

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>		Big Spring Correctional Center	
<b>Physical address:</b>		1701 Apron Drive, Big Spring, TX 79720	
<b>Date report submitted:</b>		August 12, 2014	
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<b>Date of facility visit:</b>		August 5 – 7, 2014	
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>		Same as above	
<b>Telephone number:</b>		432-264-0060	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	Prison	
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<b>Agency Information</b>			
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<b>Governing authority or parent agency: (if applicable)</b>			
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<b>Agency-Wide PREA Coordinator</b>		
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## **AUDIT FINDINGS**

### **NARRATIVE:**

The PREA audit of the Big Spring Correctional Center (BSCC) was conducted on August 5-7, 2014, 2014 by Barbara Jo Denison, Certified PREA Auditor, assisted by Rodney Bivens, Certified PREA Auditor. Prior to the audit the facility provided to the lead auditor policies, procedures and facility documentation related to each standard for review. Ongoing communication was held with the facility PREA Manager and the PREA Coordinator during this review period in preparation for the on-site visit. The pre-audit review of the documentation resulted in several recommendations for revisions to facility policy 12.005 to ensure compliance. These revisions were completed and a revised copy of the policy was forwarded to the auditor before the audit date. The evening prior the audit, the auditors were supplied with a list of inmates sorted by housing units, lists of inmates with special needs and special designations as well as a list of facility staff. From these lists inmates and staff were randomly selected to be interviewed during the audit. On the first day of the audit an entrance meeting was held with the following people in attendance: Dwight Sims, Senior Warden, Gerry Maldonado; GEO Director of Operations; Phebia Moreland, GEO Director, Contract Compliance/PREA Coordinator; Meagan Hodges, PREA Manager; Jason Jones, Facility Administrator-Flightline Unit; Steve McDaniel, Deputy Warden; Carlos Lugo, Deputy Warden-Flightline Unit; Billy Cox, Major-Flightline; Dwayne Dubbs, Facility Administrator-Airpark & Interstate Units; Margaret Cisneros, Deputy Warden-Interstate Unit; Yvette Lozano, PREA Manager-Interstate Unit; Trevino Tapia, Deputy Warden-Airpark Unit; Major Tim Strain, PREA Manager-Airpark Unit; Tyler Baxter, Facility Administrator-Cedar Hill Unit; Paul Haberling, Deputy Warden—Cedar Hill Unit; Stephanie Scoggins, PREA Manager-Cedar Hill Unit; Brian Collins, Major-Cedar Hill Unit and several department heads.

Following the entrance meeting, the Flightline and Airpark units were toured. On the second day of the audit the Cedar Hill and Interstate units were toured. Housing units, day rooms and all areas where inmates program and work were toured in all four units. Gerry Maldonado, GEO Director of Operations, Dwight Sims, Senior Warden, Meagan Hodges, PREA Manager and Deputy Wardens, PREA Managers and Facility Administrators from their respective units accompanied the auditors on the tours. While touring inmates and staff in all areas were informally interviewed about their knowledge of PREA and how to report sexual abuse and sexual harassment.

A total of 77 staff was interviewed in the course of the audit. This number includes one volunteer who was interviewed by telephone and three contract employees. A random selection of correctional officers chosen from both the day and night shifts included a combination of line staff and supervisors. The PREA Coordinator and the Agency Head were interviewed by telephone previous to the audit .There is no SAFE or SANE staff at the facility; they are available by contract at the Scenic Mountain Medical Center located in Big Spring, TX and the Odessa Regional Medical Center. Staff interviewed was well versed in their responsibilities in reporting sexual assaults and suspected sexual abuse. When questioned about evidence preservation, staff responses reflected agency policies and standard requirements.

A total of 50 inmates were interviewed, some formally and others informally. Translation services were provided to assist the auditors in the interviewing of Spanish speaking inmates. For the formal inmate interviews, inmates from each housing unit on all four units were selected to be interviewed as well as an inmate with low visual acuity. There were no transgender or intersex inmates housed at this facility. Inmates interviewed acknowledged receiving PREA training and were aware of methods to report incidents of sexual abuse and sexual harassment.

