

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim  Final

**Date of Interim Audit Report:** Click or tap here to enter text.  N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** September 13, 2021

## Auditor Information

**Name:** Mark E. Stegemoller

**Email:** markronda@centurylink.net

**Company Name:** Mark E. Stegemoller PREA Consultant LLC.

**Mailing Address:** 3873 Utica Road

**City, State, Zip:** Lebanon, Ohio 45036

**Telephone:** 513-805-5176

**Date of Facility Visit:** July 28-30, 2021

## Agency Information

**Name of Agency:** The GEO Group

**Governing Authority or Parent Agency (If Applicable):** N/A

**Physical Address:** 4955 Technology Way

**City, State, Zip:** Boca Raton, FL 33431

**Mailing Address:** Same as above

**City, State, Zip:** Click or tap here to enter text.

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Agency Website with PREA Information:** www.geogroup.com/PREA

## Agency Chief Executive Officer

**Name:** Jose Gordo

**Email:** jgordo@geogroup.com

**Telephone:** 561-999-5827

## Agency-Wide PREA Coordinator

**Name:** Trina Maso de Moya

**Email:** tmasodemoya@geogroup.com

**Telephone:** 561-999-8116

**PREA Coordinator Reports to:**

Daniel Ragsdale, Executive Vice President, Contract Compliance

**Number of Compliance Managers who report to the PREA Coordinator:**

83

## Facility Information

**Name of Facility:** George W. Hill Correctional Facility

**Physical Address:** 500 Cheyney Rd.

**City, State, Zip:** Thornton, Pennsylvania 19342

**Mailing Address (if different from above):**  
PO Box 23

**City, State, Zip:** Thornton, Pennsylvania 19373

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <https://www.geogroup.com/PREA>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
2018-Pennsylvania Department of Corrections-Title 37 (Audit). 2021-Corporate PREA Mock Audit

### Warden/Jail Administrator/Sheriff/Director

**Name:** David Byrne, Facility Administrator

**Email:** [dbyrne@geogroup.com](mailto:dbyrne@geogroup.com)

**Telephone:** 610-361-3200 Ext. 201

### Facility PREA Compliance Manager

**Name:** Sarah Bowles, Compliance Administrator

**Email:** [sbowles@geogroup.com](mailto:sbowles@geogroup.com)

**Telephone:** 610-361-3200 Ext. 345

### Facility Health Service Administrator N/A

**Name:** Kristen Grady, Health Services Administrator

**Email:** [krgrady@geogroup.com](mailto:krgrady@geogroup.com)

**Telephone:** 610-361-3200 Ext. 430

### Facility Characteristics

**Designated Facility Capacity:**

1883

**Current Population of Facility:**

1329

Average daily population for the past 12 months:	1242.75
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	15-71
Average length of stay or time under supervision:	59 Days
Facility security levels/inmate custody levels:	Minimum, Medium, and Maximum
Number of inmates admitted to facility during the past 12 months:	5644
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1026
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	3184
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	24 <input type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	471
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	128
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	30
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	15
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	53

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	8
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
<b>Number of single cell housing units:</b>	50
<b>Number of multiple occupancy cell housing units:</b>	788
<b>Number of open bay/dorm housing units:</b>	6
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	72
<b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
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### Investigations

#### Criminal Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
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<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: <b>Delaware County Criminal Investigations Division4</b> ) <input type="checkbox"/> N/A
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#### Administrative Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	<a href="#">Click or tap here to enter text.</a>
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<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A
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# Audit Findings

## Audit Narrative (including Audit Methodology)

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Prison Rape Elimination Act (PREA) onsite audit of the George W. Hill Correctional Facility located in Thornton, Pennsylvania, was conducted on July 28-30, 2021, by Mark Stegemoller, a U.S. Department of Justice Certified PREA Auditor. Audit notices were posted on July 7, 2021, throughout the facility three weeks before the onsite review and date stamped. The Auditor requested the notice of audit to be displayed for an additional three weeks after the onsite visit. Photographic evidence was submitted, demonstrating the posting of the audit notices. The auditor received no correspondence from staff or inmates wishing to speak with the auditor. The GEO Group provided the Pre-Audit Questionnaire (PAQ) to the auditor and supporting documents on a flash drive on June 21, 2021. The auditor conducted a thorough review of all submitted documentation and materials along with the information included in the completed PAQ. The documentation reviewed included agency policies, protocols, facility-related documents and forms, education materials, training curriculum, organizational charts, posters, pamphlets, and other PREA related materials provided to demonstrate compliance with the PREA standards.

This was the third PREA audit for the George W. Hill Correctional Facility. The entrance briefing for the audit was held on July 28, 2021, with the Facility Warden, PREA Compliance Manager, and members of his executive staff team. After introductions and welcoming remarks by the Warden, and the auditor, the discussion turned to the audit schedule and an overview of the PREA audit process. The auditor described the onsite phase of the audit and explained the triangulation methodology the auditor would utilize to obtain evidence of compliance. The auditor would observe the facility's day-to-day practices, review written policies and procedures, complete a facility site inspection, conduct staff and inmate interviews; and review additional documentation to confirm implementation. The auditor explained that the PREA audit process is much more invasive than most correctional audits. The auditor advised the facility staff he will work collaboratively with the facility to ensure full compliance is met with the PREA Standards. The auditor advised staff that the Department of Justice (DOJ) expects that corrective action will be necessary in most cases. This is a normal part of the audit and should not be considered adversely. The auditor further specified that the document review and information gathering onsite would conceivably be more extensive than experienced during the facility's recent PREA audit due to additional guidance published by the DOJ.

After the entrance briefing, the auditor conducted a sight inspection of the entire facility accompanied by the Warden, PREA Compliance Manager and several executive staff members. Areas inspected included the facility administrative office areas, master control-room, inmate housing units, security management unit (SMU), recreation, intake area, laundry area, inmate dining area, mental health, maintenance department, dental and the medical department. The auditor spoke informally with staff and inmates during the site inspection and gave specific attention to security camera placements, video monitoring capabilities, site lines, and potential blind spots. The auditor observed, among other things, the facility's configuration, location and number of security cameras and mirrors, staff direct supervision of inmates throughout the facility, housing unit layouts, including showering and toileting areas. The auditor was mindful to pay specific attention to the placement of PREA related directives, posters, and PREA informational resources. Individual shower stalls allow inmates to shower separately, allowing for

adequate security and privacy. The auditor did not notice any concerns for the potential of cross-gender viewing. Notices of the PREA audit were prominently displayed on bright orange posters throughout the facility, to include in all inmate living areas.

After the facility site inspection was completed, formal interviews began with random inmates. Inmate interviews were conducted in the facility's private attorney visiting area providing the auditor and interviewee adequate privacy. On the first day of the site visit, the facility housed 1429 inmates, 1277-males, 152-females and 12 Youthful offenders, 11-male and 1-female. The auditor formally interviewed a total of forty-three (43) inmates over the three days (July 28-30, 2021). Of the 43 inmates interviewed, twenty-three (23) were randomly selected and twenty (20) were identified for target interviews. Of the 20 targeted interviews, several inmates met multiple targeted categories and were subsequently interviewed for each protocol. The targeted group consisted of five (5) acknowledging prior victimization, four (4) from the LGBTI community, one (1) transgender, one (1) with a cognitive disability, four (4) who were limited English proficient (LEP), five (5) youthful inmates, two (2) who reported sexual abuse. Inmates were interviewed using the recommended DOJ protocols that question their knowledge of PREA protection and their knowledge on reporting mechanisms that are in place to report sexual abuse or sexual harassment.

On day two of the onsite inspection formal interviews began with random and specialized staff (from all three shifts) along with facility executive staff. The Auditor was provided with a private office to conduct confidential staff interviews. A total of twenty-six (26) facility and agency staff were interviewed over the three days while onsite. Included in the interviews were thirteen (13) random front-line staff and representing all three shifts. Specialty staff interviews including medical/mental health, first responders, facility investigator, intake/risk screening, human resources, SAFE/SANE, incident review team member, intermediate or higher-level staff, victim assistance, staff charged with monitoring retaliation. Also interviewed was the Facility Warden, PREA Compliance Manager and one (1) mental health intern. All staff were interviewed using the DOJ prescribed protocols.

While onsite, the auditor reviewed personnel files for all staff (26) staff randomly selected interviewees to determine compliance with PREA training mandates, background check procedures, and employee PREA training. Of the (43) inmate interviews the auditor reviewed all inmate files to assess proper screening and intake procedures for the risk of sexual victimization and/or abusiveness, PREA information received upon intake, and comprehensive PREA education. The facility reported eight (8) incidents of sexual misconduct during the audit period. The auditor conducted a comprehensive review of three (3) completed administrative investigation files while onsite with the facility investigator and PREA compliance manager to determine compliance with PREA investigation mandates. While onsite, the auditor spoke via telephone with a representative from the Delaware County Women Against Rape (DCWAR). Along with the MOU, the interview confirmed the agreement in place with the DCWAR to provide rape crisis intervention services to victims of sexual abuse that occurs at the facility. The facility utilizes the Riddle Memorial Hospital for forensic exams. The facility has an MOU with the Riddle Memorial Hospital and Sexual Assault Nurse Examiners (SANES) are on call 24 hours a day to provide medical and forensic response to victims of sexual assault. The auditor conducted a phone call interview with a representative from the Riddle Memorial Hospital emergency room who explained the SANE services that would be provided if ever needed.

