall assess, determine and document no less frequently than once each year, whether adjustments are needed to:
 1. The staffing plan.
 2. The facility's deployment of video monitoring systems and other monitoring technologies.
 3. The resources the facility has available to commit to ensure

	adherence to the staffing plan. 4. The management staff review shall assess, determines, and document prevailing staffing patterns. 4. Review of annual staffing plans for past three years: 1. Revealed that consideration was given to adequate level of staffing. 2. Revealed that consideration was given to any need for additional cameras or mirrors. 3. Revealed that consideration was given to previous reports of sexual abuse/sexual harassment. What was heard, as a part of a systematic review of evidence: 1. Interview responses from Agency PREA Coordinator: 1. Reported that each facility is required to conduct an “Annual PREA Facility Assessment,” which requires them to review their staffing plan and all components of the physical plant. Completed assessments are forwarded to me which include recommendations for equipment, cameras, additional staffing, etc. They are reviewed and the appropriate divisional leadership (i.e., secure services and reentry services) is consulted to assess the request. It is either approved or denied, signed, and returned to the facility. Based on this analysis, the facility complies with this standard, and corrective action is not required.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.215 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024) • Alabama Therapeutic Education Facility Local Policy Manual 2025-4 Resident Searches, Viewing, and Contraband (effective 2/3/2025) • PREA Staff Training Curriculum - DOJ 2019 In-Service • PREA Staff Training Acknowledgements • Interview responses from random staff • Interview responses from random residents

- Interview responses from residents who identify as transgender
- Site review observations

Reasoning and analysis (by provision):

115.215(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.
 2. Reported that there have been zero cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 12-13):
 1. Outlines that cross-gender strip searches are prohibited except in exigent circumstances.
 2. Outlines that cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite Medical Practitioners.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-4 Resident Searches, Viewing, and Contraband (pp. 3-4):
 1. Outlines that cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited.
 2. Outlines that cross-gender pat-down searches of male and/or female residents are prohibited.

What was observed, as part of a systematic review of evidence:

1. Site review observations:
 1. Informal conversations with staff and residents confirmed that cross-gender strip search and body cavity searches are not performed at the facility.

115.215(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility does not permit cross-gender pat-down searches of female residents.
 2. Reported that the facility does not restrict female residents' access

to regularly available programming or other outside opportunities in order to comply with this provision.

3. Reported that zero pat-down searches of female residents by male staff have taken place.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 12):
 1. Outlines that facilities shall not permit cross-gender pat-down searches of female individuals in a GEO facility, absent exigent circumstances.
 2. Outlines that facilities shall not restrict female individuals in a GEO facility access to regularly available programming or other outside opportunities to comply with this provision.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-4 Resident Searches, Viewing, and Contraband (pp. 3-4):
 1. Outlines that searches shall be conducted in a professional manner that maintains the respect and dignity of the client. A staff member of the same gender will conduct the “pat” search and document it on the pat search log.
 2. Outlines that cross-gender pat-down searches of male and/or female residents are prohibited.
 3. Female residents will not be denied access to regularly available programming or other outside opportunities in order to comply with this provision.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed all confirmed that cross-gender pat-down searches are not conducted at the facility.
 2. Staff stated that they always have female staff available to conduct pat downs if necessary.
2. Interviews with female residents:
 1. Female residents interviewed stated that they have not been patted down by male staff and that they have not had to wait for a female staff member to pat them down.

115.215(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.
 2. Reported that facility policy requires that all cross-gender pat-down searches of female residents be documented.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 12):
 1. Outlines that cross-gender strip searches are prohibited except in exigent circumstances or when performed by medical practitioners.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-4 Resident Searches, Viewing, and Contraband (pp. 3-4):
 1. Outlines that cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited. Cross-gender pat-down searches of male and/or female residents are prohibited.

115.215(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility has implemented policy and procedures that enable residents to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when viewing is incidental to routine cell checks.
 2. Reported that policy and procedures 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 clothes.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 12):
 1. Requires that each facility implement policies and procedures which allow individuals in a GEO facility to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances, or instances when the viewing is incidental to routine cell checks.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-4 Resident Searches, Viewing, and Contraband (pp. 3-4):
 1. States that Facility staff is required to loudly announce their entrance into a dorm housing residents of the opposite gender. Likewise, staff members are prohibited from entering the restroom area in opposite-gender dorms without loudly announcing their presence and gaining verbal assurance that occupants in the area are fully clothed.
 2. Residents have the right to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, excluding exigent circumstances (such as a medical emergency where same-gender staff are not available to render first aid).

What was heard as part of a systematic review of evidence:

1. Interviews with random residents:

1. All of the residents interviewed stated that staff of the opposite gender consistently announce their presence when entering an area where they may be showering, using the toilet, or changing their clothes.
2. All of the residents interviewed stated that there has not been an instance where staff of the opposite gender has seen a resident in an unclothed state.

2. Interviews with random staff:

1. Staff interviewed stated that they always announce themselves when entering an area where residents of the opposite gender are living.
2. Staff interviewed stated that residents are able to dress, shower and toilet without being viewed by staff of the opposite gender.

What was observed as part of a systematic review of evidence:

1. Site review:

1. Both male and female restrooms provide privacy for residents through toilet stalls with doors, shower stalls with curtains.
2. Mirrors and camera placement do not provide views into areas where residents shower, toilet or change clothes.
3. A review of camera monitoring areas confirmed that cameras do not show areas where residents may be toileting, showering or changing clothes.
4. Informal conversations with residents and staff indicated that staff consistently announce their presence to include loud verbal announcements and knocking on doors before entering living areas of residents of the opposite gender.
5. Observations made during the onsite revealed that female staff consistently knock and announce themselves when entering the male living areas, and male staff consistently announce themselves when entering females living areas.
6. It was observed that the residents consistently participate in making sure that everyone is aware when a staff member of the opposite gender enters a living area by repeating the announcement to ensure that all residents in the area hear it.

115.215(e)

What was read as part of a systematic review of evidence:

1. Facility PAQ:

1. Reported that there is a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status.

2. Reported that zero searches as described above have occurred in the past 12- months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 13):
 1. Outlines that facilities shall not search or physically examine a transgender or intersex individual in a GEO facility solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the individual, 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.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-4 Resident Searches, Viewing, and Contraband (pp. 3-4):
 1. Outlines that staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, by consulting the referring agency, and/or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed reported that they were aware of policy prohibiting the searching or physically examining transgender or intersex residents for the sole purpose of determining genital status.
2. Interviews with residents who identified as transgender:
 1. Residents stated that they were not subject to a strip search just to determine their genital status.

115.215(f)

What was read as part of a systematic review of evidence:

1. Facility PAQ:
 1. Reported that 100% of security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.
2. A review was conducted of staff PREA training curriculum on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.
3. A review of random training files revealed that staff had received and acknowledged training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and

	respectful manner. 4. A review of random staff training acknowledgement forms revealed that staff are required to acknowledge that they understood the training they received. What was heard as a part of a systematic review of evidence: 1. Interviews with random staff: 1. All staff interviewed stated that they had received training in conducting cross- gender pat-down searches as well as searching transgender and intersex residents in a professional and respectful manner. 2. Staff interviewed stated that they do not perform any cross-gender pat-down searches. Based on this analysis and in light of the unique culture that was observed where residents work together with staff to ensure all are aware when staff of the opposite gender enter living areas, the facility substantially exceeds the requirements of this standard. Corrective action is not required.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.216 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024) • Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Intake & Orientation (effective 2/3/2025) • PREA Education Manual for Residents (dated 2017) (English/ Spanish) • PREA Education Manual for Residents (dated 2017) - Large Print (English/Spanish) • ATEF resident reporting options posters (English/Spanish) • Language line contract • Interview responses from Agency Head

- **Interviews with random staff**
- **Site review observations**

Reasoning and analysis (by provision):

115.216(a)

1. The facility PAQ:
 1. Reported that the agency has established procedure to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to SA and SH.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 8):
 1. Requires that facilities ensure that individuals 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.
 2. Requires that facilities provide written materials to every resident in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Intake & Orientation (p. 8):
 1. Outlines that ATEF shall ensure that offenders with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
 2. Outlines that the facility shall provide written materials to every offender in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.

What was heard as a part of a systematic review of evidence:

1. Interview responses from Agency Head:
 1. Stated that in all of GEO's facilities PREA education materials are developed in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. We have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTY phones, access to language lines and designated staff interpreters

ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on inmates to do this for us. GEO also reaches out to community-based resources (i.e. local colleges or organizations) that might be willing to assist us.

2. Interviews with residents who were disabled:

1. Residents stated that they did not require any special accommodations regarding PREA and understood the information that was presented to them.

What was observed as a part of a systematic review of evidence:

1. Site review observations:

1. Telecommunication Device for the Deaf (TDD) was available for staff to use in the event a resident was housed at the facility who was deaf.
2. Handbooks with PREA educational materials are available in large print in both English and Spanish.

115.216(b)

What was read as a part of a systematic review of evidence:

1. The facility PAQ:

1. Reported that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to SA and SH.
2. PREA Education Manual for Residents is available in both English and Spanish.
3. ATEF resident reporting posters are printed in both English and Spanish.
4. ATEF has a contract in place with BIG Language Solutions to provide interpretation services.

What was heard as a part of a systematic review of evidence:

1. There were no residents with limited English proficient housed at the facility during the onsite visit.

What was observed as a part of a systematic review of evidence:

1. Site review observations:

1. Signage for reporting and emotional support services were observed in both English and Spanish.
2. Educational material was observed in both English and Spanish.

115.216(c)**What was read as a part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the agency prohibits the use of resident interpreters except in limited circumstances where an extended delay could compromise the resident's safety, the performance of first responder duties or the investigation of the resident's allegations.
 2. Reported that any use of resident interpreters is documented.
 3. Reported that in the past 12 months there were zero instances where residents were used to interpret.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 8):
 1. Outlines that individuals detained in a GEO facility shall not be relied on as readers, interpreters, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-response duties in Section M (2), or the investigation of the individual's allegations. The use of individuals in a GEO program as interpreters shall be justified and fully documented in the written investigative report under these types of circumstances.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Intake & Orientation (p. 2):
 1. Outlines that residents may not be relied on as readers or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-responder's duties in an emergency, or the investigation of the individual's allegations.

What was heard as a part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed stated that it was against policy to use other residents to interpret, and they would not do it.
 2. Staff indicated that they would consult with a supervisor, or obtain the assistance of a staff member who was bilingual.
 3. Most staff interviewed were not aware that they could use the language line. This was brought to the attention of the PREA Manager who stated that they would further educate staff in its use.
2. There were no LEP residents housed at the facility during the onsite visit.

What was observed as part of a systematic review of evidence:

	1. Site review observations: 1. Confirmed the presence of educational material in various languages. Access to the language line was tested and found to be operational. Based on this analysis the facility is substantially compliant with this standard, and corrective action is not required.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.217 Evidence relied upon in making the compliance determination: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024) • Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing & Facility Requirements (effective 2/3/2025) • Review of staff personnel files • Interview with administrative staff Reasoning and analysis (by provision): 115.217(a) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency policy 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: 1. Has engages in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. 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. 3. Has been civilly or administratively adjudicated to have engaged in the activity described above.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4):
 1. Outlines that GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with residents who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing & Facility Requirements (p. 4):
 1. Outlines that ATEF is prohibited from hiring or promoting anyone (who may have contact with individuals housed in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.
4. Review of random employee files:
 1. Revealed that staff hired or promoted in the past 12 months had criminal record background checks conducted.
 2. Revealed that all new hires are required to affirmatively disclose in writing any activity described in 115.217(a)-1.
 3. Revealed that staff who were promoted had a new criminal background conducted and were also required to affirmatively disclose in writing any activity described in 115.217(a)-1.

115.217(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency policy requires the consideration of 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.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4):
 1. Facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with Individuals in a GEO facility or program.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing & Facility Requirements (p. 4):
 1. Outlines that ATEF shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO Facility or Program.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that background checks are completed through a service

called Accurate.

2. Confirmed that clearances must also be obtained from the Alabama Department of Corrections (ADOC), the client, for every employee prior to starting with the agency.
3. Confirmed that incidents of sexual harassment are considered when determining to hire or promote anyone.