PREA investigative files were reviewed with the SIS and SIA's from each of their respective units. There were a total of 11 PREA investigations in the past 12-month period and one staff-on-inmate investigation that occurred outside of the 12-month audit timeframe (6/28/13) at Flightline remains open. Other Flightline allegations include two inmate-on-inmate; one unsubstantiated and one unfounded, and one staff-on-inmate allegation that is still under investigation. At the Interstate unit there were reports of three staff-on-inmate abuse, one was recently referred to OIG, one is awaiting sentencing and one is a new case that is in the early stages of investigation. There was also one inmate-on-inmate allegation at the Interstate unit that was unfounded. At the Cedar Hill unit there were three inmate-on-inmate reports of abuse, all deemed to be unfounded. There was one inmate-on-inmate report investigated at the Airpark unit which was unfounded.

At the conclusion of the on-site audit an exit meeting was held to discuss the audit findings. The following people were in attendance: Gerry Maldonado, GEO Director of Operations; Phebia Moreland, Director, Contract Compliance/PREA Coordinator; Dwight Sims, Senior Warden, Meagan Hodges, PREA Manager, Karen Williams, BOP Monitor, Mike Woliver, BOP Monitor and Deputy Wardens, PREA Managers and numerous administrative and department heads from all four units.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Big Spring Correctional Center (BSCC) is comprised of four units and is located in Big Spring, Texas approximately 45 minutes east of Midland, Texas. The facility houses minimum security sentenced criminal aliens for the Federal Bureau of Prisons. The facility works closely with Immigration and Customs Enforcement (ICE) to finalize deportation status of the criminal aliens housed prior to the completion of their federal sentence. The design capacity totals 3509 beds and the inmate population totaled 3411 on the first day of the audit. A contract with Correctional Health Care (CHC) provides health care services to the BSCC inmates. Commissary services are provided by contract with Keefe Commissary.

The Airpark Unit is located on the former Webb Air Force Base. The administration building of the former air force base was converted into a correctional facility in 1991 with an expansion project in 1999 adding multiple-room housing. The area for the unit is approximately 14 acres with a total capacity of 564 inmates. The Airpark Unit consists of 13 buildings and maintains an independent laundry, food service, chaplaincy service, medical unit, recreation, library and education/vocational programs. The Airpark Unit does not have a Restrictive Housing Unit.

The Cedar Hill Unit is located adjacent to the Airpark Unit and encompasses a 24 acre area. The unit was mostly constructed in 1997-1998 and opened in June of 1998 with 520 beds. The unit has undergone several expansion projects increasing its total capacity to 1,059 beds which includes a 48-bed Restrictive Housing Unit. The facility consists of 11 buildings which and provides for a full-service laundry, food service, medical department, chaplaincy, recreation and education/vocational programming.

The Flightline Unit is located on the West side of the former Webb Air Force Base and was constructed in 1994. The unit is situated on approximately 18 acres and was opened in February 1995 with 520 beds. Expansion projects in 2000, 2001, 2007 and 2009 increased the capacity to 1,490 beds, which includes a 259-bed Restrictive Housing Unit. The Flightline Unit maintains a full-service laundry, food service, chaplaincy, library, medical unit, recreation and education/vocational programs.

The Interstate Unit was formerly a 72-room Ramada Inn motel. The unit was converted into a short-term correctional facility in 1989. It has a capacity of 417 with inmates housed dormitory style with 6-12 inmates per room. The unit is situated on approximately 10 acres with a central area that is used for outside recreation. The unit has 10 buildings which provides for education/vocational programs, work,

recreation and religious program opportunities. The unit includes a large hobby craft room, music room, indoor recreation area and three separate recreation yards.

The mission of the Big Spring Correctional Center is to ensure the BOP receives high quality, cost effective and comprehensive privately managed prison services. BSCC shall accomplish the mission and perform the contractual obligations to the BOP through the continued assessment and improvement of all areas of operation.

#### **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 4  
Number of standards met: 38  
Number of standards not met: 0  
Non-applicable: 1

#### **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. This policy was clearly outlined in GEO policy 5.1.2-A, page 1, section 1 and page 2, section III (a-g).

BSCC policy 12.005, pages 3, section IV-A related to the designation of a PREA Coordinator and PREA Manager revealed that the agency employs an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA Standards. Based on interviews with the PREA Coordinator and the PREA Manager, both indicated they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

#### **§115.12 - Contracting with other entities for the confinement of inmates**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

A contract with the Federal BOP and the GEO Group modified to include requirements of PREA was signed by both parties in January 2013. The BOP has a Contract Facility Quality Assurance Plan that reviews contractors to ensure PREA requirements are being met. An interview with two of the facilities BOP Secure Institution Monitors verified that the BOP feels that the agency is ensuring that PREA requirements are being met.