Facility personnel provided the auditor unimpeded access to all parts of the facility during the onsite inspection. The auditor conducted an exit briefing on Friday, July 30, 2021. Those in attendance included the Facility Warden, PREA Compliance Manager, facility executive staff members, and Chadwick Anderson, The GEO Group – PREA, who attended via conference call. The auditor explained he could not give an outcome of the audit but did provide insight into some preliminary findings and discussed the post-site visit audit activity the auditor will need to accomplish to verify compliance with all the PREA standards. The auditor thanked the staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the report writing period the

auditor communicated on numerous occasions with the PREA Compliance Manager via phone calls and email correspondence, requesting additional documentation, clarification on policies, procedures, and agency practices.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The George W. Hill Correctional Facility (GWHCF) is located at 500 Cheyney Road, Thornton, Pennsylvania. Formerly known as the Delaware County Prison, it is found approximately 30 miles southwest of Philadelphia. The current prison sits on roughly 900 acres of ground with approximately 250 acres enclosed in the prison perimeter. The operation of the GWHCF was statutorily vested in the Delaware County Board of Corrections by an act of the Pennsylvania Legislature in 1866. The original Delaware County Prison, at that time, the current jail, building, and grounds were within the domain of Delaware County with the prison operated by the GEO Group. In 2009, the Community Education Centers (CEC) assumed operational responsibility for the complex. In 2017, CEC was purchased by the GEO Group with GEO again assuming operational responsibility.

Overseeing the contract is the five members Delaware Board of Supervisors (Delaware County Board of Prison Inspectors). As such, the Board is represented by the Warden while the GEO Group manages the facility through the Warden and other GEO staff. As GEO has responsibility for the daily functional services at GWHCF, the Warden has contract oversight and authority and retains rulemaking and adjudicative powers at the institution.

GWHCF consists of ten general population housing units, one maximum-security housing unit, one special management unit for youthful inmates (males). On the first day of the onsite visit, there were (11) youthful male inmates and one (1) female. The female offender is housed in the medical department, with sound and sight separation maintained according to agency policy and the PREA standards. One housing unit is dedicated to adult females with maximum occupancy for 206 inmates.

Other assemblies within the perimeter include an indoor gym, chapel/wellness center, law library, medical unit (50 bed capacity), kitchen and numerous staffing offices. The Administration Building attached to the Programs Building also contains staff offices and several conference rooms. The facility maintains a kennel and houses dogs consisting of German Shepard's and Belgian Malinois. Of these, eleven dogs patrol the perimeter in an enclosed run 24/7. Several dogs are trained for narcotic and apprehension control as well.

Commissary services at GWHCF are provided by Keefe Commissary Network. Inmates place their order by phone; they are packaged off grounds and delivered to the complex for distribution to the inmate. A full variety of products are available for purchase. A commissary schedule is posted in all housing areas. GWHCF provides a significant array of innovative services and programs to the inmate population. The facility has developed policies and procedures that ensure all services and programs are provided and that all inmates can participate in such services. Inmate programs/activities include

several personal self-improvement/ treatment courses (sex offender, anger management, violent offender, wellness), adult basic education, and mental health counseling services.

GWHCF has two layers of perimeter fencing supplemented with multiple coils of razor wire at the top and bottom. The other fence is 12 feet high while the inner fence is ten a foot chain link fence. A microwave alarm system is in place with the inner perimeter fence and is, further, integrated into a monitoring system located in Master Control. Between the two fences, there are 11 – 12 dogs on patrol, in a designated run area, 24/7. There are two entrance points to the facility proper. The front entrance is used for pedestrian ingress/egress, i.e., visitation and employees. The sally port is located by Zone #3 and is used for inmate transportation, deliveries, and Waste Management pick-up. There is a Front Gatepost with an armed officer to manage all vehicles entering the facility grounds. There are 14 exterior and 160 interior real time surveillance pan/tilt cameras. These are monitored by staff in Master Control. Video storage is approximately 60 days. Master Control also monitors all communications and exit/entrance into the facility. The facility also assigns two vehicles to roving armed patrol. To enter the actual prison, all staff and visitors report to the front desk. At this juncture, identification is required, and persons walk through a metal detector followed by a pat down search. Visitors sign in and then, be issued a temporary identification badge.

During the site inspection the auditor observed staff conducting frequent unannounced rounds of the inmate housing areas. A Control Room is located in an upper level in each housing dorm to facilitate 24/7 observation and communication with the inmate population. The auditor also reviewed post logbooks and determined staff are making frequent unannounced rounds. Inmate grievance policy is also outlined in the facility handbook. Per policy, inmates are encouraged to resolve complaints or problems informally. If informal resolution is not accomplished, an inmate may submit a grievance to the Grievance Officer for review and consideration. Appeals are directed to the office of the Warden.

The facility is accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care, and the state of Pennsylvania. Inmates housed at the facility are classified at three custody/security levels (Minimum, Medium, or Maximum), which represents inmate supervision requirements from low to high. Those inmates at the Maximum level are housed in a special, separate housing unit within the jail, with enhanced supervision. Within the secure perimeter, the institution has ten general population units, an Intake and Release area, a 50-bed in-patient medical department, a female offender unit, Special Management Units (one for adults and one for youthful offenders), and an indoor Gymnasium for recreation. Youthful and female inmates are housed separately from adult males. Furthermore, sight and sound separation between adult inmates and youthful offenders is always maintained. (Observed by the auditor during the onsite inspection). The facility has a combination of single & double beds, in multi-bed dormitory housing arrangements within the units. Basic medical services are provided generally by George W. Hill Correctional Facility employees in a clinical setting.

### **Facility Demographics:**

- Rated Capacity: 1883
- Actual Population: 1429
- Average Daily Population for the last 12 months: 1810
- Average Length of Stay: 51 Days
- Average Sentence Length: 6-23 months
- Security/Custody Level: Minimum, Medium, Maximum
- Number of inmates admitted to facility during the past 12 months: 5,644
- Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 1.026

- Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 3,184
- Age Range of Offenders: Adult (15-71)
- Gender: Male, female
- Full-Time Staff: 471
  - Executive Staff: 6
  - Support: 22
  - Program: 53
  - Medical: 35
  - Security: 340

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

**Number of Standards Exceeded:** 3  
**List of Standards Exceeded:** 115.31, 115.32, 115.67

### Standards Met

**Number of Standards Met:** 42

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403.

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** N/A

## Summary of Corrective Action (if any)

During the audit site inspection of the food service area, the auditor observed an inmate restroom and a facility porter closet where both doors are made of solid construction. Neither door could be locked and secured, thus creating a blind spot, and violating PREA standard 115.13(a)5. “All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated).” Both rooms were accessible to inmates daily. While the auditor was onsite, the facility took immediate corrective action, and both doors were outfitted with locking mechanisms and the auditor was provided with photographs of the doors once the project was completed. Direction from the facility Warden was disseminated to all staff advising the doors shall remain locked when not in use.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### **Evidence Reviewed (documents, interviews, site review)**

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- PREA GEO Group Organizational Chart
- Delaware County Prison Organizational Chart
- Interviews:
  - Agency PREA Coordinator
  - George W. Hill Correctional Facility PREA Compliance Manager

**Subsection (a)** The auditor reviewed the agency and facility's written PREA policies mandating zero tolerance toward all forms of sexual abuse and sexual harassment, which outlines the agency and facility's approach to preventing, detecting, and responding to such conduct, covering all the elements of this subsection. The auditor found the policy's to be complete and thorough, defining how the agency and facility will implement the approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

**Subsection (b)** The agency (GEO Group) employs an upper-level Accreditation & Inspections Supervisor who acts as the agency-wide PREA coordinator, who reports to the Executive Vice President, Contract Compliance. Interview conducted with the agency wide PREA coordinator indicated she has sufficient time and authority to develop, implement, and oversee the Jail's efforts to comply with the PREA standards.

**Subsection (c)** The George W. Hill Correctional Facility employs an Agency Director for ACA and PREA who acts as the facility PREA compliance manager, who reports to the Warden. Interview conducted with the facility PREA compliance manager indicated she has sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. It was evident to the auditor throughout the entire audit process the PREA compliance manger takes her position very seriously and PREA compliance is a top priority of hers.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

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

#### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other

entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Interviews:
  - Agency PREA Coordinator
  - George W. Hill Correctional Facility PREA Compliance Manager

The agency/facility does not contract for the confinement of inmates with private agencies or other entities, including other government agencies. This was confirmed through interviews with the agency's PREA Coordinator.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- 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  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes    No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes    No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes    No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes    No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)

- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Approved Staffing Plan (Supporting Facility Documentation)
- PREA Annual Facility Assessment for 2021, 2020 and 2019
- Completed Samples - George W. Hill Correctional Facility Unannounced Supervisor Rounds (2021, 2020, 2019)
- Security Staff Schedule Samplings (2021, 2020, 2019)
- Facility Floor Plan with Camera Locations
- Interviews
  - Agency PREA Coordinator
  - PREA Compliance Manager
  - Intermediate- or Higher-Level Facility Staff
  - Warden

**Subsection (a)** A review of the agency and facility policy's, supporting documentation, and interviews conducted with the Agency PREA Coordinator, PREA Compliance Manager, Warden confirmed to the auditor George W. Hill Correctional Facility has developed, documents, and does their best to regularly comply with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. The written staffing plan is required to be developed sufficiently in advance for internal and agency review and approval. In a review of the facility staffing plans for the past three years the auditor has determined the facility considers all (11) elements required of this subsection.