115.217(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency policy requires that before it hires any new employee who may have contact with residents, it conducts a criminal background record check and makes its best efforts to contact all prior institutional employers for information on substantiated allegation of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
 2. Reported that in the past 12 months there were 37 persons hired who may have contact with residents who have had criminal background record checks.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4):
 1. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing & Facility Requirements (p. 4):
 1. Outlines that criminal background checks will be conducted for all potential employees and best efforts will be taken to contact prior institutional employers (to obtain information on substantiated allegations of sexual abuse and/or any resignation pending investigation of an allegation of sexual abuse) prior to hiring new employees.
4. Review of random employee files:
 1. Revealed that applicants are asked about employment at other institutions.
 2. Revealed that for employees who indicated prior employment at correctional institutions, that information is requested from the other institutions as part of the background investigation.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:

1. Confirmed that when an employee indicates that they have worked at another institution, part of the background that is completed includes requesting information from that facility regarding any substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.217(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that agency policy requires that a criminal background check be completed before enlisting the services of any contractor who may have contact with residents.
 2. Reported that in the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was eight.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 11-12):
 1. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to enlisting the services of any Contractor. Background checks shall be repeated for all Contractors at least every five years.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing & Facility Requirements (p. 4):
 1. ATEF is prohibited from contracting with anyone (who may have contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or in the community.
 2. ATEF shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO Facility or Program.
 3. Criminal background checks will be conducted for all potential employees and best efforts will be taken to contact prior institutional employers (to obtain information on substantiated allegations of Sexual Abuse and/or any resignation pending investigation of an allegation of Sexual Abuse) prior to hiring new Employees. Background checks shall be repeated for all employees at least every five years.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:

1. Confirmed that background checks are completed through a contracted agency and approved through ADOC (client).

115.217(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency policy requires that a criminal background check be conducted at least every five years for current employees and contractors who may have contact with residents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 4 & 12):
 1. Background checks shall be repeated for all Employees at least every five years.
 2. Background checks shall be repeated for all Contractors at least every five years.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that background checks are completed through a contracted agency.
 2. Confirmed that new background checks are completed at least every five years, or when an employee is promoted.

115.217(f/g)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4):
 1. Outlines that GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility directly about previous sexual misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees. GEO shall also impose upon employees a continuing affirmative duty to disclose any such conduct.
 2. Outlines that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
2. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 PREA Staffing & Facility Requirements (p. 4):
 1. Outlines that employees are required to provide a continuing affirmative duty to disclose any such conduct and/or allegations to the Facility Administrator.

	2. Outlines that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. 3. Review of random employee files: 1. Revealed that staff are required to sign an affirmative disclosure statement yearly as part of their evaluation. 2. This disclosure includes all activity described in 115.217(a)-1. What was heard as part of a systematic review of evidence: 1. Interview with administrative staff: 1. Confirmed that staff are required to sign a disclosure form prior to hire and again as part of their yearly performance appraisal. 2. Confirmed that staff are required to affirmatively disclose any misconduct. 115.217(h) What was read as part of a systematic review of evidence: 1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 8, 16): 1. Outlines that unless prohibited by law, GEO shall 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. What was heard as part of a systematic review of evidence: 1. Interview with administrative staff: 1. Stated that corporate will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving request. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.218(a/b)

Evidence relied upon in making the compliance determination:

- **Alabama Therapeutic Education Facility (ATEF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **Interview responses from Agency Head**
- **Interview with Facility Director**
- **Review of annual staffing assessments**

Reasoning and analysis (by provision):

115.218 (a/b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities.
 2. Reported that the facility has updated a video monitoring system, electronic surveillance system, or other monitoring technology since the previous PREA audit.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 4-5):
 1. Requires that GEO Reentry Services Division shall consider the effect any (new or upgrade) design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect residents from Sexual Abuse.
3. Review of annual facility staffing assessments:
 1. Revealed that video monitoring technology is regularly discussed, and recommendations are made to enhance the technology to better protect residents.

What was heard as a part of a systematic review of evidence:

1. Interview responses from the Agency Head:
 1. Reported that GEO routinely uses new technology to assist in better monitoring of the staff and inmates within its facilities. GEO routinely adds or improves camera coverage within its prisons, jails, reentry and youth facilities. New technology is added to screening areas to control contraband and assist in maintaining the safety of our facilities.
 2. Corporate operations' staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within our facilities.
 3. The company monitors events at both the local and national level to identify patterns where improvements can be made. This monitoring

	has been made possible through software applications and systems implemented nationally where audit results and events can be more easily tracked and compared. 2. Interview with Facility Director: 1. Stated that additional cameras were added throughout the building in order to supplement supervision. 2. Stated that the use of technology is looked at as part of their annual staffing assessment, as well as any after action reviews when there are incidents. Based on this analysis the facility is substantially compliant with this standard, and corrective action is not required.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.221 Evidence relied upon in making the compliance determination: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/2024) • Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) • Letter of agreement for healthcare services • Interview responses from PREA Coordinator • Interviews with random staff Reasoning and analysis (by provision): 115.221(a/b) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency is not responsible for conducting administrative sexual abuse investigations. 2. Reported that the facility is not responsible for conducting criminal sexual abuse investigations. 3. Reported that the Alabama Department of Corrections (client) has

- responsibility for conducting criminal sexual abuse investigations.
- 4. Reported that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol.
- 5. Reported that protocol was adapted from the DOJ's Office on Violence Against Women publication: "A National Protocol for Sexual Assault Medical Forensic Examinations".
- 2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 5):
 - 1. Outlines that facilities that are responsible for investigating allegations of sexual abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.
 - 2. Outlines that due to client contract requirements, some facilities may be required to follow specific client PREA evidence protocols. If for some reason, client protocol is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA standards shall prevail, and a site-specific supplemental protocol shall be developed.

What was heard as part of a systematic review of evidence:

- 1. Interviews with random staff:
 - 1. Staff interviewed understood the agency's protocols for preserving and maintaining physical evidence if a resident alleges sexual abuse and gave examples of the steps they would take.

115.221(c)

What was read as part of a systematic review of evidence:

- 1. The facility PAQ:
 - 1. Reported that the facility offers all residents who experience sexual abuse access to forensic medical examinations.
 - 2. Reported that forensic examinations are offered without financial cost to the victim.
 - 3. Reported that examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).
 - 4. Reported that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

5. Reported the facility documents efforts to provide SANEs or SAFE's.
6. Reported that there were zero PREA cases requiring forensic medical exams conducted during the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 5):
 1. Outlines that facilities shall offer all individuals in a GEO facility who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the individual and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
 2. Outlines that facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available. The facility shall document its efforts to provide SAFEs or SANEs.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA) (p. 11):
 1. Victims/Abusers shall either be transported to a local community facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the facility to conduct the examination.
 2. All refusals of medical services shall be documented.
 3. Victims will receive timely, unimpeded access to emergency medical services and crises intervention which includes access to timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.
 4. All services shall be provided without financial cost to the victim.
4. Alabama Therapeutic Education Facility receives services from Crisis Services of North Alabama through an agreement with YesCare.
 1. The provider will provide medically necessary and authorized offsite PREA services on a PRN basis.

What was heard as a part of a systematic review of evidence:

1. There were no residents who had reported a sexual abuse housed at the facility during the onsite.

115.221(d/e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:

1. Reported that the facility attempts to make available to the victim a victim advocate from a rape crisis center either in person or by other means.
 2. Reported that all efforts are documented.
 3. Reported that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.
 4. Reported that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.
2. Letter of agreement between YesCare and Crisis Services of North Alabama was reviewed.

What was heard as a part of a systematic review of evidence:

1. Interview responses from PREA Coordinator:
 1. Reported that GEO policy requires each facility to ensure residents are offered access to a community-based provider capable of providing emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. In the event a community-based provider is unavailable, an agency staff member is trained on the provision of victim advocacy services.
 2. Stated that GEO policy requires each facility to pursue a Memorandum of Understanding (MOU) with a community-based provider capable of providing victim advocacy services. In the event a MOU cannot be obtained, the facility is required document the attempt to enter into a MOU and/or maintain documentation that no other alternatives are available in the community. If no alternatives are available, an agency staff member is screened for appropriateness to serve as an advocate and trained on the provision of victim advocacy services. Agency staff training is documented and maintained as part of the staff member's official training record.
 3. Stated that each facility ensures the rape crisis center provides the following: 24-hour hotline services; accompaniment and advocacy through medical, criminal just and support systems; crisis intervention services to include individual and group support services; information and referrals to assist the victim; community-based services; and the development/distribution of materials related to available services.

	115.221(f) What was read as part of a systematic review of evidence: 1. Letter of agreement with Crisis Services of North Alabama outlines that PREA protocol will be followed. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.222 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24) • Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Programs (PREA) (effective 2/3/2025) • GEO Website (Investigations) • Review of investigative documentation • Interview responses from Agency Head • Interviews with investigative staff Reasoning and analysis (by provision): 115.222(a) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 2. Reported that in the past 12 months there were three allegations of sexual abuse and sexual harassment that were received. 3. Reported that in the past 12 months there were three allegations

resulting in an administrative investigation.

4. Reported that in the past 12 months the number of allegations referred for criminal investigation was zero.
5. Reported that all administrative and/or criminal investigations received during the past 12 months were completed.

What was heard as part of a systematic review of evidence:

1. Interview responses from Agency Head:
 1. Reported that administrative or criminal investigations are required by corporate and local facility policies. an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only).
 2. Reported that GEO has designated staff at each facility that have received PREA Specialized Investigations training. GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements.
 3. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior.

115.222 (b/c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations.
 2. Reported that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.
 3. Reported that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 1):
 1. Outlines that each facility shall have a policy in place to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.
 2. GEO shall publish its corporate investigations policy on its website.
3. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation

	Procedure (non-ICE) - (pp. 1-2): 1. Outlines that each facility shall have a policy in place to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. 2. Outlines that each GEO operational subsidiary, business unit or program shall have a current policy in place to ensure that: 1. Allegations of sexually abusive behavior receive prompt intervention upon report. 2. Perpetrators of sexually abusive behavior are disciplined and, when appropriate, referred for prosecution in accordance with GEO policy and federal, state, or local laws. 4. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Programs (PREA) (pp. 6-7): 1. Requires that the facility shall report all allegations of sexual abuse and sexual harassment to the Alabama Department of Corrections (client) and/or local law enforcement for investigation. 5. A review of the agency's website: 1. https://www.geogroup.com/PREA 2. Describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency. What was heard as part of a systematic review of evidence: 1. Interviews with investigative staff: 1. Reported that the agency documents all referrals of allegations of sexual abuse and/or sexual harassment for criminal investigation. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.231 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ

- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24)**
- **PREA Staff Training Curriculum - DOJ 2017 Pre-Service**
- **PREA Staff Training Acknowledgement Waivers**
- **Interviews with random staff**

Reasoning and analysis (by provision):

115.231(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:

1. Reported that the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.
2. Reported that the agency trains 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.
3. Reported that the agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment.
4. Reported that the agency trains 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.
5. Reported that the agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.
6. Reported that the agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims.
7. Reported that the agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse.
8. Reported that the agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents.
9. Reported that the agency trains 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.
10. Reported that the agency trains 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.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 9):

1. Outlines that each facility shall train all employees who may have contact with individuals in a GEO Facility or Program on:
 1. Its zero-tolerance policy for sexual abuse and sexual harassment. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention detection, reporting and response policies and procedures.
 2. An individual in a GEO facility or program right to be free from sexual abuse and sexual harassment.
 3. The right of individuals in a GEO facility or program and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
 4. The dynamics of sexual abuse and sexual harassment in confinement.
 5. The common reactions of sexual abuse and sexual harassment victims.
 6. How to detect and respond to signs of threatened and actual sexual abuse.
 7. How to avoid inappropriate relationships with Individuals in a GEO facility or program.
 8. How to communicate effectively and professionally with individuals in a GEO facility or program, including LGBTI or Gender Non-conforming individuals.
 9. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.

3. Review of random employee training files:

1. All files reviewed contained a signed acknowledgement by staff that training was provided and understood.

4. PREA staff training curriculum:

1. Training includes all required aspects of this standard.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:

1. Staff interviewed acknowledged initial and annual training on all required aspects of this standard.
2. Staff interviewed were able to provide details regarding various aspects of the training to demonstrate their understanding.

115.231(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:

1. Reported that training is tailored to the gender of the residents at the

facility.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 9):
 1. Outlines that employee training shall be tailored to the gender of the individuals in the GEO facility or program at the employee's facility, and employees shall receive additional training if transferring between facilities that house individuals of different genders.
3. PREA staff training curriculum was reviewed and found to contain training tailored to both male and female detainees.