### **§115.13 – Supervision and Monitoring**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 7, section E, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. There have been no incidences where the staffing plan was not complied with, as confirmed by interview with the Senior Warden. A PREA Facility Assessment is conducted annually by the Senior Warden and the PREA Manager.

In review of BSCC policy 12.005, pages 4 & 5, section IV-B and the Contract Staffing Plan, there is a policy in place and a practice of unannounced rounds being conducted and documented. Housing logs were reviewed showing such documentation of unannounced rounds. It was recommended that these entries include the word unannounced when documented in the housing logs. The housing logs also showed documentation of females announced in the housing units. Duty officers complete a Staff Duty Officer Weekly Report. This report notes unannounced rounds being made and females announced when they enter the housing units.

### **§115.14 – Youthful Inmates**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

BSCC is an adult male facility and does not house youthful offenders.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

There have been no incidences of cross-gender strip searches or cross-gender visual body cavity searches. GEO policy 5.1.2-A, pages 15 & 16 and BSCC policy 12.005, page 5, section IV – C, outlines the procedures if these type of searches were to occur. A training outline for cross-gender viewing and searches was reviewed that addressed all elements of the standard including transgender and intersex inmates. A Strip Search Log is utilized for all strip searches with a column for the gender of the staff member performing the strip search.

The facility has policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. BSCC policy 12.005, page 5, section IV-B, outlines the procedures for the announcement of female staff in inmate housing units. Inmates interviewed confirmed that female staff does announce their presence when they enter their housing unit and that they feel they have privacy when they shower, toilet and change their clothing.

## **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency takes appropriate steps to ensure that inmates with disabilities and inmates that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. GEO policy 5.1.2-A page 10, section E, 1, a, b & c and BSCC policy 12.005, pages 5 & 6, section IV-D outline the procedures and policies related to this standard. PREA training in the form of posters, videos and handouts are available in both English and Spanish. Policy prohibits the use of inmate interpreters, inmate readers or other types of inmate assistants, 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 inmate's allegations. An inmate with low vision interviewed reported that the PREA material was read to him and that the PREA video was shown to him at a distance that met his visual needs.

## **§115.17 – Hiring and Promotion Decisions**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

In review of GEO policy 5.1.2-A, pages 7 & 8, sections C & H, and BSCC HR policy 03.004 pages 1 & 2, section III, page 3, section B-4 and page 4, section C-1 the agency does not hire or promote anyone who may have contact with inmates, and does not enlist the 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, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

In interview with the Human Resources Manager and review of five random personnel files of employees hired within the past 12 months, the agency performs extensive criminal background records checks before hiring new employees. In review of five personnel files of employees who have been employed by the facility for at least five years, five-year background checks are being performed, including contractors as required by this standard. At both the criminal background checks for new hires and every five years, all staff completes a supplemental PREA Questionnaire which asks for self disclosure of any previous PREA issues. The personnel files reviewed were in impeccable order and it was evident that they are maintained with much attention to detail.

## §115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, section III, C – 3 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

The auditors had a concern with the lack of cameras in several areas. The facility currently has a total of 144 cameras that are monitored at Central Control at each unit. Presently, \$500,000 has been budgeted for 136 additional cameras and DVR's which will increase the total number of cameras to 280. In review of monitors of the R-unit at the Flightline unit, a blind spot was noted for bunks on the far left side of the housing area. The camera was adjusted the same day to include a visual of that area. In interview with the Senior Warden, plans are to continue to make upgrades in the as funds will allow.

## §115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-E, pages 6 & 7, section D, BSCC policy 12.005, page 22, section K and CHC policy B-04, page 5 section 6-b, as well as interview with the PREA Compliance Manager, the agency complies with all elements of this standard. To the extent the agency is responsible for investigating allegations of sexual abuse; the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The agency offers all victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. A contract with the Scenic Mountain Medical Center and Odessa Regional Medical Center provides SAFE and SANE services when necessary.