During the audit inspection of the food service area, the auditor observed an inmate restroom and a facility porter closet where both doors are made of solid construction. Neither door could be locked and secured, thus creating a blind spot, and violating PREA standard 115.13(a)5. "All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)." Both rooms were accessible to inmates daily. While the auditor was onsite, the facility took immediate corrective action, and both doors were outfitted with locking mechanisms and the auditor was provided with photographs of the doors once the project was completed. Direction from the facility Warden was disseminated to all staff advising the doors shall remained locked when not in use.

**Subsection (b)** In a review of the Jail's 2020 PREA annual report and staffing plan reviews for CY-2019, CY-2020, and CY-2021, the facility has not had to deviate from its originally staffing plan. This was further confirmed through interviews with the Executive Director and Accreditation & Inspections Supervisor.

**Subsection (c)** At least once every year, and according to agency policy, submitted documentation and auditor interviews with the Warden, PREA Coordinator, PREA Compliance Manager, the facility, reviews the staffing plan on an annual basis. This process is completed to see whether adjustments are needed to the staffing plan, the deployment of monitoring technology, or the possible allocation of facility and agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The written staffing plan is required to be developed sufficiently in advance for internal review and approval.

**Subsection (d)** A review of agency and facility policy, supporting documentation, and auditor interviews conducted with the Warden, PREA compliance manager and supervisory staff indicated the facility requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Submitted with the facility PAQ was documented

unannounced rounds for the past three years documented on the “GEO PREA Unannounced Supervisor Rounds form. “Also, during the facility onsite inspection, the auditor reviewed additional unannounced round forms documenting such rounds are occurring on both day and night shifts. Supervisory staff are assigned specific days of the week that they are required to conduct unannounced rounds, ensuring these types of rounds are conducted daily for all shifts. During the previous 12 months the facility has not ben required to house a youthful offender in segregation to separate them from adult inmates.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- George W. Hill Correctional Facility - Security Standard Operating Procedures (Female Youthful Offenders)
- Interviews
  - Line Staff who Supervise Youthful Inmates
  - Education and Program Staff who Work with Youthful Inmates
  - Youthful Inmates
  - Warden
  - PREA Compliance Manager

**Subsection (a)(b)(c)** A review of the agency and facility policy's, supporting documentation (youthful intake forms, housing and program assignments for the past three years), and interviews conducted with the PREA Compliance Manager, Warden, Line Staff, Education and Programming staff, and both female and male youthful offenders indicates the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The auditor further confirmed these practices are occurring through personal observations while onsite. On the first day of the onsite visit the facility housed 11 youthful male offenders and one female youthful offender. The males are housed in their own special management unit (SMU) where they receive their education and programming activities. They also have their own recreation area, separate from adult offenders. female is housed in separate wing of medical. She receives her education and programming activities in the medical wing in which she resides. Interview with staff confirmed she has access to recreation activities daily if she chooses to. The auditor confirmed this through the review of the recreation log sheets. Due to the Covid-19 pandemic, in person programming including large-muscle exercise is suspended at the facility at this time. Currently, the Youthful Offenders receive education services via packet delivery through the Education Department and the Delaware County Intermediate Unit. Youthful Offenders are able to exercise within their housing unit and in the recreation yard.

## Standard 115.15: Limits to cross-gender viewing and searches

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

### 115.15 (a)

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

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Prison Rape Elimination Act (PREA) DOJ Training Curriculum (limits to Cross Gender Viewing)
- Orientation/In-service training completed sign in sheets (2021, 2020, 2019)
- GEO – Completed Statement of Search/Shower/Pronoun Reference Forms (2021, 2020, 2019)
- Interviews
  - Agency PREA Coordinator
  - Random Staff
  - Random Inmates

**Subsections (a)(c)** Agency and facility policy states facility staff shall not conduct cross-gender strip searches or cross-gender visual body searches (meaning a search of the anal/genital opening) except in exigent circumstances or when performed by medical practitioners. The Policy's further states that

the facility will document all cross-gender strip searches and cross-gender visual body cavity searches and will document all cross-gender pat-down searches of female inmates. According to the PAQ and the Auditor's interview with the PREA compliance manager, the facility has not conducted any cross-gender pat-down searches or cross-gender strip searches during the audit period.

**Subsection (b)** The George W. Hill Correctional Facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Interviews with staff indicated that female inmates would not be restricted to out of cell activities and that there is always a female security staff available to conduct searches. During the past 12 months the facility has not been required to conduct a cross-gender search of a female inmate.

**Subsection (d)** Agency policy and the George W. Hill Correctional Facility local policy states and was further confirmed through the Auditor's interviews conducted with the PREA compliance manager and random staff that the facility enables inmates to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks to include viewing via video cameras. Facility staff of the opposite gender will announce their presence when entering an inmate's housing unit. The Auditor observed this practice occurring during the site inspection. Upon entering all inmate housing units, signs prominently displayed on bright green laminated posters reminded staff of the opposite gender to make the appropriate announcement before entering. The Auditor confirmed this practice during interviews conducted with inmates and observed staff of the opposite gender announcing their presence when entering housing areas of the opposite gender.

**Subsection (e)** The agency and the facility's local policy states facility staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, 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. According to the PAQ and the Auditor's interviews with the PREA compliance Manager and random staff, the facility has not searched or physically examined a transgender or intersex inmate for the sole purpose of determining their genital status. While onsite the auditor interviewed a transgender inmate. The inmate indicated she was not searched for the sole purpose of determining her genital status. She further indicated staff have been nothing but respectful towards her.

**Subsection (f)** The agency policy states and was further corroborated through auditor interviews with the PREA Compliance Manager, random sample of staff, and the facility provided training curriculum to include staff signed training acknowledgments that the facility trains staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The auditor reviewed the provided training curriculum and found that it met the standards requirement in all material ways. It should also be noted most staff were able to articulate to the auditor the proper techniques for conducting such a search.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

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

## 115.16 (a)

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

### 115.16 (b)

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

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- George W. Hill Memorandum (Bilingual Staff Members)
- Prison Rape Elimination Act (PREA) DOJ 2020 In-Service (Use of Interpreters)
- Languages Services Contract Agreement
- Statement of Fact – PREA Standard 115.16
- Interviews
  - Warden
  - PREA Compliance Manager

- Random Staff
- Inmates (with disabilities or who are limited English proficient)

**Subsection (a)** Agency and the facility local policy's states that the facility has established procedures to provide disabled inmate's an equal opportunity to participate in or benefit from all aspects of the agency and facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in accordance with subsection (a) requirement. The Auditor interviewed the Warden and PREA compliance Manager, who explained the procedures and mechanisms that are in place to provide disabled inmate's an opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Auditor interviewed four LEP inmates. None of the inmates required the use of interpretive services, and all communicated effectively with the auditor during their interviews. They were able to explain the facility's processes for reporting allegations of sexual misconduct and indicated they had received sexual safety information upon intake and in a format that they were able to understand. All four inmates recalled being asked questions upon intake about their risk of sexual victimization and abusiveness. The Auditor observed throughout the facility written materials, posters, pamphlets both in English and Spanish advising inmates of their rights to be free from sexual abuse, sexual harassment & retaliation and how to report such.

**Subsection (b)** Agency and facility policy's states, and it was further corroborated through auditor interviews with the Warden and PREA compliance manager the agency and facility has established procedures to provide inmates with limited English proficiency an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provides the necessary steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment involving inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpretive services are provided via Language Services and the auditor was provided with contract agreement t for such services. The facility also maintains an active staff roster of bilingual staff wo are available to provide interpretive services if needed.

**Subsection (c)** Agency and facility policy states and the auditor confirmed through interviews with the PREA compliance manager, and random staff that inmate interpreters, inmate readers, or other types of inmate assistants are prohibited except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate allegations. During the previous 12 months, the facility has reported no instances where inmate interpreters, readers, or other types of inmate's assistants have been utilized for an incident of sexual abuse or sexual harassment.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### Evidence Reviewed (documents, interviews, site review)

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- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- GEO Group – NCIC Background Checks (Completed Samples) 2021, 2020, 2019
- GEO Group – Statement of Fact- PREA Standard 115.17
- GEO Group – Disclosure and Authorization Form (Completed Samples) 2021, 2020, 2019
- Interviews
  - Human Resource Staff

**Subsection (a)(b)(c)(d)(e)(f)(g)(h)** The auditor reviewed the agency and facility policies which prohibits hiring or promoting anyone who may have contact with inmates (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.

George W. Hill Correctional Facility 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. 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. Employees are required to provide a continuing affirmative duty to disclose any such conduct and/or allegations to the Facility Administrator. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, GEO Reentry Services Human Resources Department 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 individual has applied to work.