115.231(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that between trainings the agency provides employees who may have contact with residents receive refresher information about current policies regarding sexual abuse and harassment at staff meetings, department head meetings and through PREA postings.
 2. Reported that employees who may have contact with residents receive annual training on PREA requirements on an annual basis.
2. A review of random staff training records revealed that all current employees who may have contact with residents received training on PREA requirements. This training is conducted annually.

What was heard as part of a systematic review of evidence:

1. Interview with the facility PREA Manager:
 1. Discussed enhancements to their training program by implementing PREA drills that involve both staff and residents in practicing responding to various PREA related scenarios.

115.231(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.
 2. Staff files were randomly inspected, and all contained signed acknowledgements by staff that training was provided and understood.

Based on this analysis, and the facility's unique approach to enhance training by conducting practice drills, the facility substantially exceeds the requirements of this standard. Corrective action is not required.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.232 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24) • PREA YesCare Employee Orientation curriculum • GEO Contract Staff Training Handbook • Documentation of volunteer training understanding and acknowledgment. • Interviews with contract staff Reasoning and analysis (by provision): 115.232(a/b/c) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. 2. Reported that there are thirty-two volunteers and contractors who have been trained. 3. Reported that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. 4. Reported that the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 10-11): 1. Outlines that all contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. 2. Outlines that each facility shall ensure that all contractors and volunteers who have contact with Individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and harassment prevention, detection, and response policies

	and procedures. 3. Contractors and volunteers who have contact with Individuals in a GEO facility or program shall receive annual PREA refresher training. 4. Outlines that unless client mandates require electronic verification, contractors and volunteers shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. This form shall be used to document Annual PREA refresher Training. 3. PREA YesCare Employee Orientation curriculum: 1. Curriculum outlines the expectations of all healthcare contracted personnel as it relates to the PREA standards. 4. GEO Contract Staff Training Handbook: 1. Curriculum outlines the expectations of all contractors and volunteers regarding the agency's zero-tolerance policy and reporting responsibilities. 5. Review of volunteer training records: 1. Volunteers and contractors are required to sign off on the agency's zero-tolerance policy as well as acknowledge an understanding of the training provided. What was heard as part of a systematic review of evidence: 1. Interview with medical contractors: 1. Confirmed that they had completed the required training provided by the ADOC prior to working with any of the residents. 2. Statement from Facility Director: 1. ATEF does not have any contractual relationships with medical staff. ADOC is responsible for the contracts. 2. Once volunteers are approved by ADOC, ATEF conducts background checks and PREA training for volunteers. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.233 Evidence relied upon in making the compliance determination:

- **Alabama Therapeutic Education Facility (ATEF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24)**
- **Alabama Therapeutic Education Facility Local Policy Manual 2025-2 Resident Orientation and PREA Screening (effective 2/3/2025)**
- **PREA Education Manual for Residents (English) (effective 2017)**
- **PREA Education Manual for Residents (Spanish) (effective 2017)**
- **PREA Education Pamphlets**
- **Resident Acknowledgement of Receipt of PREA Educational Manual**
- **Resident Acknowledgement of Required Training**
- **Review of random resident intake records**
- **Interviews with intake staff**
- **Interviews with random residents**
- **Site review observations**

Reasoning and analysis (by provision)

115.233(a)

What was read a part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that residents receive information at time of intake about the zero- tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
 2. Reported that 976 residents admitted during the past 12 months were given this information.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 8-9):
 1. During the intake process, Reentry facilities shall provide each individual in a GEO facility with written information (i.e., handbooks, pamphlets, etc.) on GEO's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-2 Resident Orientation and PREA Screening (p. 4):
 1. Requires that all offenders in GEO Reentry Services – Alabama Therapeutic Education Facility shall receive comprehensive PREA education. The comprehensive education shall include information on individual's right to be free from Sexual Abuse and Sexual

Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents.

4. Review of intake records:

1. A review of random intake records revealed that residents signed acknowledgement for receipt of PREA information during the intake process.
2. A review of random intake records revealed that residents received orientation the same or following day after arriving to the facility.

5. Review of resident PREA education materials:

1. PREA education materials cover all relevant materials.
2. PREA education materials are provided in English and Spanish.

What was heard as part of a systematic review of evidence:

1. Interviews with intake staff:

1. Intake staff reported that residents are provided with information regarding the facilities zero-tolerance for sexual abuse and sexual harassment at the time of their intake.
2. Intake staff reported that orientation normally takes place the same day that the resident arrives to the facility.

2. Interviews with random residents:

1. Residents interviewed reported that they received information regarding the facility's zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting sexual abuse and sexual harassment.

What was observed as part of a systematic review of evidence:

1. Site review observations:

1. An intake was observed with two residents on the first day of the on-site.
 1. Orientation included information about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
 2. An informational video developed by the Alabama Department of Corrections was shown to the residents.
 3. The residents were given a packet of information regarding PREA.
 4. The staff member conducting the intake went over everything with the resident and provided opportunities to ask questions.
 5. Each intake/education session is conducted in a group setting

with Risk Screening completed individually and in private.

115.233(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a).
 2. Reported that zero residents transferred from a different community confinement facility in the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 8):
 1. Requires that individuals in a GEO facility shall receive education each time they are transferred to/from a different facility.

What was heard as a part of a systematic review of evidence:

1. Interview with intake staff:
 1. Reported that all residents receive the same PREA information at intake and orientation regardless of whether they came from another facility or not.

115.233(c/d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.
 2. Reported that resident PREA education is available in formats accessible to all residents, including those who are deaf.
 3. Reported that resident PREA education is available in formats accessible to all residents, including those who are visually impaired. Manuals are available in large print if needed.
 4. Reported that resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. The facility will take any means necessary to ensure residents get and comprehend any PREA materials.
 5. Reported that resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.
 6. Reported that the agency maintains documentation of resident participating in PREA education sessions.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 9):
 1. Outlines that in all facilities, education shall be provided in formats accessible to all individuals in a GEO facility or program, including those with disabilities and those who are limited English proficient.
 2. Outlines that in all facilities, individuals shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-2 Resident Orientation and PREA Screening (p. 4):
 1. Sexual Abuse and Sexual Harassment Education shall be provided in formats accessible to all offenders, including those with disabilities and those who are limited English proficient.
 2. Each offender shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files and a copy maintained by the PREA Compliance Manager.
 3. Designated staff interpreters or external interpreter services shall be utilized for those residents who are limited English proficient. Staff shall document the use of these interpreter services as appropriate.
 4. For residents who are hearing impaired, the facility has a telecommunication device for the deaf (TTD) machine available.
 5. Residents with limited vision are assisted by some of the posters and resident sexual abuse manuals and pamphlets having been printed in larger print.
 6. For residents with a mental disability, staff should spend extra time to ensure they understand the PREA basics to include definitions and reporting information.
 7. For those residents who are blind, staff shall read the information to these individuals. Staff shall be trained on the use of interpreters, interpreter services and other available resources as part of PREA training.
4. PREA Education Manual for Residents:
 1. Observed to be available in both English and Spanish, and large print.
5. PREA video acknowledgement receipts were randomly reviewed and found to be complete.
6. Resident Acknowledgement of Receipt of PREA Educational Material receipts were randomly reviewed and found to be complete.

What was heard as a part of a systematic review of evidence:

1. Interview with intake staff:
 1. Reported that orientation and education materials were available in both English and Spanish.
 2. Reported that if a language barrier existed, they would enlist the

services of a staff member who was bilingual or use the language line that was available to them.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. A TDD machine was observed to be available for residents who were deaf.
 2. Signage and instructions on how to use the language line were observed to be posted in key areas.
 3. A test call was placed to the language line to ensure it was in working order.

115.233(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4):
 1. Outlines that key information shall be provided to individuals in a GEO facility continuously through readily available handbooks, brochures, posters, or other written materials.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-2 Resident Orientation and PREA Screening (p. 4):
 1. Outlines that key information related to Sexual Abuse and Sexual Harassment shall be provided to residents on a continuous basis through readily available, handbooks, brochures, or other written materials.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Signage was observed throughout the facility providing options for reporting sexual abuse and sexual harassment as well as educational materials regarding PREA.
 2. Handbooks are provided to each resident that they are able to retain.
 3. Informal conversations with residents verified that they had a copy of the handbook.

Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.234 Evidence relied upon in making the compliance determination: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24) • PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings (June 2013) • PREA Investigator Specialized Training Documentation • Interview responses from Facility Investigators Reasoning and analysis (by provision): 115.234(a/b/c/d) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 2. Reported that the agency maintains documentation showing that investigators have completed the required training. 3. Reported that the number of investigators currently employed who have completed the required training is three. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 10): 1. Outlines that investigators shall be trained in conducting investigations of sexual abuse in confinement settings. 2. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. 3. Investigators shall receive this specialized training in addition to the training mandated for employees in Section F (I). 4. Facilities shall maintain documentation of this specialized training. Training documentation shall be kept on file at the facility. 3. PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings 1. Outlines training topics that cover all components required by this standard.

	4. PREA Investigator training documentation was reviewed for all three facility investigators. What was heard as part of a systematic review of evidence: 1. Interviews with facility PREA Investigators: 1. Reported that they have completed the PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings 2. Reported that the topics included techniques for interviewing sexual abuse victims. 3. The proper use of Miranda and Garrity warnings. 4. Evidence collection in confinement settings. 5. The criteria and evidence required to substantiate a case for administrative or prosecution referral. Reported that they would not normally conduct any type of criminal or administrative investigation but have received the training and certification should the need arise. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.235 Evidence relied upon in making the compliance determination: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24) • Specialized Training: PREA Medical and Mental Health Specialized Training (revised 12/2018) • Specialized Training acknowledgments Reasoning and analysis (by provision): 115.235(a/b/c/d) What was read as part of a systematic review of evidence: 1. The facility PAQ:

	1. Reported that the medical department onsite at the facility is contracted through the Alabama Department of Corrections (client). 2. Reported that training for medical personnel is provided by the contracting agency. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 9-10): 1. Requires that each facility shall train all full-time and part-time medical and mental health care practitioners who work in its facilities or who have any contact with detainees (by phone or via web applications such as tele-psych), on specific topic areas, including detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse and sexual harassment, and proper reporting of allegations or suspicions of sexual abuse and sexual harassment. Note: Specialized training is to be completed during newly hired employee pre-service training. 2. Medical and mental health care practitioners shall receive this specialized training in addition to the training mandated for employees in Section F (1) or contractors in Section H (1), depending upon their status at the facility. 3. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available. 4. Facilities shall maintain documentation of this specialized medical and mental health training for all GEO employees and/or contractors who work in the facility. 3. Specialized training curriculum provided to the contract medical and mental health providers was examined and found to contain all the necessary elements required by this standard. 1. Training acknowledgments and certificates were examined for medical staff at the facility. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

114.241**Evidence relied upon in making the compliance determination:**

- **Alabama Therapeutic Education Facility (ATEF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24)**
- **Alabama Therapeutic Education Facility Local Policy Manual 2025-3 PREA Screening/Admission (effective 2/3/2025)**
- **PREA Risk Assessments**
- **PREA Vulnerability Reassessment Questionnaire**
- **Review of random resident intake files**
- **Interviews with staff responsible for risk screening**
- **Interview responses from PREA Coordinator**
- **Interviews with random residents**
- **Site review observations**

Reasoning and analysis (by provision):**115.241(a/b/c)****What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.
 2. Reported that policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.
 3. Reported that 976 residents entered the facility in the past 12 months who were screened within 72 hours (100%).
 4. Reported that risk assessment is conducted using an objective screening instrument.\
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 5):
 1. Outlines that all individuals shall be assessed in-person, by GEO staff, during intake, and upon transfer, from another confinement facility, for their risk of being sexually abused or harassed by another individual or being sexually abusive toward another individual.
 2. Requires that this screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-3 PREA Screening/Admission (pp. 2-3):

1. Outlines that all offenders placed at the Alabama Therapeutic Education Facility shall assessed during intake (and/or upon transfer) for their risk of being sexually abused by another offender residing at Alabama Therapeutic Education Facility.
2. Requires that the screening shall take place within 24 hours of arrival at the facility using the approved "GEO PREA Risk Assessment Tool".