The agency makes available to the victim a victim advocate from a rape crisis center. There is a MEMORANDUM OF UNDERSTANDING between the agency and Angel House located in Odessa, TX to provide advocacy services if requested by the victim. The victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The auditor telephoned the Director of Angel House prior to the on-site visit and was told that to date Angel House has not received any calls from inmates at BSCC.

## §115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)



Based on GEO policy 5.1.2-E, page 4, section 1, a-d, BOP Program Statement 5324.11, Page 25, sections a, b, & e and BSCC policy 12.005, page 24, section M, as well as interviews with the agency head and investigative staff, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Referrals of allegations are first investigated by the facility. If the allegation involves potentially criminal conduct, it is referred to the Office of Professional Responsibility for review and to the Office of Internal Affairs (OIA) and then to the Office of Inspector General if warranted. In review of all investigative files the agency is adhering to policy in the handling of all investigations.

### **§115.31 – Employee Training**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 11 & 12, section F and BSCC policy 12.005, pages 12-14, section IV-G and review of the PREA training curriculum, employees are provided with excellent PREA training at this facility. The policies as well as the training curriculum reviewed address all elements of this standard. The training is tailored to the gender of the inmates at the facility. Additional training shall be provided to employees who transfer from a facility that houses only female inmates. Staff at the facility that was interviewed formally and informally was very knowledgeable about PREA, the agency's zero-tolerance policy and how to report/respond to allegations of sexual abuse. All staff is trained as first responders. Random employee training records were reviewed. Employees acknowledge by signature that they have received and understand the training.

### **§115.32 – Volunteer and Contractor Training**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 13, section G and page 14, section H and BSCC policy, pages 12-14, section IV-G, outline the requirements for training for all volunteers and contractors who have contact with inmates. An excellent curriculum was reviewed that was very comprehensive with the objectives of the training ensuring that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. A random review of volunteer and contractor training records and by interview with a volunteer and three contractors, the agency is exceptional in their efforts to provide this training. Volunteers and contractors acknowledge by signature that they have received and understand the training. A telephone interview of a religious volunteer and contractors interviewed confirmed that the training they receive is comprehensive and effective.

### **§115.33 – Inmate Education**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)



Based on GEO policy 5.1.2-A, page 11, section 2, c-e and g-i, BSCC policy 12.005, pages 14-16, section H, all inmates receive PREA education. The training is provided as part of the Admission and Orientation program. The inmates receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and harassment. The inmate handbook was reviewed as well as the PREA Admission and Orientation training and handouts. Information is provided in both English and Spanish and provided to inmates who have low vision or low hearing or with limited reading skills in a manner they can understand. Within 30 days of intake, the agency provides a comprehensive education to inmates either in person or through a video for additional education on PREA information. A random review of inmate records showed that inmates acknowledge through signature that they have received and understand the training. Formal and informal interviews with inmates indicated they had an understanding of the training they received. Numerous posters about being free from sexual abuse were displayed throughout the facility. During a mock PREA audit it was discovered that the inmate education for inmates who arrived prior to August 2013 was not documented by the inmates' signature to acknowledge receiving and understanding the information presented. On April 4, 2014, this training was repeated with proper acknowledgements obtained.

### **§115.34 – Specialized Training: Investigations**

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

Based on GEO policy 5.1.2-A, page 13, section 3 and GEO's PREA Specialized Training Investigations outline, shows that in addition to general training provided to all employees, the agency provides specialized training to its investigators. This training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. SIS staff reported they received four hour webinar training in addition to the general training provided to all staff. Sign-in sheets of facility investigators who received this training were provided as well as investigators specialized training certificates of completion.

### **§115.35 – Specialized training: Medical and mental health care**

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

GEO policy 5.1.2-A, page 12, section 2, a & b, BSCC policy 12.005, page 14, section G-10 and the training objectives for medical and mental health staff were used to verify compliance of this standard. The agency ensures that all medical and mental health practitioners have additional training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. The agency maintains documentation that all medical and mental health practitioners have received this training. They also receive the training mandated for all employees as well. Training records reflect that all have received this specialized training.

The facility medical staff does not conduct forensic examinations. These are conducted by the Scenic Mountain Medical Center or the Odessa Regional Medical Center by contract.