Submitted with the facility PAQ was a sampling of completed GEO employee applications, covering the elements required under subsection (a) of the standard. Also presented with PAQ were completed GEO- Performance Evaluation forms, GEO- Promotional Disclosure Waiver forms, background check investigation information to include information for completed five-year rechecks for the previous three years (2021, 2020, 2019). While onsite, the auditor reviewed personnel files for all staff (26) staff randomly selected interviews to determine compliance with PREA background check procedures and determined all employee files were compliant with the standard in all material ways. The auditor confirmed the practice as mentioned above through an interview with the facility's Human Resource Administrator.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Statement of Fact - PREA Standard 115.18
- Facility Floor Plan
- Interviews
  - Warden
  - PREA Compliance Manager

According to the submitted PAQ and interviews conducted with the Warden, and PREA compliance manager, the George W. Hill Correctional Facility has not made a substantial expansion or modification to the existing facility since their last audit. The agency/facility has upgraded some video and monitoring technology during this audit cycle. An NVR (Network Video Recorder) was added to replace 4 DVR's throughout the facility.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- 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  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

- 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  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents, interviews, site review)**

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Memorandum of Understanding (MOU) between GEO Group (GEO) at George W. Hill Correctional Facility (GWHCF) and Delaware County Criminal Investigative Division (CID)
- Memorandum of Understanding (MOU) between The GEO Group (GEO) at George W. Hill Correctional Facility (GWHCF) and Delaware County Women Against Rape (DCWAR)
- Memorandum of Understanding (MOU) between The GEO Group (GEO) at George W. Hill Correctional Facility (GWHCF) and the Riddle Memorial Hospital for forensic exams.
  - Interviews:
    - PREA Compliance Manager
    - Random Staff
    - Victim Advocacy
    - SAFEs/SANES Staff
    - Facility Investigator(s)

**Subsection (a)(b)(c)(d)(e)(g)(h)** The agency and facility policies outline the requirements as it pertains to the standard. The agency/facility is responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence per the standards requirement. The aforementioned was confirmed through interviews with random staff, PREA compliance manager, and facility Investigator who explained to the auditor how to preserve evidence and the crime scene to maintain usable evidence for investigative purposes. Agency and facility policies require the local law enforcement (Delaware County Criminal Investigative Division) that conducts investigations to ensure that all forensic evidence is collected and preserved per evidence protocols established by the Department of Justice (DOJ). Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at the facility. The facility utilizes the Riddle Memorial Hospital for forensic exams. The facility has an MOU with the Riddle Memorial Hospital and Sexual Assault Nurse Examiners (SANES) are on call 24 hours a day to provide medical and forensic response to victims of sexual assault. The auditor conducted a phone call interview with a representative from the Riddle Memorial Hospital emergency room who explained the SANE services that would be provided if ever needed. According to the PAQ and interviews with the Warden and PREA compliance manager, no inmates have required SANE exams during the past 12 months. The facility has an MOU with the Delaware County Women Against Rape (DCWAR). At the victim's request, a representative from the agency will accompany and support an inmate victim of sexual abuse through the forensic exam process and provide emotional support and crisis intervention. The Auditor interviewed a representative from DCWAR who confirmed the services that would be provided to an inmate of sexual abuse. Most interviews conducted with inmates confirmed they are made aware of the confidential emotional support services available to them and how to

access these services. Most inmates recalled they have seen the information in the facility handbook, and the information displayed on posters throughout the facility in English and Spanish.

**Subsection (f):** This provision is not applicable to this facility as the agency/facility is responsible for conducting administrative sexual abuse investigations.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

- 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 criminal investigations. See 115.21(a).)  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Memorandum of Understanding (MOU) between GEO Group (GEO) at George W. Hill Correctional Facility (GWHCF) and Delaware County Criminal Investigative Division (CID)
- Facility Investigative supporting documentation
- GEO Group Website (<https://www.geogroup.com/PREA>)
- Interviews
  - Warden
  - PREA Compliance Manager
  - Facility Investigator

**Subsection (a)(b)(c)** The Agency and facility policy outline procedures for investigating and documenting incidents of sexual abuse. The agency and facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including inmate-on-inmate sexual abuse or staff sexual misconduct. If an allegation were received from an inmate of this facility, GEO would assign an investigator to conduct an administrative investigation. Interview with the Executive Vice President Continuum of Care & Reentry Services (Agency Head Designee) stated the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. Based on client contract requirements, an investigation would be conducted by the client investigative unit, local law enforcement (if criminal), or a trained GEO facility investigator. He further stated the agency has a cadre of staff in their division that have received PREA Specialized Investigations Training. 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. In the past 12 months the facility reported eight (8) incidents of sexual misconduct during the audit period. The auditor conducted a comprehensive review of three (3) completed administrative investigation files while onsite with the Facility Investigator and PREA Compliance Manager to determine compliance with PREA investigation mandates.

In reviewing the completed investigations, the auditor found that all cases were completed per the standards requirement. Upon receiving an allegation of sexual abuse, the supervisor receiving the report immediately notifies the /PREA Compliance Manager and facility investigator. The Facility Warden will immediately notify the PREA Coordinator, the PREA Division Coordinator, the GEO's Office of Professional Responsibility (OPR) (if the allegation involved staff), and the Senior Area Manager. The facility policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to the Delaware County Criminal Investigative Division (CID) who have the legal authority to conduct criminal investigations. During the previous 12 months, there have been no PREA related investigations that rose to the level of criminality. All PREA allegations are tracked on the agency PREA Monthly Incident Outcome Tracking Log. Submitted with the facility, PAQ was completed Monthly Incident Outcome Tracking Logs, and the auditor reviewed additional Tracking Logs while onsite. The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website at (<https://www.geogroup.com/PREA>). The information describes the responsibility of the agency to refer investigations of sexual abuse and sexual harassment for criminal investigation and the responsibility of the investigating entity.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents, interviews, site review)**

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- PREA Staff Training Curriculum
- PREA Staff Training Acknowledgments (2021, 2020, 2019)
- Interviews
  - Random Sample of Staff
  - PREA Compliance Manager

**Subsections (a)(b)** Agency policy states and the auditor confirmed through random staff interviews and a review of completed staff training documentation/acknowledgment forms that all employees receive PREA educational training in accordance with the standards requirement. Training includes individual completion of the PREA and Staff Sexual Misconduct Training on (1) The facility zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An inmate's right to be free from sexual abuse and sexual harassment; (4) Staff and inmates' right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training is tailored for male and female inmates. Interviews with staff demonstrated they have been adequately trained and are aware of the importance of PREA.

**Subsections (c)(d)** All staff receive PREA training annually during pre-service training, exceeding the standard's requirement. The agency/facility also provides 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. Unless client mandates require electronic verification, employees shall document through signature on the PREA Basic Training Acknowledgement Form (Attachment E) that they understand the training they have received. This form is used to document Pre-service and Annual In-service PREA Training. The Training Officer maintains an electronic copy of the training in the individual training records for each staff member. The auditor verified by reviewing staff training documentation submitted with the PAQ and additional staff documentation reviewed while onsite and interviews conducted with random staff indicated they receive PREA training every year during their in-service training.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)?  Yes  No

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Volunteer/Contractor Roster

- PREA Basic Training Acknowledgement forms (2021, 2020, 2019)
- Volunteer/Contractor Training Curriculum
- Interviews
  - Volunteer/Contractor

**Subsections (a)(b)(c)** Agency policy requires all volunteers and contractors who have contact with detainees to be trained and have annual refreshers on their responsibilities regarding sexual abuse/harassment prevention, detection, and response as outlined in the agency's PREA policy. The agency's policy for requiring annual training exceeds the standards requirement.

According to the provided facility PAQ and reviewed contractor and volunteer rosters, the George W. Hill Correctional Facility currently has 15 contractors and 53 active volunteers. Both contractors and volunteers receive initial training before providing service at the facility and again on an annual basis. Contractors and volunteers receive the same PREA training as employees and sign a PREA Basic Acknowledgement form acknowledging receipt and understanding of the agency's zero-tolerance policy. The auditor interviewed one contractor and volunteer who confirmed they received the agency PREA training and received it annually. Both indicated to the auditor they knew and understood the agency/facility's zero-tolerance policy and how and whom to report PREA allegations. The auditor further corroborated the training through the review of training records for the past three years. The facility maintains documentation for all contractors and volunteers acknowledging they have received and understood the training provided.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents, interviews, site review)**

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Facility Inmate Handbook (Completed acknowledgment forms receiving the handbook)
- Comprehensive PREA Education Form (Inmate signed acknowledgments)
- PREA Inmate Reporting Options (English & Spanish)
- Delaware County Women Against Rape Crisis Center Informational Posters
- Interviews
  - Intake Staff
  - Random Inmates

**Subsections (a)(b)(c)(d)(e)** Agency and facility policy states that individuals in a GEO Facility or Program shall receive PREA educational information within 24 hours of arrival. Confinement Facilities shall provide each individual in a GEO Facility or Program with written information (i.e., handbooks, pamphlets, etc.) on the Company'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. The agency shall provide Inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to Inmates who have limited reading skills. Upon arrival, George W. Hill inmates receive a copy of the "facility handbook, containing educational PREA information and are required to watch the comprehensive PREA educational video (What you Need to Know)." The auditor confirmed this occurs through interviews with random inmates, including LEP inmates and inmates with cognitive disabilities, reviewing their files, including signed acknowledgments for receiving the information. The auditor received and reviewed inmate documentation for all the inmates interviewed which contained signed acknowledgments for the PREA education received. Most inmates interviewed were knowledgeable of the agency and facility zero-tolerance policy and knew how to report incidents of sexual abuse, sexual harassment. Agency policy further states: Facilities shall provide refresher information whenever an Individual in a GEO Facility or Program is transferred to a different Facility. Multiple inmates indicated they had received PREA related information when transferred from one facility to another, and upon arrival to the George W. Hill Correctional Facility. During the site inspection, the auditor observed PREA information prominently displayed on bright orange posters, both in English and Spanish, in all inmate housing rooms and numerous areas located throughout the facility.