What was heard as a part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Reported that they conduct a risk screening on individuals coming into facility, normally the same day they arrive, but always within 24 hours of their arrival.
 2. Reported that they use a standard GEO PREA Risk Assessment form.
2. Interviews with random residents:
 1. Reported that they were asked questions from the risk screening either as soon as they entered the facility, or the next day if they arrived later in the evening.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. An intake was observed on the first day of the onsite.
 1. "GEO PREA Risk Assessment Tool" was used by staff to complete the screening.
 2. Informal conversations with staff and residents revealed that intakes are done with the resident's arrival unless they arrive later in the evening in which case the screening takes place the next day.

115.241(d/e)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 5):
 1. Outlines that screenings shall consider:
 1. Mental, physical or developmental disability.
 2. Age.
 3. Physical build
 4. Previous incarceration.
 5. If criminal history is exclusively nonviolent.
 6. Prior convictions for sex offenses against an adult or child.
 7. If the individual is or is perceived to be LGBTI or gender nonconforming.
 8. If previously experienced sexual victimization.
 9. The individual's own perception of vulnerability.

2. Outlines that the risk assessment tool shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse known to the facility in assessing the risk of being sexually abusive.
2. Alabama Therapeutic Education Facility Local Policy Manual 2025-3 PREA Screening/Admission (pp. 2-3):
 1. Requires that the intake screening shall consider, at a minimum, the following criteria to assess the resident's risk for sexual victimization:
 1. Mental, physical or developmental disability.
 2. Age.
 3. Physical build.
 4. Previous incarcerations.
 5. If criminal history is exclusively nonviolent.
 6. Prior convictions for sex offenses against an adult or child.
 7. If perceived to be Lesbian, Gay, Bi-sexual, Transgender, or Intersex (LGBTI) or Gender Nonconforming.
 8. If previously experienced sexual victimization.
 9. His/her own perception of vulnerability.
 2. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the risk of being sexually abusive.
3. GEO PREA Risk Assessment Tool:
 1. Considers all criteria as outlined in the standard and policy.

What was heard as part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Staff interviewed reported that the GEO PREA Risk Assessment Tool is used during the intake screening process and that it included all the required elements outlined in this standard.

115.241(f/g)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that policy requires that the facility reassess each resident's risk of victimization or abusiveness with a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.
 2. Reported that 976 residents entering the facility in the past 12 months whose length of stay was for 30 days were reassessed for their risk of sexual victimization within 30 days after their arrival at the facility.

3. Reported that policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 5):
 1. Outlines that GEO staff shall conduct an in-person reassessment of individuals within a set period, not to exceed 30 days from arrival at the facility. The staff shall reassess the individual's risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the initial risk assessment. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment.
3. A review of random resident files revealed that all who were eligible for a reassessment had them completed within 30 days of their arrival.

What was heard as part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Staff interviewed stated that a reassessment of residents occurs within 30 days, normally sooner of their initial assessment.
 2. Staff interviewed stated that residents would be reassessed if any additional, relevant information became available.
2. Interviews with residents:
 1. Residents interviewed stated that they had been reassessed or asked similar questions to the ones they were asked when they arrived again after their arrival.

115.241(h)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 5):
 1. Disciplining individuals for refusing to answer or not providing complete information in response to questions d (1), d (7), d (8) and

d (9) above is prohibited.

What was heard as a part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Staff stated that residents would not and have not been disciplined for refusing to answer any of the questions on the risk screening.
 2. Intake staff reported that they have not experienced a resident refusing to answer any of the risk assessment questions but would follow up with a supervisor if it happened to occur.

115.241(i)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 5):
 1. Outlines that facilities shall implement appropriate controls on disseminating responses to questions about sexual victimization or abusiveness to ensure that employees or other individuals do not exploit sensitive information.
 2. Sensitive information shall be limited to need-to-know employees only for treatment, programming, housing, security, and management decisions.

What was heard as a part of a systematic review of evidence:

1. Interview responses from PREA Coordinator:
 1. Reported that access to a resident's risk assessment is limited to those requiring the information to make housing, work assignment, and programming/education decisions.
2. Interview with staff responsible for risk screening:
 1. Reported that only the Director, Assistant Directors and Case Managers have access to the risk screening forms when they are completed.
3. Interview with PREA Manager:
 1. Reported that the risk assessments are kept in her office in a separate locked cabinet that is only accessible to key staff.

What was observed as part of a systematic review of evidence:

1. Site observations:
 1. File storage areas were observed to be locked with limited access.
 2. Computers access is strictly controlled, and staff only have access to files that are related to their specific assignments.

	3. All computers have lock-screens that require staff to enter a password to activate. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.242 Evidence relied upon in making the compliance determination: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24) • Alabama Therapeutic Education Facility Local Policy Manual 2025-3 PREA Screening/Admission (effective 2/3/2025) • PREA Risk Assessments • PREA Vulnerability Reassessment Questionnaire • Resident Referral Verification Form • At-Risk Log • Interview responses from PREA Coordinator • Interview with PREA Manager • Interviews with staff responsible for risk screening • Site review observations Reasoning and analysis (by provision): 115.242(a/b) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the facility uses information from the risk screening guide required by 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive 2. Reported that the facility makes individualized determinations about how to ensure the safety of each resident. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive

Behavior and Intervention Procedure (p. 6):

1. Requires that screening information from standard Section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility to keep potential victims away from potential abusers. The PREA compliance manager will maintain an “at-risk log” of potential victims and potential abusers determined from the initial PREA risk assessment. The “at-risk log” will be kept current and include current housing locations.
2. Following a reported allegation of sexual abuse, the PREA compliance manager will ensure that alleged victims and abusers are placed on the “at risk log” as soon as possible, tracked as a potential victim or a potential abuser, and housed separately pending the outcome of the investigation. Individuals tracked on the “at risk log,” due to a reported allegation may be removed from the log if the allegation is determined to be unfounded, or the individual is released from custody. If an allegation is determined to be unsubstantiated, the alleged victim(s) and abuser(s) shall remain on the “at risk log.”
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-3 PREA Screening/Admission (p. 3):
 1. Outlines that screening information shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations.
 2. Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the “at risk” log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined “unfounded”, the victim may be removed from the “at risk” log.
 3. The PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location to ensure LGBTI residents are not placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such individuals.

What was heard as part of a systematic review of evidence:

1. Interview responses from PREA Coordinator:
 1. Reported that residents who score “at risk,” for victimization or abuse are referred for medical and/or mental health assessments as required and tracked on an “at risk log,” which contains, at a minimum, their status as a potential victim/perpetrator and housing

location.

2. The facility's designated PCM is responsible for reviewing each assessment to ensure proper completion and maintaining the "at risk log," to ensure potential victims and abusers are housed separately.
2. Interviews with staff responsible for risk screening:
 1. Reported that the risk screenings are used to determine the most appropriate and safest area to house each individual resident

115.242(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by- case basis whether a placement would ensure the resident's health and safety.
 2. Reported that in making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 6):
 1. Outlines that in making housing and programming assignments for Transgender or Intersex Individuals in a GEO facility or program, the facility shall consider on a case-by- case basis whether the placement would present management or security problems.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-3 PREA Screening/Admission (p. 3):
 1. In making housing and programming assignments for Transgender or Intersex offenders, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. LGBTI offenders shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders.
 2. Housing and Programming assignments for each Transgender and Intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. Serious consideration shall be given to the individual's own views with respect to his/her own safety. The facility shall use the approved "GEO PREA Vulnerability Reassessment Questionnaire" to conduct the reassessment and six-month reassessment.

What was heard as part of a systematic review of evidence:

1. Interview responses from PREA Coordinator:
 1. Reported that GEO policy requires each facility to establish a Transgender Care Committee (TCC) consisting of the facility administrator or assistant facility administrator, chief of security, classification or case management supervisor, medical and/or mental health staff, and the PREA compliance manager. The TCC must meet as soon as possible but no later immediately, transgender residents may be housed in medical during the 72-hour time frame.
 2. The TCC is responsible for making all decisions pertaining to housing and program assignments for transgender residents than 72 hours after the resident's arrival. In the event the TCC cannot meet, GEO has developed and implemented a standardized "Transgender Care Committee (TCC) Summary," form used at each facility with the exception of those contractually required to use the client's tool.
 3. The TCC considers all information provided from the previous confinement facility and/or client, documentation generated upon intake, and information noted on the TCC summary to advise housing/program decisions and ensure the resident's health and safety.
 4. The TCC considers all information provided from the previous confinement facility and/or client, documentation generated upon intake, and information noted on the TCC Summary to advise housing/program decisions and determine whether placement would present management of security problems.
2. Interviews with Transgender Residents:
 1. Residents interviewed stated that they did not believe they were placed in a special housing unit based solely on how they identify.

115.242(d)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 7):
 1. Outlines that serious consideration shall be given to the individual's views with concerning his/her safety.

What was heard as part of a systematic review of evidence:

1. Interview responses from the PREA Coordinator:
 1. Reported that a transgender or intersex resident's own view are given serious consideration with respect to her or her own safety.
2. Interviews with staff responsible for risk screening:
 1. Reported that during the intake risk screening process, residents who identify as transgender or intersex are asked if they feel safe or have any concerns regarding their placement.

2. The opinion of the resident is given serious consideration as it relates to their assignments.
3. Interviews with Transgender Residents:
 1. Residents interviewed stated that they were asked about their safety during the intake process.

115.242(e)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 7):
 1. Requires that transgender and Intersex offenders shall be given an opportunity to shower separately from other offenders.

What was heard as a part of a systematic review of evidence:

1. Interview with PREA Manager:
 1. Reported that all residents at ATEF are given the opportunity to shower separately.
2. Interviews with staff responsible for risk screening:
 1. Reported that all residents at ATEF are given the opportunity to shower separately.
3. Interviews with Transgender Residents:
 1. Residents interviewed stated that they are given the opportunity to shower separately and in private.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Common bathrooms in the female housing areas provided individual shower stalls providing privacy for all residents while showering.
 2. In male housing units with group showers, accommodations are made for transgender residents to shower privately during certain time of the day.

115.242(f)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 7):
 1. Outlines that LGBTI individuals in a GEO facility shall not be placed in housing units solely based on their identification as LGBTI unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment to protect such individuals.

	2. ATEF PREA “LGBTI” Tracking Log: 1. Outlines housing assignments of residents identifying as lesbian, gay, bisexual, transgender, or intersex What was heard as part of a systematic review of evidence: 1. Interview responses from PREA Coordinator: 1. Reported that there are no GEO facilities that are under any type of consent decree, legal settlement, or legal judgment. 2. Reported that lesbian, gay, bisexual, transgender, or intersex residents are not placed in dedicated facilities, units, or wings based solely on the basis of their identification. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.251 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Alabama Therapeutic Education Facility Local Policy Manual 2025-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) • Employee Reporting Options Poster • Resident Reporting Options Poster • PREA Education Manual for Residents (dated 2017) • Alabama Therapeutic Education Facility Residents Handbook (reviewed 3/8/2024) • GEO Website (Staff Reporting Information) • Interview responses from PREA Coordinator • Interviews with random staff • Interviews with random residents • Site review observations Reasoning and analysis (by provision):

115.251(a)**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment, retaliation by staff or other residents and staff neglect or violation of responsibility that may have contributed to such incidents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 14):
 1. Outlines that each facility shall provide multiple ways for individuals in a GEO facility or program to privately report sexual abuse and sexual harassment, retaliation by other Individuals in a GEO facility or program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA) (p. 6):
 1. Outlines that Alabama Therapeutic Education Facility shall provide multiple ways for residents to privately report Sexual Abuse and Sexual Harassment, retaliation by other residents or Employees for reporting Sexual Abuse and Sexual Harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.
4. PREA Education Manual for Residents:
 1. Outlines multiple ways for residents to privately report.
5. Alabama Therapeutic Education Facility Residents Handbook (p. 25):
 1. Outlines multiple ways for residents to privately report PREA incidents.

What was heard as a part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed were all familiar with multiple ways for residents and staff to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents. When asked, staff were able to articulate different ways available to report.
2. Interviews with random residents:
 1. Residents interviewed provided examples of different ways to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents.

What was observed as a part of a systematic review of evidence:

1. Site review observations:

1. Signage:

1. Signage regarding reporting was observed throughout the facility.
2. Signage was printed in a font that was easily readable.
3. Signage was provided in English and Spanish.
4. Signage outlined multiple ways for residents to make reports.