## **§115.41 – Screening for Risk of Victimization and Abusiveness**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 8 & 9 section D and BSCC policy 12.005, pages 4 & 5, section E and page 16, section O-6, were reviewed along with the Initial PREA Intake Screening Assessment and the 30-day Reassessment Screening documents. Upon intake to the facility all inmates are screened using an objective screening instrument. The screening tool was complete and covered all required criteria for assessment of inmates for the risk of sexual victimization. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

Within 30 days of arrival at BSCC, all inmates are reassessed for their risk of victimization or abusiveness based upon any additional, relevant information received since the initial intake screening. An inmate's risk level is also reassessed due to a referral, request, and incident of sexual abuse or on receipt of additional information that may have bearing on the inmate's risk of sexual victimization or abusiveness.

Screening information is maintained in the Case Managers office to ensure that sensitive information is kept confidential.

## **§115.42 – Use of Screening Information**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 10, section 3, BSCC policy 12.005, pages 8 & 9, section E-10, were utilized to verify compliance with this standard. Interview with the PREA Manager and the staff responsible for risk screening showed consistency in how the information from the risk screening is used to determine housing, bed, work, education and program assignments to ensure safety of each inmate. The facility does not receive transgender or intersex inmates. If they were to receive them, placement and programming assignments for each transgender or intersex inmate would be reassessed at least twice each year to review any threats to their safety. Transgender and intersex inmates would be given the opportunity to shower separately from other inmates.

The agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units or wings solely on the basis of such identification or status, unless such 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 such inmates.

## **§115.43 – Protective Custody**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 16, section J-1 and BSCC policy 12.005, pages 11 & 12, section IV-F, prohibits the facility from placing inmates at high risk of victimization in involuntary segregation unless

there is no alternative available. If placed there inmates must be provided program, privileges, education and work or document why they did not have the opportunity to participate. On interview of the Senior Warden and staff who supervise segregated inmates, segregation has not been used during the last 12 months to house inmates at high risk for victimization.

### **§115.51 – Inmate Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 17 and BSCC policy 12.005, pages 16 & 17, section IV-I, the Inmate Handbook and the PREA pamphlet provided to inmates at Admission and Orientation were utilized to verify compliance to this standard. Staff and inmate interviews verify that inmates have multiple internal ways to report incidents of abuse or harassment. They can report verbally, in writing or through report of a third party. Staff also verified that they have access to private reporting as well.

The facility has a Memorandum of Understanding with Angel House to provide private reporting of sexual abuse and harassment by telephone. During the tour the crisis hotline to Angel House were checked in three housing units and found to be in working order.

### **§115.52 – Exhaustion of Administrative Remedies**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, pages 17 & 18, BSCC policy 12.005, pages 18-20, section IV-J, the agency has administrative procedures in place to address inmate grievances regarding sexual abuse. The policy states there is no timeline for filing regardless of when the alleged incident occurred. The agency ensures 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. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. Inmates are informed of grievance procedures in the inmate handbook. During this reporting period there has been one grievance received alleging sexual abuse.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 23, section 8 and BSCC policy 12.005, pages 22 & 23, section IV-L, verifies that inmates have access confidential support services. A Memorandum of Understanding with Angel House of Odessa, TX provides for victim advocacy for emotional support services related to sexual abuse. The Memorandum of Understanding describes the services to be provided which includes confidential support services 24 hours a day, seven days a week. Inmates are given

information through signage in housing units and other places throughout the facility and receive a pamphlet in Admissions and Orientation detailing this service and how to access it. Inmate interviews revealed that inmates are aware of this outside resource and that if they call the posted number the call will be confidential and not subjected to monitoring.

### **§115.54 – Third-Party Reporting**

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

The agency has a method to receive third-party reports of sexual abuse and sexual harassment. This information can be accessed on the GEO and BOP websites. The information available on the website explains how to report sexual abuse and sexual harassment on behalf of an inmate.

### **§115.61 – Staff and Agency Reporting Duties**

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

GEO policy 5.1.2-A, page 13, section G-2, page 14, section H-2 and page 18 sections 4 and BSCC policy 12.005, pages 16 & 17, section IV-I were reviewed to verify compliance with this standard. Policies require that all staff are required to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment. Texas Mandatory Reporting Laws as it applies to vulnerable persons as well as the training curriculum for staff reporting was reviewed. BSCC does not house inmates under the age of 18 and no allegations have been made during this audit period by or regarding any vulnerable person. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary. The facility reports all allegations of sexual abuse and sexual harassment to the facility's designated investigators.