## **Standard 115.34: Specialized training: Investigations**

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

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
  - Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
  - George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
  - PREA Specialized Investigations Lesson Plan/Training Acknowledgment Logs
  - Facility Investigators – Certificate of completed training
  - Interviews
    - PREA Compliance Manager
    - Facility Investigator
- 
- **Subsection (a)(b)(c)** Agency policy states in addition to the general training provided to all employees pursuant to §115.31, the agency shall ensure that, to the extent the agency and facility itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Where the Facility does not conduct Sexual Abuse investigations and an outside agency is responsible for investigating these types of incidents, the Facility shall request documentation from the Agency that it has provided such training to its investigators who conduct such investigations. Training documentation shall be kept on file at the Facility. The Auditor was provided the GEO investigators training curriculum and certificates for completing the specialized training. The Agency and facility shall maintain documentation that facility investigators have completed the required specialized training in conducting sexual abuse investigations. The facility has two assigned administrative investigators in the event of a PREA allegation, GEO can also assign a trained investigator from another facility or the corporate office if needed. In reviewing the agency specialized training curriculum and completed training certificate, the auditor determined the facility and agency has demonstrated their investigative staff has received advanced training when dealing with allegations of sexual misconduct within a confinement setting. This was further corroborated through the knowledge shown during an interview with the facility investigator and review of completed investigations. The Delaware County Criminal Investigative Division (CID) will conduct any potential criminal investigations at the facility.

## Standard 115.35: Specialized training: Medical and mental health care

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

### 115.35 (a)

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Facility roster of Medical and Mental Health (Completed PREA Specialized Medica/Mental Health Acknowledgements)
- Statement of Fact – PREA Standard 115.35
- Interviews
  - Medical & Mental Health Staff

**Subsection (a)(c)(d)** Agency and facility policies states that all medical and mental health care practitioners who regularly work in the facility shall receive the training mandated for staff under §115.31 and complete Medical and Mental Health Care Specialized Training. The Agency shall ensure that all full-time and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in (a) How to detect and assess signs of sexual abuse and sexual harassment; (b) How to preserve physical evidence of sexual abuse; (c) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (d) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor confirmed through the review of medical and mental health employee completed training documentation and training curriculum that the requirements are covered in accordance with the standards requirement. The auditor conducted interviews with Medical and Mental Health Staff; both interviews demonstrated their knowledge of PREA and their role when dealing with sexual abuse and sexual harassment allegations.

**Subsection (b)** is N/A. Medical staff employed by the George W. Hill Correctional Facility do not conduct forensic examinations. The facility utilizes the Riddle Memorial Hospital for forensic exams. The facility has an MOU with the Riddle Memorial Hospital and Sexual Assault Nurse Examiners (SANES) are on call 24 hours a day to provide medical and forensic response to victims of sexual assault.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.41: Screening for risk of victimization and abusiveness

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Completed Inmate PREA Risk Assessments (2021, 2020, 2019)
- Completed Inmate PREA Risk Reassessments (2021, 2020, 2019)
- Interviews
  - Staff Responsible for Risk Screening
  - Sample of Inmates

**Subsection (a)(b)(c)(d)** Agency and facility policy states all inmates shall be assessed within 24 hours of arrival at the facility, utilizing the objective screening instrument, which also applies to new intakes and transfers. The auditor reviewed the risk screening tool (attachment B to agency policy 5.1.2-A) and found an objective screening tool containing all (10) elements required per the standard. During the site inspection, the auditor received a comprehensive demonstration from two facility case managers on how a risk screening occurs when an inmate arrives at the facility. While onsite, the auditor received completed risk assessments and the 30-day reassessments for all inmates who were formally interviewed by the auditor, 43 in total. Upon review, the auditor confirmed that the risk screening is being completed per the standards requirement. Auditor interviews with staff responsible for conducting risk screenings and follow-up risk screenings were very well-versed in the procedures for performing such a screening. It was apparent to the auditor the facility prided itself on the screening for risk of victimization and abusiveness and was reflected during staff interviews and the review of detailed risk assessment documentation.

**Subsection (e)** Agency and facility policy indicated and was further confirmed through interviews with staff responsible for conducting risk screening and the review of completed inmate risk screening forms that the intake screening considers the following criteria to assess inmates for risk of being sexually abusive. (1). Prior acts of sexual abuse; (2) Prior convictions for violent offenses; and (3) History of prior institutional violence or sexual abuse, as known to the facility.

**Subsection (f)** Agency policy states and the auditor confirmed through the review of completed risk screening forms; interviews conducted with facility case managers who perform the reassessments for inmate risk of victimization or abusiveness utilizing the agency's PREA Vulnerability Reassessment Questionnaire. Interviews were also conducted with random inmates, who most recalled receiving a follow-up risk screening within approximately two weeks of arrival.

**Subsection (g)** Agency policy states and the auditor confirmed through the review of completed inmate screening forms; interviews conducted with staff responsible for completing risk assessments, an assessment is completed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The facility provided the auditor with completed risk assessments based on referrals, incidents of sexual misconduct, and found that they were conducted according to the standards' requirements.

**Subsection (h)** Agency policy states and was further corroborated through interviews with case managers who are responsible for completing risk screenings that inmates are not 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.

**Subsection (i)** Agency and facility policy state that appropriate controls are in place for disseminating responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment staff or other inmates. The auditor confirmed the above mentioned through interviews with staff responsible for conducting risk assessments and the PREA compliance manager. The facility PREA compliance manager stated when completed, PREA Risk Assessments and PREA Vulnerability Reassessment Questionnaires are given to her for review and storage.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- 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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- 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 inmates, does the agency always refrain from placing: intersex inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Evidence Reviewed (documents, interviews, site review)**

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
  - Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
  - George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
  - Completed - Statement of Search/Shower/Pronoun Preference Forms (2021, 2020, 2019)
  - Completed Inmate PREA Risk Assessments (2021, 2020, 2019)
  - Completed Inmate PREA Risk Reassessments (2021, 2020, 2019)
  - Facility LGBTI Log
  - Completed Transgender Committee Care Forms (2021, 2020, 2019)
  - Inmates “At Risk Log.”
  - Interviews
    - PREA Compliance Manager
    - Staff Responsible for Risk Screening
    - Transgender/Intersex/Gay/Lesbian Inmates
- 
- **Subsection (a)(b)** Agency and facility policy indicates the staff shall use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The George W. Hill Correctional Institution will make individualized determinations about how to ensure the safety of each Inmate. The auditor corroborated the processes through the review of completed inmate risk screenings provided with the facility PAQ and through the review of additional assessments while onsite, and interviews conducted with the PREA compliance Manager and risk screening staff (Case Managers).
  - **Subsection (c)** Facility policy states in deciding whether to assign transgender or intersex inmates to the facility for male or female inmates, and in making other housing and programming assignments, the facility will consider whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. The facility confined one transgender during the site visit, and the auditor determined through the review of her risk assessments and interview that the facility and agency are following agency policies, procedures, and the PREA standard.
  - **Subsection (d)(e)** Facility policy further states that a transgender or intersex inmates own view with respect to his or her own safety will be given serious consideration. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. Risk Screening staff discuss all these issues, as well as the individual’s own feelings and make a decision that ensures the safety of each inmate housed at the facility without creating security issues. This process was corroborated through facility documentation review and interviews conducted with the PREA compliance manager and staff responsible for conducting risk screening.
  - **Subsection (f)(g)** Facility and Agency policy states transgender and intersex inmates will be given the opportunity to shower separately from other inmates. The facility will not place lesbian,

gay, bisexual, transgender, or intersex inmates in dedicated units solely on the basis of such identification or status, unless such placement is in a dedicated unit established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such inmates. The facility confined one transgender during the site visit, and the auditor determined through the review of her risk assessments and interview that the facility and agency are following agency policies, procedures, and the PREA standard. The auditor interviewed several inmates who identified as LGBTI and confirmed they are not separated from the general population based on this identification status.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)

- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Memorandum – Statement of Fact – PREA Standard 115.43
- Interviews
  - Warden
  - Staff who Supervise Inmates in Segregated Housing

**Subsections (a)(b)(c)(d)(e)** The Agency and facility policies prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Policies further indicate Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document, opportunities that have been limited, duration of the limitation and the reason for such. Inmates will only be assigned to involuntary segregated housing when no alternative means of separation can be arranged. The facility shall afford an inmate a 30-day review to determine a continuing need for separation from the general population. The facility has not used involuntary segregation during the previous 12 months, and therefore there was no documentation for the auditor to review. Interviews with the Warden, segregation supervisor, and the PREA Compliance Manager verified inmates at high risk of sexual victimization would not be placed in involuntary segregation unless all other measures have been evaluated.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)

- Facility Inmate Handbook
- Facility Reporting flyer, brochures, and posters
- Completed facility Incident Reports (PREA reporting allegations)
- Completed investigative reports
- Interviews
  - Random Inmates
  - Random Staff
  - PREA Compliance Manager

**Subsection (a)(b)** Agency and facility policy states inmates shall have multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates can report verbally, written, electronically, hotline phone numbers and can remain anonymous upon request. The Agency and facility shall also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the Agency and that can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The facility has entered into an MOU with the Delaware County Women Against Rape (DCWAR). DCWAR acts as the public or private entity or office that is not part of the Agency. While onsite and during the facility inspection, the auditor placed a call to the DCWAR hotline and spoke with a representative from the organization who indicated they would accept reports of sexual misconduct and include anonymous reports. The auditor observed sexual abuse and sexual harassment reporting information posted in multiple areas of the facility to include on bulletin boards and next to inmate telephones. The information was prominently displayed on orange paper. Interviews with random staff and inmates indicated to the auditor that they are aware of the reporting mechanisms for inmates to report allegations of sexual abuse and sexual harassment.