2. Telephones:

1. Multiple telephones are located throughout the facility living areas.

3. Hotline numbers were tested by the auditor while onsite.

4. The GEO reporting hotline was tested.

5. Mail procedures:

1. Addresses are provided for making written reports.
2. Residents may obtain envelopes and stamps from their case manager.
3. Per staff, no outgoing mail screened.

Corrective Action:

During the onsite visit it was observed that posters describing various ways of making reports had duplicate information and one number that was no longer active. The facility clarified information in the posters as well as within the PREA Education Manual provided to residents. It was also recommended that staff receive refresher training on handling outgoing mail without a return address to specified addresses for anonymous reporting.

115.251(b)

What was read as a part of a systematic review of evidence:

1. The facility PAQ:

1. Reported that the agency provides at least one way for residents to report abuse or harassment to a public or private entity that is not a part of the agency.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 14):

1. Outlines that facilities shall also provide individuals in a GEO facility contact information on how to report sexual abuse or sexual harassment to a public, or private entity or office that is not part of GEO or the contracting agency, and that can receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.

3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA) (p. 6):

1. Alabama Therapeutic Education Facility shall residents contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.
4. Resident Reporting Options Poster and PREA Education Manual for Residents:
 1. Outlines how residents may privately report incidents to an entity that is not a part of GEO.

What was heard as part of a systematic review of evidence:

1. Interview responses from PREA Coordinator:
 1. Reported that GEO policy requires each facility to provide residents contact information on how to report abuse or harassment to an office that is not part of the agency. Many facilities also provide contact information for local and/or national entities capable of receiving reports of abuse or harassment.
2. Interviews with random residents:
 1. Residents interviewed stated that they were aware of multiple ways to make a report and were able to articulate different methods.
 2. Residents interviewed stated that they believed that the hotline numbers that were posted would allow them to remain anonymous.

115.251(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.
 2. Reported that staff are required to document verbal reports immediately
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 14):
 1. Outlines that employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA) (p. 6):
 1. Requires that employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:

1. All staff interviewed stated that they would accept both verbal and written reports from residents and that they would immediately report the allegation to their supervisor or the Facility Director.
2. Staff interviewed stated that they would always document allegations regardless of where they came from.

2. Interviews with random residents:

1. Residents interviewed stated that believed they could make both a verbal and a written report to a staff member if they wanted to.

115.251(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:

1. Reported that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.
2. Reported that staff are informed of these ways through policy, company website, published hotline numbers and through training.

2. Employee Reporting Options Poster:

1. Outlines that GEO employees reporting sexual abuse or sexual harassment may report such information to the chief of security or facility management privately if requested. They may also report sexual abuse or sexual harassment directly to the employee hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the internet at www.reportlineweb.com/geogroup or at the toll-free phone number (866) 568-5425. Employees may also contact the corporate PREA office directly at (561) 999-5827.

3. GEO Website (Staff Reporting Information)

1. www.reportlineweb.com/geogroup
2. Provides staff with various methods to report sexual abuse and sexual harassment of residents.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:

1. Staff interviewed provided a variety of examples that were available to them to privately report sexual abuse and sexual harassment of residents. Most staff reported that they would go to their supervisor or the Facility Director to make a report.

What was observed as part of a systematic review of evidence:

1. Site review observations:

1. Staff reporting posters were observed throughout the facility to

	include staff lounges. 2. GEO employee hotline was tested and found to provide a method for staff to call and privately report. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.252 Evidence Relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Alabama Therapeutic Education Facility Local Policy Manual 2025-5 Grievance Process (effective 2/3/2025) • Alabama Therapeutic Education Facility PREA Education Manual for Residents (dated 2017) • Alabama Therapeutic Education Facility Resident Handbook (reviewed 3/8/2024) • Statement from Facility Director Reasoning and analysis (by provision): 115.252(a/b/c) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. 2. Reported that agency policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. 3. Reported that agency policy does not require a resident to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. 4. Reported that agency policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the

staff member who is the submit of the complaint.

5. Reported that a resident grievance alleging sexual abuse is not referred to the staff member who is the subject of the complaint
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 14):
 1. Outlines that there is no time limit on when an individual in a GEO facility or program may submit a grievance regarding an allegation of sexual abuse.
 2. Outlines that individuals in a GEO facility or program have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint.
 3. Outlines that individuals in a GEO facility or program are not required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-5 Grievance Process (p. 4):
 1. Outlines that there is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance may be submitted directly to the GEO PREA Director.
 2. Residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of a complaint.
4. Alabama Therapeutic Education Facility PREA Education Manual for Residents Education (p. 8):
 1. States that there is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance may be submitted directly to the Alabama Department of Corrections, Residential Reentry Manager, GEO PREA Compliance Manager and/or GEO Residential Reentry Services Regional Director.
 2. Residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission.
5. Alabama Therapeutic Education Facility Resident Handbook (pp. 25-26):
 1. States that ATEF shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.
 2. The ATEF shall not impose a time limit on when a resident may

submit a grievance regarding an allegation of sexual abuse nor may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. ATEF shall 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 shall not include time consumed by residents in preparing any administrative appeal. ATEF may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The residents shall be notified in writing of any such extension and provide a date by which a decision will be made.

3. 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, the resident may consider the absence of a response to be a denial at that level.

115.252(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
 2. Reported that in the past 12 months there were zero grievances filed that alleged sexual abuse.
 3. Reported that in the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero.
 4. Reported that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 15):
 1. Reports that a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse or sexual harassment 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 a GEO facility or program in preparing any administrative appeal.
 2. 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.
 3. Reports that 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 a response to be a denial at that level.

3. Alabama Therapeutic Education Facility Local Policy Manual 2025-5
Grievance Process (p. 5):

1. Outlines that 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 residents in preparing any administrative appeal. The facility 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.

What was heard as part of a systematic review of evidence:

1. Statement from the Facility Director:
 1. Reported that there were no grievances regarding PREA allegations filed during the review period.

115.252(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that agency policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist resident in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.
 2. Reported that policy and requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.
 3. Reported that there were zero grievances alleging sexual abuse filed by residents in the past 12-months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 14-15):
 1. Outlines that third parties (e.g. fellow individuals in a GEO facility or program, employees, family members, attorneys and outside advocates) may assist individuals in a GEO facility or program in filing requests for administrative remedies relating to allegations of sexual abuse and may file such requests on behalf of individuals in a GEO facility.
 2. Outlines that the alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to pursue any subsequent steps in the administrative remedy process.
 3. Outlines that if the individual declines to have the request processed on their behalf, the facility shall document the individual's decision.

3. Alabama Therapeutic Education Facility Local Policy Manual 2025-5
Grievance Process (p. 4):

1. Residents filing sexual abuse grievances may be assisted by a third party (family, employees, fellow inmates, staff members, outside advocates, attorneys, other residents, etc.). Third parties may also submit this type of grievance on behalf of a resident; however, the resident must agree to have the grievance filed on his/her behalf and is not required to pursue any subsequent steps in the administrative remedy process.
2. If the resident does not agree to have the grievance filed on his/her behalf, this will be fully documented in writing by the Facility Director/PREA Compliance Manager and a staff witness if the resident does not put his/her decision in writing. These documents will be forwarded to the assigned investigator and corporate PREA Director.

4. Alabama Therapeutic Education Facility Resident Handbook (pp. 25-26):

1. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
2. If a third-party file 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. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

115.252(f):

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
 2. Reported that the agency has a policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.
 3. Reported that there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months.
 4. Reported that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive

Behavior and Intervention Procedure (pp. 14-15):

1. Outlines that individuals in a GEO facility or program may file an emergency grievance if he/she is subject to a substantial risk of imminent sexual abuse.
 2. Outlines that after receiving an emergency grievance of this nature, the facility administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim.
 3. Outlines that an initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days. The initial response and final decision shall document the facility's determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-5 Grievance Process (p. 5):
1. Outlines that processing for emergency grievances will begin with the initial determination by the designated Grievance Coordinator that the issue raised is a life-threatening situation and/or a resident is alleging to be at substantial risk of imminent sexual abuse. Emergency grievances will be given top priority and will be investigated immediately and an initial response provided within forty-eight (48) hours of the date of receipt. A final decision for emergency grievances will be provided within five (5) calendar days.
 2. If an emergency grievance indicates a resident is subject to substantial risk of imminent Sexual Abuse, the Facility Director will take immediate corrective action to protect the potential victim.
4. Alabama Therapeutic Education Facility Education Resident Handbook (p. 26):
1. Outlines that there are procedures for the filing of an emergency grievance. If a resident believes that they are subject to a substantial risk of imminent sexual abuse, they may file an emergency grievance by requesting to deliver the grievance directly to the Facility Director. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the grievance shall immediately be forwarded (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, shall provide an initial response within 48 hours, and shall issue a final decision within 5 calendar days. The initial response and final decision shall document the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:

	1. Confirmed that there have been no emergency grievances filed in the past 12 months. 115.252(g) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. 2. Reported that in the past 12-months there have been zero resident grievances alleging sexual abuse that resulted in disciplinary action. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 14-15): 1. Outlines that individuals in a GEO facility may receive a disciplinary report for filing a grievance relating to alleged sexual abuse or sexual harassment only when the facility can demonstrate the grievance was filed in bad faith. 3. Alabama Therapeutic Education Facility Education Resident Handbook (p. 26): 1. ATEF may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.253 Evidence Relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025)

- **Alabama Therapeutic Education Manual PREA Education Manual for Residents (dated 2017)**
- **Resident reporting posters**
- **Agreements with agencies to provide victim advocate services**
- **Interviews with random residents**
- **Site review observations**

Reasoning and analysis (by provision):

115.253(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility provides residents access to outside victim advocates for emotional support services related to sexual abuse.
 2. Reported that the facility provides residents with access to such services by giving residents mail addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations.
 3. Reported that the facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 20-21):
 1. Facilities shall provide individuals in a GEO facility who allege sexual abuse (whether it occurred in custody or the community) with access to outside victim advocates for emotional support services and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. Contact information shall include mailing addresses, telephone numbers, and toll-free hotline numbers, at a minimum.
 2. Outlines that facilities shall enable reasonable communication between individuals in a GEO facility and these organizations, as well as inform individuals in a GEO facility (before giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 11):
 1. Alabama Therapeutic Education Facility shall provide residents who allege Sexual Abuse while in GEO custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. (This may be done by providing mailing addresses, telephone numbers, toll-free hotline numbers, etc.).

2. Alabama Therapeutic Education Facility shall enable reasonable communication between residents and these organizations as well as inform Individuals in a GEO Facility or Program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
3. Alabama Therapeutic Education Facility will maintain or attempt to enter into agreements with community service providers to provide residents with confidential emotional support services related to the Sexual Abuse while in custody. The PREA Compliance Manager shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.
4. Alabama Therapeutic Education Facility PREA Education Manual for Residents:
 1. Provides residents with instructions for contacting the Crisis Center, Inc. to provide advocacy services.
 2. Provides information to residents regarding the level of confidentiality to expect with calling the number.
5. Alabama Therapeutic Education Facility resident reporting posters:
 1. Provide residents with options to obtain emotional support.

What was heard as a part of a systematic review of evidence:

1. Interviews with random residents:
 1. Most residents interviewed stated that they were aware that outside support services were available, but they did not know any specifics of what was available.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Signage was observed throughout the facility with hotline numbers for advocacy services.
 2. Hotline numbers were tested from the facility.
 1. Staff at the Crisis Center provided information regarding services provided to the residents that included both reporting and advocacy services.

115.253(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to

disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law.

2. Reported that the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.
3. Reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 21):
 1. Outlines that facilities shall enable reasonable communication between individuals in a GEO facility or program and these organizations as well as inform individuals in a GEO facility or program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 11):
 1. States that Alabama Therapeutic Education Facility shall enable reasonable communication between residents and these organizations as well as inform Individuals in a GEO Facility or Program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
4. Alabama Therapeutic Education Facility PREA Education Manual for Residents:
 1. Informs residents of the level of confidentiality they can expect.

What was heard as a part of a systematic review of evidence:

1. Interviews with random residents:
 1. Residents interviewed stated that they believed calls to the hotline were private.