### **§115.62 – Agency Protection Duties**

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

Based on GEO policy 5.1.2-A, section 1-a and BSCC policy 12.005, page 20, section IV-J-1-a, when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Through interview with the Senior Warden, there have been no incidents in the past 12 months where it was necessary for the agency to take any action in regards to an inmate being in substantial risk of sexual abuse.

## **§115.63 – Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 22, section 5 and BSCC policy pages 19 & 20, section IV-J-10, requires when a sexual abuse allegation that an inmate was sexually abused while confined to another facility, the Warden of the facility that received the allegation shall notify the Warden of the facility of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. Interview with the Senior Warden and the PREA Manager demonstrated that they knew the procedures to follow. There was one report of an inmate-on-inmate sexual abuse that occurred at his previous facility made by an inmate during a mental health evaluation. Information was forwarded to the SIA and the inmate was offered continued counseling. Another report was made by another inmate during a mental health evaluation that he was involved in sexual contact with a staff at another facility. The allegation was investigated by the US Marshals. In both instances, proper procedures were followed.

## **§115.64 – Staff First Responder Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 19, section 2, a-e and BSCC policy 12.005, page 20 & 21, section IV-K-2, outlines the requirements of the first security and non-security staff members who respond to a report of sexual abuse. Random interviews with security and non-security staff revealed that they knew the policy and practice to follow. They reported that they knew that the alleged victim and abuser must be separated, how to preserve the crime scene and knew how to preserve any evidence. There have been no allegations that required collection of physical evidence in this reporting period.

## **§115.65 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

BSCC 's Emergency Response Plan outlines a very comprehensive written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan clearly defines the responsibilities of each and the procedures to follow in detail a PREA Incident Checklist. Interviews with specialized staff confirmed that they are knowledgeable about the plan and the necessary actions to be taken.

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits the 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. Collective Bargaining Agreement page 1, Article 1, section 1.01 and page 10, article 10, section 10.02 between GEO and the International Union, Security Police and Fire Professionals of America (SPFPA) regarding discipline of officers does not limit the agency's ability to use administrative leave or termination to remove a sexual abuser from inmate contact.

### **§115.67 – Agency protection against retaliation**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 24 & 25, section M-2, and BSCC policy 12.005, pages 29 & 30, section IV-Q, describes the policy and practice to be followed to ensure that there is no retaliation against any inmate or staff member who report sexual abuse or sexual harassment. The PREA Compliance Managers are responsible for monitoring for retaliation. When interviewed they were able to explain their role in preventing retaliation and what measures they take to protect inmates and staff from retaliation. The PREA Managers provide weekly monitoring for up to 90 days and this monitoring extends past 90 days if the inmate or PREA Manager feel additional monitoring is warranted.

### **§115.68 – Post-Allegation Protective Custody**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 16, section J-1 and page 23, #6 and BSCC policy 12.005, pages 11 & 12, section IV-F, involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. As indicated in standard 115.43, use of protective custody to protect alleged victim is only used as a last resort for a very short time. Interviews with the Senior Warden and segregation staff and secondary documentation provided, segregated housing to protect the inmate is well documented showing that the requirements are being met per policy.

### **§115.71 – Criminal and Administrative Agency Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

In review of GEO policy 5.1.2-E, pages 4 & 5, section B-1, pages 5 & 6, section B-2 and page 10, section J-6, BOP policy 5324.11, page 43, section b-i, and BSCC policy12.005, pages23-25, section IV-M, the facility investigators conduct investigations immediately when notified of an allegation of abuse. Interviews with the SIS and SIA's of each unit and review of their training records showed all investigative staff has received special training. If the investigation supports criminal prosecution, the case is referred to the Office of the Inspector General.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-E, page 6, section b-d and BSCC policy12.005, the agency shall impose no standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the SIS and SIA's were asked what standard of evidence was used in determining if an allegation is substantiated, they all confirmed the agency policy.

### **§115.73 – Reporting to Inmate**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, pages 10 & 11, section K and BSCC policy12.005, page 28, section IV-P, were utilized to verify compliance to this standard. The policies reviewed indicate that the intent of the standard requirements if the allegation proves to be substantiated, unsubstantiated or unfounded providing proper notification as per the standard. Based on interview with the Senior Warden and the SIS and SIA's, this process is in place and required notifications are documented. The agency's responsibility to report shall terminate if the inmate is released from the agency's custody.