**Subsections (c)(d)** Agency and facility policy states staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document any verbal reports. The Agency and facility shall provide a method for staff to privately report sexual abuse and sexual harassment through the agency website(<https://www.geogroup.com/PREA>). Staff also have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). The agency has established a method to receive third-party reports of sexual abuse and sexual harassment. It distributes public information on how to report sexual abuse and sexual harassment on behalf of the inmate. The auditor confirmed the abovementioned through interviews with random staff, PREA Compliance Manager, and inmates. Staff reported they are required to report all allegations of sexual misconduct immediately and shall document the report as well. Additionally, most staff interviewed presented the auditor with a first responder card they carry with them containing sexual abuse responder information, which has the employee hotline number and the website address for anonymous reporting.

## Standard 115.52: Exhaustion of administrative remedies

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

### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes  No  NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (f)

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Facility Inmate Handbook
- Statement of Fact: PREA Standard 115.52 Exhaustion of administrative remedies
- Interviews
  - PREA Compliance Manager

**Subsections (a)(b)(c)(d)(e)(f)(g)** The agency and facility policy grievance procedures describe the administrative process for inmate grievances regarding sexual abuse and sexual harassment. The facility provides inmates information of the grievance procedures upon arrival. The information is contained within the facility inmate Handbook. The agency and facility do not impose a time limit for submitting a grievance regarding an allegation of sexual abuse. An inmate can file a formal grievance related to sexual abuse at any time during, after, or instead of lodging an informal grievance or complaint. Inmates are informed if the allegation involves the Warden, the grievance may be submitted directly to the Grievance Manager, GEO PREA Manager. The policies state the inmate have a right to submit grievances to someone other than the staff member who is the subject of the complaint, and such grievance is also not referred to a staff member who is the subject of the complaint. A copy of all grievances related to sexual harassment, sexual abuse, and/or sexual activity will be forwarded to the Warden or designee, who will forward for investigation. The inmate will be informed in writing that it will be forwarded for investigation due to the nature of the grievance. Upon conclusion of the investigation, a written notice of the outcome will be provided to the inmate. Policies further state the facility 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, and the computation of the 90-day period shall not include time consumed by inmates in preparing any administrative appeal.

At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for a reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. Third parties on behalf of an inmate may also submit grievances. The agency's and facility's policies provide written procedures and timeframes for handling time-sensitive grievances that involve an immediate threat to inmate health,

safety, or welfare related to sexual abuse. If the grievance is a substantial risk of imminent sexual abuse to the inmate, it is handled as an emergency grievance. The grievance is forwarded to the Warden and or designee for immediate action to protect the potential victim. Emergency grievances are given priority and will be investigated, and an initial response provided within 48 hours of the date of receipt. A final decision will be delivered within five (5) calendar days. The agency policy states the inmate may receive a disciplinary report for filing a grievance relating to alleged sexual abuse made in bad faith.

There were no grievances filed for an allegation of sexual abuse during the audit period. Therefore, there were no inmates to interview or grievance documentation to review.

## **Standard 115.53: Inmate access to outside confidential support services**

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

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.53 (b)**

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

#### **115.53 (c)**

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

### **Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Facility Inmate Handbook
- MOU Agreement (GEO George W. Hill Correctional Facility & Delaware County Women Against Rape - DCWAR)
- Interviews
  - Random Inmates
  - Random Staff
  - PREA Compliance Manager

**Subsections(a)(b)** Agency and facility policy state inmates shall have access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including the toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The George W. Hill Correctional Institution shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Prior to giving them access, the facility shall inform inmates 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. Victim Support Services are available to inmates by calling or writing to the Delaware County Women Against Rape (DCWAR). The number and address are provided to inmates in the facility inmate Handbook and posted on posters throughout the facility. Inmates are made aware that the call may be monitored. The auditor corroborated the above through interviews with a random sample of inmates, PREA compliance manager, and random staff.

**Subsection(c)** Agency and facility policy state that the agency/facility shall maintain a memorandum of understanding or other agreements with community service providers that can provide inmates with confidential emotional support services related to sexual abuse. The facility shall retain copies of agreements or documentation showing attempts to enter into such agreements. The auditor confirmed this is established via the Memorandum of Understanding with the Delaware County Women Against

Rape (DCWAR). The Agency and facility retain copies of the agreement and documentation demonstrating it has entered into such an agreement.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Facility Inmate Handbook
- PREA Informational handouts, brochures, and posters
- GEO Third Party Reporting Poster
- GEO Third Party Reporting Information on GEO Website
- Interviews
  - PREA Compliance Manager
  - Warden

**Subsection(a)** Agency policy states and the auditor confirmed through review, procedures for third-party reporting of sexual abuse and sexual harassment on behalf of inmates shall be posted in the housing units, visitation area, common areas, and on the agency (GEO) website. Information on third-party reporting is found on the Third-Party Reporting posters located in numerous areas throughout the facility and visible to staff, inmates, and visitors. The information is made available on the GEO website at ([www.geogroup.com/PREA](http://www.geogroup.com/PREA) (Social Responsibility-PREA Certification Section)). Third-party reports can be made in person, in writing, anonymously, or by contacting the agency's PREA Coordinator. The auditor placed a successful test call to the agency PREA Coordinators hotline number. Inmates interviewed were aware of this method of reporting. Interview with the Warden and PREA Compliance Manager indicated during the previous 12 months; there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Statement of Fact: PREA Standard 115.61 Staff and Agency Reporting Duties
- State Vulnerable Persons Statute
- Interviews
  - Random Staff
  - Medical and Mental Health Staff
  - Agency PREA Coordinator
  - Warden
  - PREA Compliance Manager

**Subsections(a)(b)** Agency and facility policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse and sexual harassment that occurred in the facility, whether or not it is part of the facility; retaliation against inmates or staff who reported such

an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency and facility policy, to make treatment, investigation, and other security and management decisions. Interviews with Random staff clearly indicated to the auditor they are aware of the agency and facility requirements and their reporting duties. The auditor further confirmed this through the review of completed staff training documentation white onsite.

**Subsection(c)** Agency and facility policy states, unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section and inform inmates of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services. Interviews conducted with medical a mental staff confirmed they are aware of the requirements delineated within this subsection and understand their role as mandatory reporters.

**Subsection(d)** Agency and facility policy states, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the facility shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Interviews conducted with the agency PREA coordinator and PREA compliance manager indicated they have not had an inmate under the age of 18 or consider a vulnerable adult within the pervious twelve (12) months. However, if such an occurrence were to happen, they would fully comply with the standards requirement.

**Subsection(e)** Agency and facility policy states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency and facility designated investigators. The facility reported eight (8) incidents of sexual misconduct during the audit period. The auditor conducted a comprehensive review of three (3) completed administrative investigation files while onsite with the facility investigator and PREA Compliance Manager to determine compliance with PREA investigation mandates. The Agency PREA coordinator is notified, and facility or agency investigators will conduct administrative investigations and refers to Delaware County Criminal Investigative Division (CID) for criminal investigations. If an allegation involves staff, notification will be made to GEO's OPR. Interviews with agency PREA coordinator and PREA compliance manager also confirmed, all allegations of sexual abuse and sexual harassment are referred to the designated investigators.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Statement of Fact: 115.62 Agency Protection Duties

**Subsection (a)** The agency and facility policy require that if a staff member has a reasonable belief that an inmate is subject to a substantial risk of imminent sexual abuse, the staff member will take immediate action to protect the inmate. Staff interviewed indicated they would take immediate action to protect the inmate by separating the inmate from other inmates and maintaining them in a safe location. Staff will report the incident to a supervisor for further action and write an incident report. These responsibilities are covered for all staff in the annual in-service training, pre-service training. The auditor confirmed this practice through the review of the facility and agency training curriculum and completed staff training documentation. The Facility Warden stated a PREA investigation would be assigned, a change in housing may occur, and immediate medical and mental health referrals would be made. Random staff interviewed acknowledged what steps are required to protect an inmate at risk for sexual abuse. During the previous 12 months period, no inmates reported being at imminent risk of sexual abuse.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Statement of Fact: 115.63 Reporting to other confinement facilities
- Notifications of Sexual Abuse Allegation to Another Facility documentation.
- Interviews
  - PREA Compliance Manager

**Subsections (a)(b)(c)(d)** Agency and facility policy states upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation. The agency and facility shall document that it has provided such notification. When receiving such notification, the Warden shall ensure that the allegation is investigated in accordance with these standards. In the previous twelve (12) months, there were three (3) allegations received by the George W. Hill Correctional Institution that an inmate was abused while confined at another facility. In the previous (12) months, the facility received two (2)

allegations of sexual abuse from another facility. Interviews with the PREA compliance manager and investigative documentation reviewed indicated to the auditor that staff is following agency and facility protocols according to the standards requirement, and the alleged incident was handled appropriately in accordance with the standards requirement.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Security Standard Operating Procedures: DOJ Coordinated Response Plan
- GWHCF PREA Incident Checklist for Incidents of Sexual Abuse and Harassment
- Interviews
  - Security Staff and Non-Security Staff First Responders
  - PREA Compliance Manager

**Subsections(a)(b)** Facility and agency policy states and was further corroborated through interviews conducted with Security Staff and Non-Security Staff First Responders; upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to (1). Separate the alleged victim and abuser; (2). Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. (3). If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4). If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a security staff member, in that case, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. The auditor reviewed three completed investigative files completed during the audit period and supporting documentation and found that the facility responded according to agency policy and procedures and in accordance with the standards requirement. All staff is required to carry with them a Sexual Abuse First Responder Card. The information on the card outlines the appropriate steps to take if they are the first responders to an allegation of sexual abuse. During interviews with most staff, they displayed the First Responder Card for the auditor to review.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Security Standard Operating Procedures: DOJ Coordinated Response Plan
- GWHCF PREA Incident Checklist for Incidents of Sexual Abuse and Harassment
- Interviews
  - Security Staff and Non-Security Staff First Responders
  - PREA Compliance Manager

**Subsection(a)** In reviewing the Agency policy and the George W. Hill Correctional Facility PREA Coordinated Response Plan, the auditor confirmed the facility's coordinated actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility utilizes a "Incident Checklist for Incidents of Sexual Abuse and Harassment" to ensure all the required steps are performed. The auditor confirmed the abovementioned during the review of agency policy, investigative documentation case reviews and interviews with the Warden and PREA compliance manager.

## Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

#### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Statement of Fact: 115.66 Preservation of ability to protect inmates from contact with Abusers
- Email Correspondence delineating the separations of staff, inmates during the investigative process.
- Interviews
  - Warden
  - PREA Compliance Manager
  - Executive Vice President Continuum of Care & Reentry (agency head designee)

**Subsection(a)(b)** Agency policy states, Ability to Protect Individuals from Contact with Abusers in every case where the alleged abuser is an Employee, Contractor or Volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file. The policy further states GEO shall not enter or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged Employee sexual abusers from contact with any individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Agency policy also address the collective bargaining agreements. George W. Hill

Correctional Facility has a union agreement with the Delaware County Prisons Employees Independent Union. The Union agreement does not prohibit the facility from removing alleged staff sexual abusers from contact with inmates pending the outcome of the investigation.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Completed Protection from Retaliation Log – Prisons and Jails (2021, 2020, 2019)
- Interviews
  - Warden
  - PREA Compliance Manager /Designated Staff Member Charged with Monitoring Retaliation
  - Executive Vice President Continuum of Care & Reentry (agency head designee)

**Subsections(a)(b)** The agency and facility shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and shall designate which staff members or departments are charged with monitoring retaliation. The PREA compliance manager will monitor for retaliation. Weekly meetings are conducted face to face with the inmate in private to allow the inmate to report any potential issues he or she may have. The auditor was provided with completed documentation for the monitoring of inmate retaliation for incidents occurring in 2021, 2020, and 2019. The facility conducts an excellent job in its monitoring of inmate activities and maintains excellent documentation. The facility shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. While onsite, the auditor reviewed three (3) completed administrative investigations and monitoring for retaliation documentation. It was determined that retaliation monitoring was conducted per agency policy and procedures and in accordance with the PREA standards requirement. Interviews with the Warden, Executive Vice President Continuum of Care & Reentry, and PREA compliance manager also confirmed the above mentioned.

**Subsection(c)(d)** Agency policy states for at least ninety (90) days following a report of sexual abuse, the PREA compliance manager shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. Items that should be monitored include any inmate disciplinary reports, housing or program changes, or negative performance review or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of inmates, such monitoring shall also include periodic status checks. The auditor confirmed the above mentioned by reviewing completed investigative files/documentation for the monitoring of retaliation. Investigation documentation and interview with the PREA compliance manager, who is responsible for monitoring retaliation, corroborated; such monitoring also includes periodic status checks.

**Subsections(e)(f)** Agency policy states if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. The facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded. It should be noted there was not a need for the monitoring of retaliation for a staff person or any other individual cooperating with an investigation during the audit period.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Interviews
  - Warden
  - Segregation Supervisor

**Subsection (a)** Agency and facility policy prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The George W. Hill Correctional Facility had no inmates who allege to have suffered sexual abuse held in involuntary segregated housing during the past 12 months. The Warden, and Segregation supervisor, stated the facility has not had to place any inmates in involuntary segregation during the audit period, therefore there was no involuntary documentation for the auditor to review. Both stated if an inmate required to be segregated for this purpose, they would utilize an area such as medical. They further indicated, if placed in segregated housing involuntarily the inmate would have access to programs, privileges, education, and work opportunities to the extent possible; and that the institution would document any access to programs, privileges, education, or

work opportunities that was restricted and that every 30 days. The facility will also afford each inmate a review to determine whether there is a continuing need for separation from the general population.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

##### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

##### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

##### 115.71 (c)

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

##### 115.71 (d)

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

##### 115.71 (e)

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

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Monthly PREA Tracking Log (2021, 2020, 2019)
- PREA Investigations Report (2021, 2020, 2019)
- Interviews
  - Investigator
  - Warden
  - PREA Compliance Manager
  - Agency PREA Coordinator

**Subsections(a)(b)** Agency policy states when the agency 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. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations as required by 115.34. The auditor was provided with completed training certificates for GEO/Facility staff. When an allegation involves a George W. Hill Correctional Facility inmate, a trained investigator assigned by GEO conducts an administrative investigation. Interviews with the agency PREA Coordinator, facility PREA compliance manager, and Warden confirmed the above mentioned. The facility reported eight (8) incidents of sexual misconduct during the audit period. The auditor conducted a comprehensive review of three (3) completed administrative investigation files while onsite with the facility investigator and PREA compliance manager to determine compliance with PREA investigation mandates

**Subsections(c)(d)** Agency Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator according to their policy and protocols. When the quality of evidence appears to support a criminal prosecution, the investigative agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Interviews with the facility investigator and the

PREA compliance manager and reviewing three (3) investigations confirmed the agency conforms to the standards requirement.

**Subsection(e)** Agency policy states 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 inmate or staff. The agency shall not require an inmate 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. Interviews with the facility investigator and the PREA compliance manager confirmed the aforementioned.

**Subsection(f)(g)(h)** Agency policy states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. If allegations of sexual misconduct involving an inmate appears to be criminal, the allegation is referred to the Delaware County Criminal Investigative Division (CID). Interviews with the facility investigator and PREA compliance manager and reviewing three (3) completed investigations confirmed the agency conforms to the standards requirement. There have been no allegations in the previous twelve (12) months that were deemed criminal; hence, none were referred for prosecution.

**Subsections(i)(j)(k)(l)** Per agency policy and interview conducted with the facility PREA compliance manager, she retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the agency shall not provide a basis for terminating an investigation. When an outside law enforcement agency investigates sexual abuse allegations, the agency and facility cooperate with investigators. They will stay informed regarding the progress and outcome of the investigation. The agency PREA coordinator stated, "facilities are instructed to request an update from the outside law enforcement entity at least once a month to track the status of the investigation. The investigation outcome affects monitoring for retaliation, inmate notices of outcomes, and after-action reviews.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Monthly PREA Tracking Log (2021, 2020, 2019)
- PREA Investigations Report (2021, 2020, 2019)
- Interviews
  - Investigator
  - PREA Compliance Manager

**Subsection (a)** Agency policy states that no standard higher than a preponderance of evidence will be imposed in determining allegations of sexual abuse as substantiated. Interview with the PREA compliance manager and facility investigator confirmed the abovementioned. Upon review of three (3) completed administrative investigations, the auditor determined they were completed per agency policies and the standards requirement.

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Monthly PREA Tracking Log and Outcome Notifications (2021, 2020, 2019)
- PREA Investigations Report (2021, 2020, 2019)
- Interviews
  - Investigator
  - PREA Compliance Manager

**Subsection(a)(b)** Agency and facility policy states following an investigation into an inmate's allegation that they suffered sexual abuse in the facility, the agency/facility shall inform the inmate as to whether the allegation has been determined to be substantiated unsubstantiated, or unfounded. If the agency or facility did not conduct the investigation, the relevant information shall be requested from the investigating office to inform the inmate. Interviews with the PREA compliance manager, Facility Warden, and the review of completed investigations confirmed the agency conforms to this requirement. The auditor reviewed the outcome notifications provided to the inmates, which provided the outcome of the investigation.

**Subsections(c)(d)** Agency and facility policy states following an inmate's allegation that a staff member has committed sexual abuse against a inmate, the agency shall subsequently inform the inmate whenever (1) The staff member is no longer posted within the inmate'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 agency/facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the agency. Interview with the PREA compliance manager and review of three (3) completed investigations confirmed the agency and facility conforms to the standards requirement.