115.253(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility has entered into memorandums of

	understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse. 2. Reported that the facility documents these attempts. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 21): 1. Outlines that facilities are required to maintain or attempt to enter into agreements with community service providers to provide individuals in a GEO facility or with confidential emotional support services related to sexual abuse while in custody. 2. Outlines that facilities shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements. 3. Documentation regarding established and attempts to enter into MOUs was reviewed. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.254 Evidence relied upon in making the compliance determinations: • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO website • Site review observations Reasoning and analysis (by provision): 115.254(a) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment through the agency hotline or website. 2. Reported that agency publicly distributes information on how to

	report resident sexual abuse or sexual harassment on behalf of residents through the agency website at www.geogroup.com/PREA. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 15): 1. Outlines that GEO shall post third-party reporting procedures on its public website showing its method of receiving third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility. In all facilities, third-party reporting posters shall be posted in all public areas in English and Spanish to include the lobby, visitation areas, and staff break areas within the facility. What was observed as part of a systematic review of evidence: 1. Site review observations: 1. Signage was observed to be posted in public areas around the facility in the visiting area and front lobby. 2. The GEO hotline was tested and found to be operational. 3. The GEO website was visited and found to contain all required information for making third party reports. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.261 Evidence Relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Alabama Therapeutic Education Facility Local Policy Manual 205-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) • Alabama mandatory reporting statutes • Interviews with random staff • Interviews with medical staff • Interview responses from PREA Coordinator • Interview responses from Facility Director

- **Review of sexual abuse and sexual harassment investigations**
- **Site review observations**

Reasoning and analysis (by provision):

115.261(a/b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency.
 2. Reported that the agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident.
 3. Reported that the agency requires all staff to report immediately and according to policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
 4. Reported that apart from reporting to designated supervisors or officials and designated state or local services agency, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
2. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 6):
 1. Outlines that employees are required to immediately report any of the following:
 1. Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Sexual Harassment that occurred in a facility whether or not it is a GEO Facility.
 2. Retaliation against a resident or employee who reported such an incident.
 3. Any employees neglect or violation of responsibilities that may have contributed to an incident or retaliation.
 2. Outlines that apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a sexual abuse report to anyone.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. All staff interviewed all stated that they were aware of agency policy that required them to immediately report any knowledge or

suspicion of sexual abuse, sexual harassment or retaliation of residents, including any employee neglect or violation of responsibilities that may have contributed to an incident.

2. Staff interviewed understood policy that required information related to sexual abuse and sexual harassment remain confidential except to the designated supervisors that they report the incident to.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Files related to residents are kept in locked cabinets within locked offices.
 2. Computer stations have automatic screen locks and are controlled by individual passwords.
 3. Staff only have access to files relevant to their position assignment.

115.261(c)

What was heard as part of a systematic review of evidence:

1. Interviews with medical staff:
 1. Stated that they are aware of their responsibilities as it relates to mandated reporting.
 2. Stated that they inform all residents of their duty to report before starting any services.

115.261(d)

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. Stated that the facility does not hold anyone under the age of 18 years old.
 2. Stated that any abuse of vulnerable adults would be reported to the appropriate agencies and that they would receive the same services available to all residents.
 3. Stated that they have not had any cases that would require reporting under the vulnerable adult statutes.
2. Interview responses from PREA Coordinator:
 1. Stated that unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse for alleged victims under the age of 18 or considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws.

115.261(e)

	What was read as part of a systematic review of evidence: 1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 16): 1. Outlines that facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators or outside agency responsible for investigating these type incidents. 2. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 7): 1. Requires that all allegations of sexual abuse and sexual harassment must be reported. 3. Sexual abuse and sexual harassment reports were reviewed and determined to have been reported to appropriate individuals for investigation. What was heard as part of a systematic review of evidence: 1. Interview with the Facility Director: 1. The facility director stated that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported through the GEO reporting system as well as to the Alabama Department of Corrections (client). Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.262 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) • Interview responses from Agency Head • Interview with Facility Director • Interviews with random staff

Reasoning and analysis (by provision):

115.262(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that what the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.
 2. Reported that in the past 12-months there were zero instances where a resident was subject to a substantial risk of sexual abuse.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 16)
 1. Outlines that when a facility learns an individual in a GEO facility is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume all reports of sexual victimization, regardless of the source of the report (i.e., "third-party") are credible and respond accordingly.
3. Alabama Therapeutic Education Facility Local Policy Manual 225-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 5):
 1. Outlines that when a facility learns that a resident may be subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim.

What was heard as part of a systematic review of evidence:

1. Interview responses from Agency Head:
 1. Reported that GEO takes immediate action to protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc).
2. Interview with Facility Director:
 1. Reported that the resident would immediately be separated from other residents and the Alabama Department of Corrections (client) would be notified to determine the most appropriate next steps.
 2. Reported that during this reporting period, there have been no instances of residents who were deemed to be in imminent danger of being sexually abused.
3. Interviews with random staff:
 1. Staff interviewed all stated that if they became aware that a resident was in imminent danger of sexual abuse that they would immediately separate the resident and report to their supervisor or the facility director to determine next steps.

Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.263 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) • Interview responses from Agency Head • Interview with Facility Director • Review of notification documentation Reasoning and analysis (by provision): 115.263(a/b/c/d) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 2. Reported that in the past 12 months there were three allegations the facility received that a resident was abused while confined in another facility. 3. Reported that agency policy requires the facility head to provide such notification as soon as possible but no later than 72 hours after receiving the allegation. 4. Reported that the agency or facility documents that it has provided such notification with 72 hours of receiving the allegation. 5. Reported that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 6. Reported that in the past 12 months there have been zero allegations of sexual abuse the facility received from other facilities. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (pp. 19-20): 1. If an individual in a GEO facility alleges sexual abuse or sexual harassment occurred while confined at another facility, the facility

- shall document those allegations, and the facility administrator or in his/her absence, the assistant facility administrator where the allegation was made, shall contact the facility administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.
2. The facility shall maintain documentation that it has provided such notification in writing and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA compliance manager and corporate PREA manager with oversight of the facility.
 3. Any facility that receives the notification of alleged abuse or harassment is required to ensure the allegation is investigated in accordance with PREA standards.

3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (pp. 10-11):

1. In the event that a resident alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegations and the Facility Director or the Assistant Facility Director will notify the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.
 2. The facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the Corporate PREA Coordinator.
 3. If the facility receives notification of an alleged abuse, the Facility Director shall ensure that the allegation is referred for investigation in accordance with PREA standards.
4. Notifications to other facilities were examined.

What was heard as a part of a systematic review of evidence:

1. Interview responses from Agency Head:
 1. Reported that if another facility or agency refers allegations of sexual abuse or sexual harassment that occurred within one of our facilities, the PREA allegations would be reported to the director of the facility where the allegation is alleged to have occurred.
 2. Reported that regardless of how one of our facilities receives a PREA allegation that abuse occurred in one of our facilities, the allegation will be referred to designated investigators (internal or external) for investigation. The PREA coordinator is also informed of all allegations of this type via email.
2. Interview with Facility Director:
 1. The Facility Director confirmed that if information was received that a resident had been sexually abused at another facility, he would work with the other facility to make sure the incident was reported.

	2. All allegations of sexual abuse and sexual harassment would be entered into the GEO reporting portal. 3. The Facility Director stated that if he received notification from another facility that a resident had been abused while at his facility, he would ensure that an investigation was conducted according to PREA protocols. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.264 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) • GEO First Responder Responsibilities reference card • Review of investigation documentation • Interviews with random staff Reasoning and analysis (by provision): 115.264(a/b) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency has a first responder policy for allegations of sexual abuse. 2. Reported that the policy requires that upon learning that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. 3. Reported that policy requires that upon learning of an allegation that a resident was sexually abused, the first security staff member to

respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

4. Reported that policy requires that upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, smoking, drinking or eating.
 5. Reported that the policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
 6. Reported in the past 12 months, there were two allegations that a resident was sexually abused.
 7. Reported that of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero.
 8. Reported that in the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero.
 9. Reported that agency policy requires that if a staff first responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.
 10. Reported that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.
 11. Reported that there were zero allegations of sexual abuse made during the past 12 months where a non-security staff member was the first responder.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 16-17):
1. Outlines that upon receipt of a report that an individual in a GEO facility or program was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall:
 1. Separate the alleged victim and abuser.
 2. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
 3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

4. 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.
 5. Do not let the alleged abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
 3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 7):
 1. Upon receipt of a report that resident was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall:
 1. Separate the alleged victim and abuser.
 2. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
 3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
 4. Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
 5. If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff. It is important that all contact with the alleged victim be sensitive, supportive, and non-judgmental.
 6. Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident.
 4. GEO First Responder Duties Reference Card:
 1. Reference card carried by all staff outline actions to take in the event of an incident to include:
 1. Separate the alleged victim and abuser.
 2. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
 3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
 4. Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
 2. Outlines that if the first responder is not a security staff member; the responder shall be required to request that the alleged victim not

	take any actions that could destroy physical evidence; remain with the victim and notify security staff. 5. Review of investigation files: 1. Revealed that staff told measures appropriate to each situation in responding to allegation of sexual abuse and sexual harassment. What was heard as part of a systematic review of evidence: 1. Interviews with staff who act as first responders: 1. Staff interviewed understood their responsibilities as it relates to reporting to the scene of an alleged sexual abuse and were able to articulate the steps they would take. 2. All staff interviewed stated that they received the same training as it relates to responding to sexual abuse allegations in the facility, regardless of if they are considered security staff or non-security staff. 3. Staff all had reference cards that outlined the necessary steps that needed to be taken in the event an allegation of sexual abuse was received. 4. Non-security staff understood their responsibilities to immediately notify someone from security. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.265 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Alabama Therapeutic Education Facility PREA Coordinated Response Plan (dated 2/3/2025) • Interview with Facility Director Reasoning and analysis (by provision): 115.265(a)

	What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 2): 1. Outlines that each facility shall develop written facility plans to coordinate the actions taken in response to incidents of sexual abuse. 2. Outlines that the plans shall coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership. 3. Outlines that the local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response. 3. Alabama Therapeutic Education Facility PREA Coordinated Response Plan: 1. Directs staff regarding actions to be taken in response to an incident of sexual abuse. 2. Reviewed and signed by the Facility Director (2/3/2025). What was heard as part of a systematic review of evidence: 1. Interview with Facility Director: 1. The Facility Director confirmed that a coordinated plan had been developed and gave examples of actions that would be taken in response to an incident of sexual abuse. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.266 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ

	• GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24) • Interview responses from Agency Head • Statement from Facility Director Reasoning and analysis (by provision): 115.266(a) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 2): 1. States that GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged subject employees from contact with any individual in a GEO facility pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. What was heard as a part of a systematic review of evidence: 1. Interview responses from Agency Head: 1. Reported that none of the agency's collective bargaining agreements prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment. 2. Statement from Facility Director: 1. Confirmed that the ATEF does not have a collective bargaining agreement in place. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.267**Evidence relied upon in making the compliance determinations:**

- **Alabama Therapeutic Education Facility (ATEF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24)**
- **Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025)**
- **Review of retaliation monitoring logs from previous cycles**
- **Interview responses from Agency Head**
- **Interviews with staff responsible for retaliation monitoring.**

Reasoning and analysis (by provision):**115.267(a)****What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the agency has a policy to protect all resident 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.
 2. Reported that the agency designates the PREA Compliance Manager with monitoring for possible retaliation.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 21-22):
 1. Outlines that facilities shall implement procedures to protect individuals in a GEO facility and employees who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other individuals in a GEO facility or employees. monitoring retaliation against individuals in a GEO facility. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or harassment, or for cooperating with investigations.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (pp. 12-13):
 1. Outlines that the facility shall implement procedures to protect residents and employees who report sexual abuse or sexual harassment, or cooperate with investigations, from retaliation by other residents in the facility or employees.

115.267(b/c/d/e)**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the agency monitors the conduct or treatment of resident or staff who reported sexual abuse and of residents who reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.
 2. Reported that the agency acts promptly to remedy any such retaliation.
 3. Reported that the agency continues such monitoring beyond the 90 days if the initial monitoring indicates a continuing need.
 4. Reported that there have been zero incidents of retaliation in the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 22):
 1. States that for at least 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of individuals in a GEO facility who reported the sexual abuse or sexual harassment to see if there are changes that may suggest possible retaliation by individuals in a GEO facility or staff and shall act promptly to remedy such retaliation. Monitoring shall terminate before the 90-day monitoring period only if the allegation is determined unfounded or the individual is released from custody. When monitoring is terminated within the 90-day timeframe, the reason shall be documented on the Protection from Retaliation Log.
 2. Requires that the designated staff member shall meet weekly (beginning the week following report of the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and see if any issues exist. Staff shall also review disciplinary reports, housing or program changes, request slips, etc. when monitoring for retaliation.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 10):
 1. Outlines that the facility shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, who fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations.
 2. A Mental Health staff member or the PREA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist.
 3. Any issues discussed shall be noted on the Protection from Retaliation Log form, to include corrective actions taken to address the issue.
 4. For at least 90 days following a report of Sexual Abuse, the facility shall monitor the conduct and treatment of Residents in the facility who reported the Sexual Abuse to see if there are changes that may

suggest possible retaliation by Residents in the facility or Staff, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded.