### **§115.76 – Disciplinary sanctions for staff**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)



GEO policy 5.1.2-E, page 111, section L-1 and BSCC policy 12.005, page 30, section IV-R-10, states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policies. Staff is informed of these policies in the BSCC and GEO Employee Handbooks and in the BSCC Standards of Employee Conduct. Secondary documentation provided was reviewed which verified adherence to this standard.

### **§115.77 – Corrective action for contractors and volunteers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, section 3 and BSCC policy 12.005, page 30, section IV-R-1, states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and she be reported to law enforcement agencies. In interview with the Senior Warden, there have been no incidences of sexual abuse by contractors or volunteers. If it were to occur, appropriate remedial actions would be taken. Interviews with contractors and a volunteer confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

### **§115.78 – Disciplinary sanctions for inmates**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-E, pages 11 & 12, section L-2, BSCC policy 12.005 page 30 & 31, section IV-R, 3-9, and review of the Inmate Handbook, inmate-on-inmate sexual activity will result in disciplinary sanctions. The agency disciplines an inmate for sexual conduct with staff only upon a finding that the staff member did not consent to such contact. In this reporting period there were no incidences of inmate-on-inmate sexual abuse allegations.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

As outlined in GEO policy 5.1.2-A, page 9, section 2, b-d and BSCC policy 12.005, pages 10 & 11, section E-13-16, any inmate reporting any prior victimization or any inmate who previously perpetrated sexual abuse, is seen by mental health staff within 14 days of intake screening. Case Managers responsible for intake screening and the Health Services Administrator that were interviewed verified that this process was in place. Informed consent is obtained from inmates before reporting about prior sexual victimization that did not occur in an institutional setting.

### **§115.82 – Access to emergency medical and mental health services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 16, section 1 –f & g, page 20, section K, 2-4 and pages 21 and 22, section IV-K-3 mandate that inmate victims of sexual abuse have immediate access to medical and mental health services and crisis intervention services. The facility medical and mental health staff and contracts with the Scenic Mountain Medical Center and the Odessa Regional Medical Center provide this care. Interview with the Health Services Administrator confirmed this practice. There were no reports of sexual abuse that required emergency medical treatment during this reporting period.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 16, section I, d-h, BSCC policy12.005, page 10, section IV-E-13-a & b and interview of the Health Services Administrator and the Mental Health Counselor were utilized to verify compliance to this standard. The facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse. They will be offered prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, counseling and testing and referred to the mental health staff for crisis intervention as necessary. Treatment will be provided at no cost to the inmate.

### **§115.86 – Sexual abuse incident reviews**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, pages 24 & 25, section 3, a-c and BSCC policy12.005, pages 27, section IV-O, and on interview with the Senior Warden, PREA Compliance Managers and the SIS and SIA's who are all members of the Incident Review Team, the facility conducts a sexual abuse incident review for every sexual abuse investigation within 30 days of the conclusion of the investigation. The agency has a very comprehensive PREA After-Action Review Report that addresses all elements of this standard.

## §115.87 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 25, Section N and BSCC policy 12.005, page 33, section IV-T are in place to provide for data on all allegations of sexual abuse to be collected and maintained. The PREA Manager prepares a Monthly PREA Incident Tracking Log that she forwards monthly to the PREA Coordinator. This information is compiled for the Federal BOP Annual PREA Report that is available on the BOP website.

## §115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-A, page 25, section 2 and BSCC policy 12.005, page 27, section IV-O-4-a, and on interview with the PREA Coordinator, the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response to policies, practices and training. The report includes a comparison of the current year's data and corrective actions with those from prior years. The Annual PREA Report is made available on the BOP website.

## §§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 25 & 26 and BSCC policy 12.005, page 33, section IV-T, were utilized to verify compliance with this standard. The agency ensures that data collected pursuant to standard 115.87 are securely retained for at least 10 years after the initial date of collection or longer if required by state statute. All aggregated sexual abuse data is available annually on the BOP website. Before publishing aggregated sexual abuse data, the agency removes all personal identifiers.

### AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Barbara Jo Denison

August 12, 2014

Auditor Signature

Date