**Subsections(e)(f)** Agency policy states all such notifications or attempted notifications shall be documented. Under this standard, the agency and facility obligation to report to the victim shall terminate if the inmate is released from agency/facility custody. The auditor confirmed the above mentioned through an interview conducted with the PREA compliance manager, Warden, and the review of completed investigative documentation.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Facility Inmate Handbook
- Memorandum: Statement of Fact – PREA Statement of Fact 115.76
- Interviews
  - PREA Compliance Manager
  - Warden

**Subsections(a)(b)(c)(d)** Agency and facility policies states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than 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. 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, shall be reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies. The George W. Hill Correctional Facility has not terminated any staff members for sexual abuse or harassment with an inmate during this audit cycle. The auditor was advised by both the PREA compliance manager and Warden 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, would be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Memorandum: Statement of fact PREA Standard 115.77
- Interviews
  - Warden
  - PREA Compliance Manager

**Subsections(a)(b)** Agency policy states and was further corroborated through interviews with the Warden and the PREA compliance manager that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing or endorsement bodies. 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 of Program. The agency and facility take appropriate corrective actions and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the previous 12 months, The George W. Hill Correctional Facility has not terminated any contractor or volunteers for sexual abuse or harassment with an inmate during this audit cycle. The Warden and PREA compliance manager stated they had not been required to take remedial measures and/or consider prohibiting further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer during the previous 12 months. However, they indicated they would if the situation warranted.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Memorandum: Statement of Fact PREA Standard 115.78
- Facility Handbook
- Interviews
  - Warden
  - PREA Compliance Manager
  - Medical and Mental Health Staff

**Subsections(a)(b)(c)(d)(e)(f)(g)** Agency and facility policies state all inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. If the agency or facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the agency shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The agency and facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. George W. Hill Correctional Facility inmates are made aware of sexual misconduct, and they are subject to disciplinary actions as noted in the facility Inmate Handbook. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. However, the agency may not deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Interviews with the Warden, PREA compliance manager, and Medical and Mental Health

Staff, along with the review of investigation files, confirmed the agency and facility conforms to this requirement. According to the facility submitted Pre-Audit Questionnaire, during the previous 12 months, there were no disciplinary sanctions imposed for inmates violating the agency and facility sexual abuse and sexual harassment policies.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes    No    NA

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes    No    NA

##### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes    No

##### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes    No

##### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Mental Health Follow-up Progress Notes (2021, 2020, 2019)
- Completed Inmate Risk Assessments (2021, 2020, 2019)
- Interviews
  - Inmates who Disclosed Sexual Victimization at Risk Screening
  - Staff Responsible for Risk Screening
  - Medical and Mental Health Staff

**Subsections (a)(b)(c)** Agency and facility policies states if, during the intake assessment, persons tasked with screening determine that an Individual in a GEO Facility or Program is at risk for either sexual victimization or abusiveness, the individual shall be referred to Mental Health for further evaluation. Any Individual in a GEO Facility or Program who is identified (pursuant to the screening conducted in Section (D1) who has previously experienced prior sexual victimization or has previously perpetrated Sexual Abuse, whether in an institutional setting or the community, shall be offered a follow-up meeting with a medical or Mental Health Practitioner within 14 days of the initial intake screening. Interviews with inmates who disclosed prior victimization indicted to the auditor they were offered a medical and mental health referral. In review of completed risk assessments for inmates who disclosed prior sexual victimization the auditor was provided with the inmate's mental health referral and progress notes for the meeting that took place between a mental health liaison and the inmate. The auditor further confirmed the meeting took place within the required timeframes in accordance with the

standard. During the audit period there were no inmates who perpetrated sexual abuse, therefore this was no follow-up documentation for the auditor to review.

**Subsection (d)** Agency and facility policies state information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Interview with staff responsible for risk screening and the PREA compliance manager confirmed risk screening information is only provided to need to know personnel.

**Subsection (e)** Agency and facility policies state both medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Interviews with medical and mental health staff indicated they do obtain informed consent before reporting information regarding prior sexual victimization that did not occur in an institution setting.

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

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

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- GWHCF Coordinated Response Plan
- GWHCF Incident Checklist for Incidents of Sexual Abuse and Harassment
- Completed (Initial Critical Incidents Reports)
- Completed Medical Assessment Documentation
- Interviews
  - Staff Responsible for Risk Screening
  - Medical and Mental Health Staff
  - PREA Compliance Manager

**Subsections(a)(c)** Agency and facility policy states inmates victims of sexual abuse shall 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. The auditor reviewed completed risk screenings for inmates who have disclosed sexual victimization during the risk screening process and concluded they were conducted per the standard requirements. Interviews with facility staff who conduct risk screening were knowledgeable of the standard requirements and confirmed to the auditor that all standard elements are being completed. Interviews conducted with medical and mental health staff and the PREA compliance manager indicated inmate victims of sexual abuse 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. During the previous 12 months, there have been no inmates requiring such care.

**Subsection(b)** First responders are required to take the necessary steps to protect a victim of sexual abuse. Inmates of sexual abuse will be transferred to the Riddle Memorial Hospital emergency room for SANE exams and emergency medical treatment consistent with the community level of care.

**Subsection(d)** Agency and facility policy states that treatment services are provided to every victim without financial cost regardless of whether the victim names the abuser or cooperates with any

investigation arising out of the incident. George W. Hill had no allegations where emergency medical and/or mental health referrals for inmate's victims were necessary during the previous 12 months.

## Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

#### 115.83 (a)

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

#### 115.83 (b)

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

#### 115.83 (c)

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

#### 115.83 (d)

- Are inmate 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 inmates 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  No  NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates 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  No  NA

#### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Completed (Initial Critical Incidents Reports)
- Completed Medical Assessment Documentation
- Interviews
  - Medical and Mental Health Staff
  - PREA Compliance Manager

**Subsections(a)(b)(c)(d)(e)(f)(g)(h)** Agency policy states the agency shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lock- up or juvenile facility. The evaluation and treatment of such victims shall 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.

The agency shall provide victims with medical and mental health services consistent with the community level of care. Inmate victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests. If pregnancy results from the conduct described in paragraph (d) above, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. A mental health specialist will attempt to evaluate all known inmate-on-inmate abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners.

There have been no ongoing medical and mental care requirements for sexual abuse victims and abusers during the past twelve (12) months. There have also been no instances of inmate victims of sexual abuse that have required ongoing medical or mental health services. Policy review along with interviews with medical and mental health staff, and first responders confirmed to the auditor that all elements of the standard are being followed.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Completed After Action Incident Reviews (2021, 2020, 2019)
- Interviews
  - Warden
  - PREA Compliance Manager
  - Warden

**Subsections(a)(b)(c)(d)(e)** Agency and facility policy state the facility shall 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The PREA Compliance Manager, Director of Nursing, Chief of Security, Senior Case Manager, and the Deputy Facility Administrator make up the facility's Incident Review Team. The agency PREA Coordinator may attend via telephone. The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to section (d)(1)-(d)(5) of this section and any recommendations for improvement and submit such report to the Warden and PREA compliance manager. The agency/facility shall implement the recommendations for improvement or shall document its reasons for not doing so. Incident reviews are documented on a PREA After Action Review Report. The incident reviews are forwarded to the agency PREA Coordinator upon completion. The PREA compliance manager maintains copies of all PREA After Action Review Reports, and a copy is retained in the corresponding investigative file. Policy review, review of completed documentation (sexual abuse incident reviews), and interviews with the Warden and PREA compliance manager confirmed to the auditor that all elements of the standard are being met.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- Monthly PREA Incident Tracking Log (2021, 2020, 2019)
- Completed (Initial Critical Incidents Reports)
- Completed Investigative Documentation
- Notification of Sexual Abuse allegation to Another Facility
- Survey of Sexual Victimization
- GEO 2019 PREA Annual Report
- Interviews
  - Warden
  - PREA Compliance Manager

**Subsections(a)(b)(c)(d)(f)** Agency and facility state they shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator. 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). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment, and Sexual Abuse incidents and forwarding statistical reports to the PREA Coordinator every month. In reviewing completed facility investigations and after-action incident reviews, the auditor determined the above-mentioned is being completed per agency policy and the standards requirement. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated, and submitted for review and approval in the GEO PREA Portal for every allegation of Sexual Abuse, Sexual Harassment, and Sexual Activity as required.

**Subsection(e)** This provision of this standard is not applicable to the George W. Hill Correctional Facility. The agency (GEO) does not contract for the confinement of its inmates.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- GEO Group Annual PREA Report (2019)
- Agency website (<https://www.geogroup.com/PREA>)
- **Interviews**
  - Warden
  - Agency PREA Coordinator

**Subsections(a)(b)(c)(d)** Agency policy states and was further corroborated through documentation review and interviews with the Warden and agency PREA Coordinator, that data is collected and aggregated in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions. Such a report shall compare the current year's data and corrective action with those of previous years. It shall provide an assessment of the agency's progress in addressing sexual abuse. The agency report shall be approved by the PREA Coordinator, who forwards the annual report to the Senior Vice President of GEO Care for her signature and approval. The report is then made public on the GEO website at <https://www.geogroup.com/PREA>. The agency may redact specific material from reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)

- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- GEO Group Annual PREA Report (2019)
- Agency website (<https://www.geogroup.com/PREA>)
- Interviews
  - Warden
  - Agency PREA Coordinator

**Subsections(a)(b)(c)(d)** Agency policy states and was further corroborated through documentation review and interview conducted with the agency PREA Coordinator. The agency shall ensure that data collected is securely retained. The agency shall make all aggregated sexual abuse data readily available to the public at least annually through its website or through other means. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected for at least ten years after the initial collection date unless Federal, State, or local law requires otherwise.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the 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  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  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  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Evidence Reviewed (documents, interviews, site review)

- George W. Hill Correctional Facility Completed Pre-Audit Questionnaire (PAQ)
- Corporate Policy & Procedure Manual: (Title: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities)
- George W. Hill Correctional Facility Policy and Procedural Manual 1400.2 (Title: Prison Rape Elimination Act-Sexual Abuse/Assault Prevention)
- GEO Group Annual PREA Report (2019)
- Interviews
  - Warden
  - Agency PREA Coordinator

This was the third PREA audit for George W. Hill Correctional facility. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor requested and received copies of any

relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with inmates, staff, contractors, and volunteers. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor received no correspondence from inmates or staff. The review of the agency's website confirms that PREA audits are being conducted on the agency's facilities with audit dates over the last past three years. The agency PREA Coordinator stated during the three-year period beginning on August 20, 2013, GEO has ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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 that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

A review of the agency's website [www.geogroup.com](http://www.geogroup.com) under the Social Responsibilities - PREA Page confirms that the agency publishes all PREA final reports and makes them available through the agency website to the public. The auditor observed on the agency's website final reports of the agency's other facilities.



# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Mark E. Stegemoller

September 13, 2021

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.