5. Items to be monitored for Residents in the facility include disciplinary reports and housing or program changes.
 6. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another Employee, the facility Human Resources Staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the Employee who reported the Staff Sexual Misconduct (abuse or harassment) or Employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliations. Monitoring shall terminate if the allegation is determined unfounded.
 7. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation.
 8. Any issues discussed shall be noted on the Employee Protection from Retaliation Log form, to include corrective actions taken to address the issue.
 9. Items to be monitored for Employees include negative performance reviews and Employee reassignments.
 10. If any other Resident expresses a fear of retaliation, the Facility shall take appropriate measures to protect that Resident as well.
 11. Completed Monitoring Logs shall be retained in the investigative file of the corresponding PREA incident.
4. Review of retaliation monitoring logs from previous reporting cycles:
 1. Revealed that where appropriate, retaliation monitoring was initiated by the facility and included all components of the standard.

What was heard as part of a systematic review of evidence:

1. Interview responses from Agency Head:
 1. Agency Head reported that when a PREA incident is reported, management staff consider the best options for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers (staff or inmate) and emotional support services are considered on a case-by-case basis.
 2. Reported that designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These

	meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a month for at least 90 days. 2. Interviews with staff responsible for retaliation monitoring: 1. Reported that protective measures may include housing changes or even a change in facility for either the victim or abuser based on input from the Alabama Department of Corrections (client). 2. Reported that they would meet weekly, or more often, if necessary, with individuals following an incident and document those encounters on the retaliation log. 3. Reported that the monitoring would continue beyond the 90 days if necessary. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.271 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/4/24) • Review of investigative files • Interviews with Investigative Staff • Site review observations • Investigator training curriculum • Investigator training completion certificates • Interview responses from PREA Coordinator • Interview with Facility Director Reasoning and analysis (by provision): 115.271(a/b) What was read as part of a systematic review of evidence: 1. The facility PAQ:

1. Reported that the agency has a policy related to criminal and administrative agency investigations.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 3):
 1. Outlines that when the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
 2. Outlines that GEO shall use investigators who have received specialized training in sexual abuse investigations. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training shall also include techniques for interviewing juvenile sexual abuse victims.
3. Completion certificates and training curriculum for investigative training completed by facility investigative staff were reviewed and found to contain all appropriate topics.
4. Investigative files were reviewed and found to have been initiated promptly, thoroughly and objectively for all allegations.

What was heard as part of a systematic review of evidence:

1. Interviews with Investigative Staff:
 1. Reported that investigations are started immediately after information is received of an allegation of sexual abuse or sexual harassment.
 2. Reported that anonymous and third-party reports are handled the same as all other reports.
 3. Reported that they have completed the PREA investigative training course.
 4. Reported that this training included topics specific to the PREA standards, including the appropriate application of Garrity and Miranda warnings, techniques for interviewing sexual abuse victims, evidence collection and the criteria and evidence required to substantiate a case for administrative or prosecution referral.
 5. Reported that the training consisted of a video and online course that required a test at the end.
 6. Reported that they normally do not complete criminal or administrative investigations but are trained in the event they are asked to do so.
 7. Reported that all investigations, criminal and administrative are completed by investigators from the Alabama Department of Corrections (client).

115.271(c)**What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 4):
 1. Requires that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
2. Investigative files were reviewed and revealed that in all instances where appropriate, evidence was gathered and reviewed. Alleged victims, suspected perpetrators and witnesses were interviewed and prior complaints, where available were examined.

115.271(d)**What was heard as part of a systematic review of evidence:**

1. Interviews with investigative staff:
 1. Reported that they would reach out to the Alabama Department of Corrections (client) who would determine the course to take for each allegation.

115.271(e)**What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 3):
 1. Outlines that 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 individual in a GEO facility or staff.
 2. Outlines that no agency shall require an individual in a GEO facility who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
2. A review of investigative files revealed:
 1. The credibility of the alleged victim, suspect, or witnesses was assessed on an individual basis.
 2. Polygraph or other truth telling devices were not used in any investigation reviewed.

What was heard as part of a systematic review of evidence:

1. Interviews with investigative staff:
 1. Reported that the credibility of everyone involved in an administrative investigation is determined on a case-by-case basis.
 2. Reported that the alleged victim in an investigation would never be subjected to a polygraph or other truth telling device.

115.271(f)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 4):
 1. Outlines that administrative investigations:
 1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse.
 2. Shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
2. A review of investigative files revealed that administrative investigations included:
 1. An examination of whether staff actions may have contributed to the abuse.
 2. Documentation that included a description of the physical and testimonial evidence.

What was heard as part of a systematic review of evidence:

1. Interviews with investigative staff:
 1. Reported that part of the investigation includes comparing how staff responded in relation to the policy and procedures to determine if any of their actions or inactions may have contributed to the abuse.
 2. Reported that all reports are documented and uploaded to the corporate portal.

115.271(g/h)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that substantiated allegations of conduct that appear to be criminal are referred for prosecution.
 2. Reported that the number of substantiated allegations that appear to be criminal that were referred for prosecution since the last PREA audit was zero.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation

Procedure (non-ICE) - (p. 4):

1. Outlines that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution and reported to any relevant licensing bodies.

What was heard as part of a systematic review of evidence:

1. Interview with investigative staff:
 1. Reported that all criminal investigations are completed and documented.
 2. Reported that all allegations of sexual abuse are referred to the Alabama Department of Corrections who determines whether or not to pursue criminal charges.

115.271(i/j/l)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 3):
 1. Outlines that GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.
 2. Outlines that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
 3. Requires that when outside agencies investigate sexual abuse or sexual harassment, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation at least once monthly.

What was heard as part of a systematic review of evidence:

1. Interview responses from PREA Coordinator:
 1. Reported that facilities are instructed to request an update from the outside law enforcement entity at least monthly to track the status of the investigation. The investigation outcome affects monitoring for retaliation, inmate notices of outcomes, sexual abuse incident reviews.
 2. Stated that generally, the facility directors have developed great

	working relationships with these entities so there is regular dialogue about the status of open investigations. 2. Interview with Facility Director: 1. Stated that he would receive regular updates on the status of the case from the Alabama Department of Corrections. 3. Interviews with investigative staff: 1. Reported that when the Alabama Department of Corrections is conducting the investigation, facility staff will assist the agency in providing any requested information. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.272 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24) • Review of investigative reports • Interviews with investigative staff Reasoning and analysis (by provision): 115.272(a) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency imposes a standard of preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated. 2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 4): 1. Outlines that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.

	3. A review of an investigative reports revealed that a preponderance of evidence was used to determine the outcome of the investigation. What was heard as part of a systematic review of evidence: 1. Interviews with Investigative Staff: 1. Reported that the agency imposes a standard of preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment can be substantiated. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.273 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24) • Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) • Examples of resident notifications • Interview with Facility Director Reasoning and analysis (by provision): 115.273(a/b) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency is informed, verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

2. Reported that there were two criminal and/or administrative investigations of alleged resident sexual abuse that was completed in the past 12 months.
 3. Reported that of the alleged sexual abuse investigations that were completed in the past 12 months, that two residents were notified verbally or in writing of the results of the investigation.
 4. Reported that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.
 5. Reported that there were two investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 9):
1. Outlines that at the conclusion of an investigation, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded.
 3. A review of completed investigative files involving allegations of sexual abuse were reviewed and revealed that a notification of outcome form was completed at the conclusion of each investigation as applicable and provided to the resident when the resident remained at the facility.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. Reported that facility residents are notified of the outcome of all allegations of sexual abuse and whether they were unfounded, unsubstantiated or substantiated.
2. Interviews with investigative staff:
 1. Reported that residents are notified of the outcome of investigations using the standard GEO reporting form.

115.273(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:
 1. The staff member is no longer posted within the resident's unit.
 2. The staff member is no longer employed at the facility.

3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
2. Reported that there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 4):
 1. Outlines that if the alleged abuser was an employee, the victim shall also be informed whenever:
 1. The employee is no longer posted within the victim's housing unit/area. See section of this procedure for requirements on reporting staff separation to an alleged victim.
 2. The employee is no longer employed at the facility.
 3. The facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility.
 4. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.
3. There were no substantiated or unsubstantiated allegations of sexual abuse involving a staff member to review.

115.273(d/e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:
 1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
 2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
 2. Reported that the agency has a policy that all notifications to residents under this standard are documented.
 3. Reported that in the past 12 months there have been two notifications to residents pursuant to this standard.
 4. Reported that of those notifications made, that two were documented.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 4):
 1. Outlines that if the alleged abuser was another individual in a GEO facility, the victim shall also be informed whenever:
 1. The facility learns that the alleged abuser has been indicted

	on a charge related to sexual abuse within the facility. 2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 3. A review of completed investigative files involving allegations of sexual abuse where the alleged abuser was another resident, revealed that the notification of outcome form included all information required by this standard. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.276 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24) • GEO Employee Handbook (updated 2020) • Statement from Facility Director Reasoning and analysis (by provision): 115.276(a/b/c/d) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 2. Reported that in the past 12 months the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero. 3. Reported that in the past 12 months, the number of staff from the facility who have been terminated for violating agency sexual abuse or sexual harassment policies is zero. 4. Reported that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are

commensurate with the nature and circumstances of the acts committed, the staff members' disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

5. Reported that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies is zero.
 6. Reported that 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, are reported to law enforcement agencies and to any relevant licensing bodies.
 7. Reported that in the past 12 months the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies is zero.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (pp. 9-10):
1. Outlines that employees may be subject to significant disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse.
 2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
 3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
 4. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.
3. GEO Employee Handbook (p. 9):
1. States that unwelcome sexual advances, request for sexual favors, and other verbal or physical contact of a sexual nature with any individual lawfully housed in a Geo facility or otherwise serviced by GEO will subject you to immediate disciplinary action up to and including termination.

What was heard as part of a systematic review of evidence:

1. Statement from Facility Director:
 1. Stated that there have been no instances during this reporting period where staff have been disciplined pursuant to sexual abuse or sexual harassment allegations.

Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.277 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/14/19) • Interview responses from the Facility Director Reasoning and analysis (by provision): 115.277(a/b) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. 2. Reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 3. Reported that in the past 12 months zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. 4. Reported that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 16): 1. Outlines that any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility and shall be reported to law enforcement and relevant licensing bodies unless the activity was clearly not criminal. 2. In the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility.

	What was heard as part of a systematic review of evidence: - Interview responses from the Facility Director: - Reported that the Alabama Therapeutic Education Facility had no contractors or volunteers involved in PREA related allegations during this review period. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.278 Evidence relied upon in making the compliance determinations: - Alabama Therapeutic Education Facility (ATEF) PAQ - GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24) - Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) - Alabama Therapeutic Education Facility Resident Handbook (reviewed 3/8/2024) - Interview responses from medical and mental health staff - Interview with the Facility Director Reasoning and analysis (by provision): 115.278(a/b/c) What was read as part of a systematic review of evidence: - The facility PAQ: - Reported that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. - Reported that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. - Reported that in the past 12 months zero administrative findings of

- resident-on-resident sexual abuse have occurred at the facility.
 4. Reported that in the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility is zero.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 10):
 1. Individuals in a GEO facility who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions.
 2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories.
 3. The disciplinary process shall 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.
3. Alabama Therapeutic Education Facility Resident Handbook:
 1. Identifies prohibited acts and the disciplinary sanctions.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. The Facility Director confirmed various levels and types of discipline that may be used with residents. In all cases, any disability that the resident may have will be taken into consideration and the Alabama Department of Corrections would be involved in any disciplinary action.
 2. Reported that there have not been any residents disciplined for PREA related incidents during this reporting period.

115.278(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility does offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse.
 2. Reported that the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.
2. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 12):
 1. Outlines that the facility shall attempt to conduct a mental health

evaluation on all known inmate on inmate or resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners.

2. All refusals for medical and mental health services shall be documented.

What was heard as part of a systematic review of evidence:

1. Interviews with medical and mental staff:
 1. Reported that services are offered to both victims and abusers.
 2. Reported that all services are voluntary.

115.278(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 10):
 1. Outlines that disciplining an individual in a GEO facility for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

115.278(f)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegations.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 10):
 1. Outlines that a report of sexual abuse made in good faith by an individual in a GEO facility, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.

115.278(g)

What was read as part of a systematic review of evidence:

1. The facility PAQ:

	1. Reported that the agency prohibits all sexual activity between residents. 2. Reported that sexual activity between residents is deemed to constitute sexual abuse only if it determines that the activity is coerced. 2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 10): 1. Outlines that facilities may not deem that sexual activity between individuals in a GEO facility or program is sexual abuse unless it is determined that the activity was coerced. 3. Alabama Therapeutic Education Facility Resident Handbook: 1. Identifies prohibited acts and the disciplinary sanctions. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.282 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) • Letter of agreement to provide access to emergency medical treatment and crisis intervention services • Interviews with staff who may be first responders • Statement from Facility Director Reasoning and analysis (by provision): 115.282(a/b/c/d) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that resident victims of sexual abuse receive timely,

unimpeded access to emergency medical treatment and crisis intervention services.

2. Reported that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.
 3. Reported that medical and mental staff do not maintain secondary materials because the facility does not employ medical or mental health staff.
 4. Reported that resident victims of sexual abuse while incarcerated are 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.
 5. Reported that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 20):
1. States that victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners.
 2. Reentry facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegation, a Medical-Mental Health Referral Form will be utilized to document the offer of onsite or offsite mental health services was made to the victim. The form will also document the acceptance or refusal of these services.
 3. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 11):
1. Outlines that victims will receive timely, unimpeded access to emergency medical services and crises intervention which includes access to timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.
 2. All services shall be provided without financial cost to the victim.
4. Letter of agreement to provide access to medical treatment and crisis intervention services was reviewed.

	What was heard as part of a systematic review of evidence: - Interviews with staff who may be first responders: - Interviews indicated that staff understood their responsibilities protect the victim when responding to an incident and that access to medical treatment would be provided. - Statement from the Facility Director: - Stated that ATEF had no allegations in which emergency medical or mental health referrals were necessary during the review period. - There were no residents in custody at the time of the onsite who made a sexual abuse allegation. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.283 Evidence relied upon in making the compliance determinations: - Alabama Therapeutic Education Facility (ATEF) PAQ - GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) - Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) - Review of random resident intake referral paperwork - Statement from Facility Director - Interviews with medical and mental health staff - Interviews with residents who reported previous sexual abuse Reasoning and analysis (by provision): 115.283(a/b/c) What was read as part of a systematic review of evidence: - The facility PAQ: - Reported that the facility offers 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.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 21):

1. Outlines that each facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile facility.
2. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.
3. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.

3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 12):

1. The facility shall offer medical and mental health evaluations (and treatments were appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup or juvenile facility.
2. The evaluation and treatment should include follow-up services, treatment plans and (when necessary) referrals for continued care following a transfer or release.
3. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.

4. Review of random referral paperwork from residents who disclosed prior sexual victimization was reviewed and found to include the appropriate referrals and acknowledgement from the resident when services were declined.

What was heard as part of a systematic review of evidence:

1. Interview with medical and mental health staff:

1. Reported that they receive referrals from the intake staff when residents indicate that they have experienced sexual abuse in the past.

2. Interviews with residents who reported sexual abuse in the past:

1. Stated that they were offered referrals for mental health services at intake.

115.283(d/e/f/g)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.
 2. Reported that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services.
 3. Reported that victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 21):
 1. Outlines that victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim regardless of whether the victim names their abuser or cooperates with any investigation arising from the incident.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 12):
 1. Outlines that services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.
 2. Victims shall also be offered tests for sexually transmitted infections as medically appropriate.
 3. All services shall be provided without financial cost to the victim.

115.283(h)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 21):
 1. Outlines that the facility shall attempt to conduct a mental health evaluation on all known inmate on inmate or resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (p. 12):
 1. The facility shall attempt to conduct a mental health evaluation on all known resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by

	Mental Health Practitioners. What was heard as part of a systematic review of evidence: - Statement from the Facility Director: - Reported that the Alabama Therapeutic Education Facility had no residents placed on a treatment plan related to sexual abuse during the review period. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.286 Evidence relied upon in making the compliance determinations: - Alabama Therapeutic Education Facility (ATEF) PAQ - GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) - Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (effective 2/3/2025) - A review of PREA after-action reports - Interview with Facility Director - Interview responses from PREA Coordinator Reasoning and analysis (by provision): 115.286(a/b/c/d/e) What was read as part of a systematic review of evidence: - The facility PAQ: - Reported that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. - Reported that in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at

the facility excluding only unfounded” incidents was two.

3. Reported that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
 4. Reported that in the past 12 months there were two criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.
 5. Reported that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
 6. Reported that the facility prepares a report of its findings from sexual abuse incident review, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.
 7. Reported that the facility implements the recommendations for improvement or documents its reasons for not doing so.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 23):
1. Outlines that facilities are required to conduct a sexual abuse incident review after every sexual abuse and sexual harassment investigation in which the allegation has been determined substantiated or unsubstantiated.
 2. Such review shall occur within 30 days of the conclusion of the investigation.
 3. The review team shall consist of upper-level management officials and the local PREA compliance manager, with input from line supervisors, investigators, and medical or mental health practitioners. The corporate PREA coordinator may also be consulted as part of this review.
 4. Unless mandated by client contract, a “PREA After Action Review Report,” of the team’s findings shall be completed and submitted to the corporate PREA coordinator no later than 30 working days after the review via the GEO PREA Portal in the corresponding PREA survey. The facility shall implement the recommendations for improvement or document its reasons for not doing so.
 5. The facility PREA compliance manager shall maintain copies of all completed PREA After Action Review Reports, and a copy shall also be maintained in the corresponding investigative file.
3. Alabama Therapeutic Education Facility Local Policy Manual 2025-6 Sexually Abusive Behavior Prevention and Intervention Program (PREA) (pp. 13-14))
1. Facilities are required to conduct a Sexual Abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determine substantiated or unsubstantiated.
 2. Such review shall occur within 30 days of the conclusion of the

	investigation. 3. The review team shall consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners. The Corporate PREA Coordinator shall attend via telephone or in person. 4. The team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 10 working days after the review. 5. The facility shall implement the recommendations for improvement or document its reasons for not doing so. 4. Review of a PREA after-action reports was reviewed for all completed investigations and found to have been completed in a timely manner and considered all components required. What was heard as part of a systematic review of evidence: 1. Interview with the Facility Director: 1. Reported that the incident review team normally consists of himself, the PREA Manager and the Assistant Facility Directors. 2. Other staff would be brought in if necessary, depending on the nature of the incident. 3. Reported that various factors are looked at including what could have been done better, if the video monitoring was sufficient and if any gender or race issues may have contributed to the incident 2. Interview responses from the PREA Coordinator: 1. Reported that PREA compliance managers at each facility are required to upload the "PREA After Action Review Report," to the agency's secure PREA Portal within 30 days of case closure. The corporate PREA compliance team monitor these reports and work with the facility to address issues as necessary. If an after-action report necessitates corrective action at the corporate level, the PREA coordinator works with the applicable department heads to implement appropriate measures. To date, no systematic trends have been identified. 2. Reported that the corporate PREA compliance team reviews this data annually to determine the improvements needed to enhance our PREA program. The recommended improvements are reviewed, and a recommendation is submitted to the divisional authority for Reentry for review and approval. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.287

Evidence relied upon in making the compliance determinations:

- **Alabama Therapeutic Education Facility (ATEF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24)**
- **PREA Annual Incident Tracking Log**
- **GEO Annual Data Report**

Reasoning and analysis (by provision):

115.287(a/b/c/d/e/f)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
 2. Reported that the agency aggregates the incident-based sexual abuse data at least annually.
 3. Reported that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.
 4. Reported that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 23):
 1. Each Facility shall collect and retain data related to sexual abuse as directed by the corporate PREA coordinator.
 2. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).
 3. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.
 4. Facility PREA compliance managers shall be responsible for compiling data collected on sexual activity, sexual harassment, and sexual abuse incidents.
 5. Facility PREA compliance managers will ensure that a PREA survey is created in accordance with GEO OPR and divisional incident

	reporting policies. 3. Alabama Therapeutic Education Facility monthly and annual tracking log was reviewed from previous years. 4. GEO Annual Data Report was reviewed and found to contain all relevant data. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.288 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO Annual Data Reports • Interview responses from Agency Head • Interview responses from Agency PREA Coordinator Reasoning and analysis (by provision): 115.288(a/b/c/d) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 2. Reported that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. 3. Reported that the report provides an assessment of the agency's progress in addressing sexual abuse. 4. Reported that the agency makes its annual report readily available to

the public at least annually through its website.

<https://www.geogroup.com/prea>

5. Reported that the annual reports are approved by the agency head.
6. Reported that when the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would represent a clear and specific threat to the safety and security of the facility.
7. Reported that the agency indicates the nature of material redacted.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 23-24):
 1. Outlines that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:
 1. Identifying problem areas.
 2. Taking corrective action on an ongoing basis.
 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
 2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse.
 3. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract.
 4. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.
3. GEO PREA Annual Reports were examined and found to comply with all aspects of the standards.

What was heard as part of a systematic review of evidence:

1. Interview responses from Agency Head:
 1. Reported that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval.

	2. Reported that annual PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and Youth Services and our CEO. 2. Interview responses from PREA Coordinator: 1. Reported that each facility is required to complete the GEO “PREA After-Action Review Report,” after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and captured in the facility’s “Annual PREA Facility Assessment. 2. Reported that GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident and documentation pertaining to said incident is entered into the portal by the PREA compliance manager at each facility. The corporate PREA compliance team, to include myself, have access to this portal. The corporate PREA team reviews this data annually to determine the improvements needed to enhance the overall PREA program. These recommended improvements are submitted to the divisional authority for reentry annually for review and approval. 3. GEO publishes a PREA report annually. Currently, annual PREA data reports from 2017-2023 are available on GEO’s website. 4. Reported that GEO only reports statistical data and incident types. Personally identifiable information is excluded for confidentiality purposes. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.289 Evidence relied upon in making the compliance determinations: • Alabama Therapeutic Education Facility (ATEF) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO Annual Data Reports (2023) • Interview responses from PREA Coordinator Reasoning and analysis (by provision)

	115.289(a/b/c/d) What was read as part of a systematic review of evidence: 1. The facility PAQ: 1. Reported that the agency ensures that incident-based and aggregate are securely retained. 2. Reported that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. 3. Reported that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 4. Reported that the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4): 1. Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. 3. Interview responses from PREA Coordinator: 1. Reported that GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident and documentation pertaining to said incident is entered into the portal by the PREA compliance manager at each facility. The corporate PREA compliance team, to include himself, have access to this portal. 4. Review of GEO Annual Data Reports revealed that data is collected, reviewed and published annually. Reports outline trends and action taken to improve sexual safety within the facilities. 1. 2024 Report will be available late in 2025. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 Evidence relied upon in making the compliance determinations:

	• GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO website - www.geogroup.com/PREA_Certification_Information • GEO Annual Data Reports • Audit notice postings Reasoning and analysis (by provision): 115.401(a/b) What was read as part of a systematic review of evidence: 1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 29): 1. Outlines that during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department shall ensure that each facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice. 2. GEO agency website review shows that the agency has met the obligation to have a third of their facilities undergo a PREA audit in the prior year. 3. Prior Alabama Therapeutic Education Facility PREA Audit was completed in May 2022. 115.401(h/i/m/n) What was observed as part of a systematic review of evidence: 1. The auditor had access to and observed all areas of the ATEF. 2. The auditor was permitted to request and was provided with copies of all relevant documents. 3. The auditor was given a private room to conduct interviews with both residents and staff. 4. Audit notices were posted in English and Spanish six weeks prior to the onsite and residents were permitted to send confidential information or correspondence to the auditor in the same manner as with legal counsel. Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.403

Evidence relied upon in making the compliance determinations:

- **GEO website - www.geogroup.com/PREA_Certification_Information**

Reasoning and analysis (by provision):

115.403(f)

What was read as part of a systematic review of evidence:

1. 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.
2. A review of the GEO website demonstrates compliance with the posting of final reports for other GEO facilities.

Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

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

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes