

**PREA AUDIT REPORT**    **Interim**    **Final**  
**Community Confinement Facilities**

**Date of Report: July 18, 2016**

<b>Auditor Information</b>		
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<b>Date of facility visit:</b>	July 12-13, 2016	
<b>Date report submitted:</b>	July 18, 2016	
<b>Facility Information</b>		
<b>Facility Name:</b>	Las Vegas Community Correctional Center	
<b>Facility Address:</b>	2901 Sammy Davis Jr. Drive, Las Vegas, NV 89109	
<b>Facility mailing address:</b> <i>(if different from above)</i>	N/A	
<b>Telephone number:</b>		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County <input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal <input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Community Treatment Center	<input type="checkbox"/> Community-Based Confinement Facility
	<input checked="" type="checkbox"/> Halfway House	<input type="checkbox"/> Mental Health Facility
	<input type="checkbox"/> Alcohol or Drug Rehabilitation Center	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer: Ramon Montes, Facility Director</b>		
<b>Number of staff assigned to the facility in the last 12 months: 24</b>		
<b>Current population of facility: 135 (106 In House, 29 Home Confinement)</b>		
<b>Designed facility capacity: 124</b>		
<b>Facility security levels/inmate custody levels: Minimum</b>		
<b>Age range of the population: 19-72</b>		
<b>Name of PREA Compliance Manager: Ramon Montes</b>	<b>Title:</b>	<b>Facility Director</b>
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<b>Agency Information</b>		
<b>Name of agency:</b>	The GEO Group Inc.	
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>	N/A	
<b>Physical address:</b>	One Park Place, Suite 700, 621 Northwest 53 <sup>rd</sup> Street, Boca Raton, FL 33487	
<b>Mailing address:</b> <i>(if different from above)</i>	N/A	
<b>Telephone number:</b>	561-999-5827	
<b>Agency Chief Executive Officer</b>		
<b>George C. Zoley</b>	<b>Title:</b>	<b>Chairman of the Board, CEO and Founder</b>

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<b>Agency-Wide PREA Coordinator</b>		
<b>Phebia L. Moreland</b>	<b>Title:</b>	<b>Director, Contract Compliance, PREA Coordinator</b>
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## **AUDIT FINDINGS**

**NARRATIVE:**

The PREA on-site audit of the Las Vegas Community Correctional Center (LVCCC) was conducted on July 12-13, 2016, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Ramon Montes, Facility Director/PREA Compliance Manager, answered questions during this review period. For each standard, interviews, observations, and review of documentation provided verified that practices are consistent with agency and facility policies and practices.

On the first day of the audit, an entrance meeting was held with Ramon Montes, Facility Director/PREA Compliance Manager and Robert Walling, Manager, Contract Compliance PREA, in attendance. At the conclusion of the meeting, Ramon Montes, Facility Director/PREA Compliance Manager, Jennifer Baker, Assistant Facility Director and Robert Walling, Manager, Contract Compliance PREA, accompanied me on a tour of the facility. During the tour, the location of cameras and mirrors, the physical layout of the facility including shower/toilet areas, adequacy of staff supervision and placement of PREA information was observed. PREA posters and reporting information in both English and Spanish is prominently displayed in numerous locations throughout the entire facility. The facility is doing an excellent job of making PREA information readily available for residents and staff.

The facility has a Memorandum of Understanding (MOU) with the Rape Crisis Center in Las Vegas. The Victim Advocate/PREA Coordinator of the Rape Crisis Center in Las Vegas was contacted prior to the audit to discuss the terms of the MOU. The Rape Crisis Center in Las Vegas provides residents of the Las Vegas Community Correctional Center with a 24-hour hotline, victim advocacy response for forensic exams, counseling (individual and group) for victims, court advocacy services and referral to hospitals for SANE examinations. Calls to this agency provide confidential and anonymous reporting for residents. FirstMed Health & Wellness Center in Las Vegas was also contacted prior to the on-site visit to discuss the written agreement that the agency has with the facility to provide physicals, TB testing and infectious disease diagnosis, treatment and counseling, as well as medical services related to pregnancy.

During the on-site visit, the RAINN National Hotline Network and the Rape Crisis Center in Las Vegas were contacted to ensure that these numbers were accessible to residents. Calls to the National Hotline Network are routed to Rape Crisis Center in Las Vegas. These reporting options provide confidential and anonymous reporting by residents.

During the course of the tour and on-site visit, I spoke informally to staff and residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. The population on the first day of the audit totaled 135. This number included 106 in house (15 females and 91 males) and 29 residents on home confinement. A random sample of 21 of the in-house residents were selected and formally interviewed. There were no non-English speaking residents, no self-disclosed lesbian, gay, transgender or intersex residents, no residents that were blind, had low

vision, deaf or hard of hearing and none that had cognitive disabilities, housed at the facility at the time of the audit visit. Included in the number of residents interviewed, there was one self-disclosed bisexual male resident, three residents who were screened at intake to be at risk for abusiveness and five residents who were screened at intake to be at risk for victimization.

All of the residents interviewed acknowledged receiving PREA training with written information during the intake process and viewing the *PREA What You Need to know* video. Residents interviewed were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during interview the methods of reporting allegations of sexual abuse and sexual harassment available to them.

Sixteen staff members were formally interviewed. All Security Monitors on all three shifts scheduled to work during the audit were interviewed for seven random staff interviews. Nine specialized staff were interviewed. The Facility Director/PREA Compliance Manager is a facility investigator, he is on the Incident Review Team, he is a Retaliation Monitor, along with being the Facility Director and the PREA Compliance Manager and he was asked the questions that related to the responsibilities of each of those roles. The Assistant Facility Director also has multiple roles as a Retaliation Monitor, facility Investigator and a member of the Incident Review Team. She, as well, was asked questions related to those roles. Staff interviewed were all knowledgeable of their responsibilities of detecting, preventing, responding and reporting allegations of sexual abuse and sexual harassment. It was evident that all staff take the PREA program very seriously and understand the importance of the program for the safety of the residents and staff at the Las Vegas Community Correctional Center.

In the 12 months preceding the audit, the facility received one allegation of staff-on-resident sexual abuse, which is currently being investigated by GEO's Office of Professional Responsibility (OPR). The Facility Director/PREA Compliance Manager and the Assistant Facility Director are trained investigators. Criminal investigations are the responsibility of the Las Vegas Metropolitan Police Department with referrals for prosecution to the Clark County District Attorney's Office.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Ramon Montes, Facility Director/PREA Compliance Manager, Jennifer Baker, Assistant Facility Director and Robert Walling, Manager, Contract Compliance PREA in attendance. During the exit meeting, the facility was informed of the process that would follow the on-site visit and GEO's responsibility to post the report on their website. The team was thanked for their cooperation prior to the audit and during the on-site visit. They were complimented on several procedures and practices that they have implemented for tracking and ensuring that PREA standards are complied with and on their willingness to achieve PREA compliance as a team.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Las Vegas Community Correctional Center is a 124-bed facility that provides transitional services in a supervised environment in order to assist offenders in becoming employed, law-abiding citizens in their respective communities. The facility has been under contract with the Federal Bureau of Prisons (BOP) since 2004. The Las Vegas Community Correctional Center is operated by GEO and serves male and female offenders eligible for pre-release or public law placement. The resident population consists of BOP, US Probation/Pretrial, State of Nevada Parolees and Nevada Youth Parole. All BOP and state offenders are released from a secured institution to LVCCC. Some US Probation/Pretrial residents have been incarcerated at some point in their life, but some of them are coming directly from the streets.

The population on the first day of the audit was 106 in-house residents and 29 on home confinement for a total of 135. The age range of residents was 19-72, with an average length of stay being approximately 3-6 months.

The Las Vegas Community Correctional Center is a two-floor building. The physical layout of the first floor includes a Monitor Station in the entry of the building and behind the Monitor Station offices for the Chief of Security, the Assistant Facility Director, Case Managers, a UA room, Intake room, maintenance shop, and a large Day Room/Dining Area.

The facility has one male dorm that is located in the back of the building on the first floor. Within the male dorm, there are 24 cubicles with four beds in each cubicle for a total capacity of 96 beds. Each cubicle consists of 4' walls that allows staff to see over the walls when conducting security checks. There is a large restroom with 20 sinks, 8 urinals and 8 toilets with partitions for privacy. A separate shower room has 14 showers with shower curtains on each and a solid door in the entry of the shower room. There is a laundry room with washer and dryers for residents' use. Security cameras are located in the hallways and the entrances of the shower and toilet areas of the male dorm. Funding has been approved for the installation of additional cameras to be installed in the male dorm as well as in other areas of the facility.

There is one female dorm located off the Day Room/Dining area, which is an open room with eight bunk beds for a capacity of 16 female residents. Door alarms are placed on all doors leading to and from the male/female dorms as well as all doors leading to the exterior of the facility. The female restroom has two separate toilet stalls, three sinks and three showers with shower curtains. The dorm includes laundry facilities.

The second floor of the building includes the Facility Director/PREA Compliance Manager's office, the Office Support Specialist's office, an exercise/conference room, a computer lab and the Job Developer's office. Staff are provided with a sitting area and kitchenette on the second floor.

There is no outdoor recreation area. In the front of the building, there is a small fenced in smoking area. Residents must be given permission and a pass to access the smoking area. Staff and visitor parking is located on the left-hand side of the building. Six exterior cameras capture the front of the building and the parking area on the left side of the building.

Upon intake, each offender is paired with an assigned Case Manager who is responsible for assisting the offender with program needs while assigned to LVCCC. Individualized program plans are developed for each offender, which stress obtaining permanent, full-time employment, stable housing, and re-establishing community and family ties.

Self-pay residents may participate in the program as an alternative to state and/or county incarceration. Offenders may be pre-release residents actively serving a federal prison sentence or public law residents currently on federal supervision status. Newly placed residents are subject to a highly structured interaction.

Staff provide a variety of accountability services and treatment programming in order to support each resident's successful reentry to society. Accountability services such as daily sign-in/out logs, regular headcounts, count sheets, random telephone contacts, random drug testing, and in-person contacts at home and at work and a Home Confinement component with electronic monitoring capabilities help staff continuously monitor residents' whereabouts inside and outside the facility. Residents are breathalyzed each time they return to the facility from work or from outside appointments and programming.

Programming offered at the Las Vegas Community Correctional Center includes assistance in securing full-time, gainful employment within 21 days of becoming job ready, assistance in securing safe and affordable housing, life skills and budgeting and financial planning.

Additionally, staff work closely with a variety of local service providers in order to help residents develop the skills and tools needed to transition back to the community. This includes coordinating Transitional Drug Abuse Treatment (TDAT) and Sex Offender counseling services with third party vendors. Additional

services provided to residents through linkages to community organizations include healthcare, assistance for veterans, education and vocational training, workforce development, clothing and parenting programs. Comprehensive aftercare plans ensure residents have support in place prior to discharging from the program.

The Las Vegas Community Correctional Center is within close proximity to public bus routes allowing residents to easily travel to and from needed community resources and employment opportunities. A computer lab provides residents with access to computer-based cognitive behavioral therapy and employment resources, and a recreation space that encourages healthy life habits by allowing residents to safely exercise within the facility. During daytime hours, the majority of residents are signed out into the community for work, programming and recreational community movement passes. At the time of the audit, 70% of the employable residents were employed.

Cameras are strategically placed throughout the facility and capture movement in and out of the male and female dorms. There are cameras in the hallways and common areas of the facility. There are 30 cameras and surveillance videos can store data up to 45 days. Camera monitors are located in the Monitors' Station and can be viewed on the Facility Director/PREA Compliance Manager, Assistant Facility Director, the Chief of Security and the Office Support Specialist's desk computers.

There are four resident head counts conducted per shift. Security Monitors also conduct security checks throughout the facility at a minimum of every 30 minutes and closely monitor the facility cameras for any inappropriate behavior. Head counts and security checks are documented in a logbook located in the Monitor Station.

The Las Vegas Community Correctional Center does not employ medical or mental health staff. Medical services, including referrals for SANE exams, are provided by University Medical Center. A written agreement with FirstMed Health and Wellness provides physicals, TB testing and infectious disease diagnosis, treatment and counseling, as well as medical services related to pregnancy. Residents in need of mental health and substance abuse counseling are referred to the Bridge Counseling Associates and to Evergreen Counseling for sex offender treatment.

Food service is contracted through the Orange Catering Company. Breakfast and lunch are cold meals and dinner is a hot meal, all delivered to the facility by Orange Catering.

The Las Vegas Community Correctional Center's mission statement is: "The mission of the Las Vegas Community Correctional Center is to provide transitional services in a supervised environment in order to enhance public safety and assist offenders in becoming employed, law-abiding citizens and to (re)establish family and/or community ties in their respective communities".

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

### **SUMMARY OF AUDIT FINDINGS: (39)**

The following is a summary of the audit findings:

Number of standards exceeded:	8
Number of standards met:	27
Number of standards not met:	0

Number of standards not applicable: 4

**Standard §115.211 - 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)

**Auditor comments, including corrective actions needed if does not meet standard**

GEO policy 5.1.2-A and the Las Vegas Community Correctional Center’s policy 2014-6 are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency’s/facility’s approach to preventing, detecting and responding to such conduct. Both policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. Both policies, upon review, were found to be very detailed and comprehensive as applied to each standard.

GEO policy 5.1.2-A, pages 6 & 7, section III, B, 1-3 and facility policy 2014-1, pages 2 & 3, section VI-A, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency also employs a Director, Fidelity & Quality Assurance who provides oversight to the agency’s reentry facilities. Upon interview, the PREA Coordinator, at an earlier date, and the Facility Director/PREA Compliance Manager, both stated that they have sufficient time and authority to manage their PREA-related responsibilities.

**Standard §115.212 Contracting with other agencies for confinement of residents**

- 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)

X Not Applicable

GEO is a private provider and does not contract with other agencies for the confinement of residents. Based on documentation provided as well as interview of the agency’s PREA Coordinator, this standard is not applicable.

**Standard §115.213 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 C-1 and facility policy 2014-1, page 3, section B-1, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the

prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The facility makes its best efforts to comply with the approved PREA Staffing Plan. In circumstances where the staffing plan is not complied with, the Facility Director would document and justify all deviations from the plan.

The Facility Director/PREA Compliance Manager reviews the staffing rosters daily and monthly provides them to BOP for their review. In review of documentation provided by the facility and upon interview with the Facility Director/PREA Compliance Manager, in this audit period there were no times that there were deviations to the staffing plan.

The staffing plan is reviewed annually by the Facility Director/PREA Compliance Manager and the Assistant Facility Director, and documented on the *PREA Annual Facility Assessment* form. This form is then forwarded to the Regional Director, the Divisional Vice President and the Corporate PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocation of additional resources to maintain compliance to the plan. On the *PREA Annual Facility Assessments* for the years 2013, 2014 and 2015, there were no recommendations for changes to the established staffing plan and there were no deviations of the staffing plan noted in any of those years. Staff vacancies and call-ins are covered with the use of overtime of staff. A BOP contract renewal in February 2016 approved the addition of one Case Manager and one Job Developer due to the increase in the facility's population since the last contract renewal five years prior. Those positions are in the process of being filled.

Recommendations were made on the *PREA Annual Facility Assessments* for upgrades to the current camera system, the installation of additional cameras and upgrading of the DVR system. These recommendations were requested and approved in the CAP-EX annual budget. Thirty-nine new cameras will be installed and several of the existing cameras will be replaced. A new DVR system and new camera monitors will be installed.

Per policy, facility management staff conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Security monitors do security checks at a minimum of every 30 minutes, as well as four head counts per shift. These head counts and security checks are documented in a logbook. The Facility Director/PREA Compliance Manager and the Assistant Facility Director are required to complete, at a minimum, unannounced PREA rounds once a shift each month. These rounds are documented on the *Unannounced PREA Rounds* form. Employees are prohibited from alerting resident or other employees that these supervisory rounds are occurring. For increased supervision and monitoring efforts, the agency has in place a count verification procedure to monitor surveillance tapes on a weekly basis to ensure staff are conducting formal resident counts. The Chief of Security who reviews camera footage for the previous day and documents these reviews on a Resident Count Verification Checklist completes these verifications.

Documentation provided for review, review of housing log books and in interview with staff and residents, the practice of rounds by facility management staff and Security Monitors confirmed numerous rounds being conducted on all three shifts. The facility was found to exceed in all elements of this standard.

**Standard §115.215 Limits to cross gender viewing and searches**

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 review of GEO policy 5.1.2-A, pages 15 & 16, section I, and facility policy 2014-4, pages 2 & 3, sections on *Offender/Resident "Pat" Searches*, *Offender/Resident "Strip" Searches*, *"Body Cavity" Searches*, and *Limits to Cross-Gender Viewing and Searches*, the facility prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Facility policy requires that all cross-gender strip searches and body cavity searches be documented.

Cross-gender pat-down searches of male and/or female residents is prohibited. Female residents will not be denied access to regularly available programming or other outside opportunities in order to comply with this provision. The facility has two staff members present during pat searches and pat searches are performed in view of a camera. Searches are documented with the reason for the search, the result of the search and the signatures of the staff members conducting and witnessing the search.

In addition to general training provided to all employees, security staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. The agency's *Guidance in Cross Gender and Transgender Pat Searches* curriculum was provided for review. Staff sign a *Cross Gender Pat Searches and Searches of Transgender and Intersex Acknowledgement* form upon completion of this training. Receipt of this training was verified through interviews with Security Monitors and review of random staff training records.

The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy requires staff of the opposite sex to announce their presence when they enter resident housing and restroom areas. This practice was observed while on-site and residents and staff interviewed confirmed that this practice is being followed. Residents shared that they feel they have privacy to shower, toilet and change clothing when staff of the opposite sex are in their housing unit.

Based on GEO policy 5.1.2-A and facility policy 2014-4, the facility prohibits examining transgender or intersex residents for the sole purpose of determining genital status. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. In the past 12 months, there were no transgender or intersex residents housed at the Las Vegas Community Correctional Center.

<b>Standard §115.216 Residents with disabilities and limited English speaking</b>
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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 takes appropriate steps to ensure that residents with disabilities and residents 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 sexual harassment. GEO policy 5.1.2-A, page 10, section E-1 and facility policy 2014-2, pages 1 & 2, section V, were used

to verify compliance to this standard. The facility provides all written materials to residents in both English and Spanish. Residents receive a *PREA Education Manual for Residents* during the intake process, which is available to them in English and Spanish and in large print in both languages for residents with low vision. Residents also view the *PREA What You Need to Know* video that is provided in both English and Spanish. A contract with Language Line Solutions provides for the translation of any other languages. A TTY is available for residents who are deaf or hard of hearing. At the time of the audit, there were no non-English speaking residents or no residents that were deaf, hard of hearing, blind or had low vision housed at the facility. The agency prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. In the past 12 months, there have been no instances where residents were used for these purposes.

<b>Standard §115.217 Hiring and promotion decisions</b>
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- 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, pages 7 & 8, section C-2 and page 15, section H-4 and facility policy 2014-1 page 4, section 2, interview with the Office Support Specialist and random review of personnel files were used to verify compliance to this standard.

Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. GEO considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Las Vegas Community Correctional Center does not utilize the services of contractors.

The agency requires that all applicants and employees who may have contact with residents have a criminal background check and every five years thereafter. Due to a recent contract renewal with BOP in February of this year, criminal background checks were completed on all employees for clearance to work with federal offenders. In interview with the Office Support Specialist, all criminal background checks are performed through Accurate Background, Inc. and by BOP. Annual motor vehicle checks are completed for all staff.

Applicants that answer on their GEO application that they have worked in a confinement facility in the past, have a PREA Verification through Accurate Background, Inc. along with their criminal background check.

For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check by Accurate Background, Inc. is completed including PREA Verification. At the time of annual evaluations, employees complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation*.

GEO policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct and/or misconduct to the Facility Director. Unless prohibited by law, GEO Reentry Services Human

Resources Department will provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.

The facility was found to exceed in this standard. The Office Support Specialist is doing an excellent job of ensuring that all policy requirements are fulfilled as they relate to this standard. In review of employee files, which included the records of three staff promotions in the past 12 months and a random review of 10 other employee files, the files were complete and maintained in a consistent format.

**Standard §115.218 Upgrades to facilities and technology**

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 8, section C-3 and facility policy 2014-1 page 4, section 3, and documentation provided was used to verify compliance to this standard. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, GEO considers the effect of the design, acquisition, expansion or modification on the ability to protect residents from sexual abuse and/or harm. The facility has not acquired any new facilities and has not had any expansions or modifications to the existing facility.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, GEO will consider how such technology may enhance the ability to protect residents from sexual abuse. During this audit period, recommendations were made on the *PREA Annual Facility Assessments* in 2013, 2014 and 2015 for upgrading the facility cameras, the installation of new cameras and an upgrade to the DVR system. These recommendations were requested through the CAP-EX annual budget and recently approved. During the facility tour, the Facility Director/PREA Compliance Manager identified where the new cameras would be installed.

**Standard §115.221 Evidence protocol and forensic medical exams**

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, pages 6-9, sections D-I outlines the agency's requirements as it applies to this standard. The Las Vegas Community Correctional Center is responsible for administrative investigations of all allegations of sexual abuse and sexual harassment. It is the responsibility of the Las Vegas Metropolitan Police Department to conduct all criminal investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). If prosecution is warranted, a referral is made to the Clark County District Attorney's Office. The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. SANE exams are performed at the University Medical Center, 1800 W. Charleston Blvd., Las Vegas, NV. In the past 12 months, there have been no residents who have required SANE exams.

The facility entered into a Memorandum of Understanding (MOU) with the Rape Crisis Center in Las Vegas on 6/27/14. The terms of the MOU provide 24-hour hotline assistance, victim advocacy support services at the hospital, counseling, court advocacy services and referrals for SANE examinations. The Executive Director of the Rape Crisis Center was contacted prior to the on-site audit. She reviewed the terms of the MOU and the process for providing a victim advocate to resident victims of sexual abuse referred for a SANE exam.

The facility does not house youth, therefore element (b) of this standard is not applicable to this facility.

<b>Standard §115.222 Policies to ensure referrals of allegations for investigations</b>
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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, page 4, section III-A-1 and facility policy 2014-6, page 6, section 3-F and page 7, sections 2 & 3 outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including resident-on-resident sexual abuse or staff sexual misconduct.

Upon receipt of an allegation of sexual abuse, the supervisor receiving the report immediately notifies the Facility Director. The Facility Director is required to make immediate notification to the BOP Residential Reentry Manager, the GEO PREA Coordinator and the Director, Fidelity & Quality Assurance. For allegations of sexually abusive behavior in which an employee is the alleged abuser, GEO's Office of Professional Responsibility (OPR) is notified. The facility initiates an administrative investigation and if it is determined that the allegation involved potential criminal activity, a referral is made to local law enforcement. The facility investigator will contact local law enforcement with any sexual assault allegation. Local law enforcement conducts criminal investigations ensuring that all forensic evidence is collected and preserved in accordance with the evidence protocols established by DOJ.

The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. A *Serious Incident Report* is completed for all allegations of sexual abuse. All allegations are tracked on the *PREA Monthly Incident Outcome Tracking Log*.

The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website ([http://www.geogroup.com/reporting\\_sexual\\_abuse-prea](http://www.geogroup.com/reporting_sexual_abuse-prea)). In the past 12 months, there was one allegation of staff-on-resident sexual abuse that is currently being investigated by OPR.

<b>Standard §115.231 Employee training</b>
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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 employees receive training on GEO's zero-tolerance policy (5.1.2) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on pages 11 & 12, section F-1. Between trainings, the facility has staff meetings where the PREA policy is reviewed and discussed. The pre-service and in-service training curriculums were reviewed and found to address all elements of 115.231 (a) as required by this standard. Employees sign a *PREA Basic Acknowledgement* form that they have received and understood the training they received. Staff also receive the *Guidance in Cross-Gender and Transgender Pat Searches* training and sign an acknowledgement form upon completion of this training.

The Facility Director/PREA Compliance Manager is responsible for PREA staff training. In the past 12 months, all Las Vegas Community Correctional Center employees received Basic PREA education on 9/15/15 and training on pat searches on 3/15/16, as verified by review of random employee training files that showed documentation of this training being maintained by the facility. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegations of sexual abuse and sexual harassment. The facility exceeds in this standard as evident by review of training records and the overall knowledge of staff in response to interview questions.

#### **Standard §115.232 Volunteer and contractors 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)

X Not Applicable

GEO policy page 13, section G-1 addresses the requirements of annual volunteer PREA training and page 14, section H-1, addresses the requirements of annual contractor PREA training. The training curriculum for volunteers and contractors is the same in-service PREA training that all employees receive. The objectives of the training ensure 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.

The facility does not utilize the services of volunteers or contractors; therefore, this standard is not applicable.

#### **Standard §115.233 Resident education**

- X 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 E-2 and facility policy 2014-2, page 4, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Resident education is provided by the resident's assigned Case Manager within 24 hours of arrival to the facility in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled. In the past 12 months, 435 residents admitted to the facility and one resident who transferred from another community confinement facility received PREA education.

Residents view a *PREA What You Need to Know* video, which is presented in both English and Spanish, and receive a *PREA Education Manual for Residents*. Spanish speaking residents are given PREA information by Spanish speaking staff, receive the Spanish *Education Manual for Residents* and view the Spanish version of the *PREA What You Need to Know* video. Language Line Solutions is used for the translation of any other languages.

Residents acknowledge by their signature on a *PREA Educational Manual Acknowledgement* form that they have received and understood the PREA education presented to them. They also sign another acknowledgement form acknowledging viewing the *PREA What You Need to Know* video, receiving training on the zero-tolerance policy, their right to report and their right to free medical and mental health care. This documentation is maintained by the facility as was verified by random review of resident files. Ongoing information is provided on numerous posters, both in English and Spanish, prominently displayed in various locations throughout the facility. The Facility Director/PREA Compliance Manager holds Town Hall Meetings with residents every other week where PREA information is discussed.

The facility exceeds in this standard. Resident interviewed confirmed receiving PREA information upon intake and viewing the *PREA What You Need to Know* video. They were knowledgeable of zero-tolerance policy and the options available to them for reporting allegations of sexual abuse, sexual harassment and retaliation. Documentation of this training is being maintained by the Facility Director/PREA Compliance Manager.

<b>Standard §115.234 Specialized training: Investigators</b>
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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 13, section F-3, in addition to general training provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

The agency has 85-trained investigators. The Facility Director/PREA Compliance Manager and the Assistant Facility Director are the trained investigators at the Las Vegas Community Correctional Center and received the *PREA Specialized Investigation Training* in 2015. Upon completion of this training, investigators sign a *PREA Basic Acknowledgement* form and receive a certificate of

completion. In review of the Facility Director/PREA Compliance Manager and the Assistant Facility Director's training file, documentation of this training is being maintained by the facility.

In interview with the Facility Director/PREA Compliance Manager and the Assistant Facility Director, they acknowledged receipt of this specialized training and knew their responsibilities in conducting sexual abuse investigations.

**Standard §115.235 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)
- Not Applicable

The Las Vegas Community Correctional Center does not employ medical or mental health staff. All medical and mental health services are referred offsite; therefore, this standard is not applicable.

**Standard §115.241 Screening for risk of victimization and abusiveness**

- 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 8 & 9, section D-1 and facility policy 2014-3, pages 2 & 3, section VI-B-1, all residents placed at the Las Vegas Community Correctional Center are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility by their assigned Case Manager. The *PREA Risk Assessment* form is used for this purpose. The form was reviewed and found to contain all requirements of 115.241 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. Residents may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to the screening form, a thorough review of any available records that can assist in determining risk assessment is completed.

Within a set time, not to exceed 30 days of the resident's arrival to the facility, their Case Manager using the PREA Vulnerability Reassessment Questionnaire (HWH 38) for their risk for victimization and abusiveness reassesses residents. A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Once completed, the Case Managers deposit completed *PREA Risk Assessment* forms and *PREA Vulnerability Reassessment Questionnaire* forms in a locked box located in their office. The Facility Director/PREA Compliance Manager and the Assistant Facility Director are the only ones that have access to this box to maintain confidentiality of this information. When this box is emptied, the forms of residents that screened at risk for victimization or abusiveness are filed in binders in the Facility Director/PREA Compliance Manager's office and all other screening forms are filed in a binder in the Assistant Facility Director's office.

In interview with the Social Services Coordinator and two Case Managers, all responsible for initial and 30-day reassessment screenings, and the Facility Director/PREA Compliance Manager, and in review of random residents' records, this process is in place and being followed. The facility exceeds in this standard. The facility ensures that upon arrival all residents are screened within 24 hours and in most cases, almost immediately. They have an excellent tracking system to ensure that 30-day reassessments are completed within 21-30 days of arrival. By the use of the locked box in the Case Managers' office and the securing of screening information in binders kept in the Facility Director/PREA Compliance Manager's office and the Assistant Facility Director's office, the facility is doing an excellent job of maintaining confidentiality to this information.

<b>Standard §115.242 Use of screening information</b>
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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 uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. GEO policy 5.1.2-A, page 10, section D-3 and facility policy 2014-3, page 3, section 2, explains the use of PREA screening information. On interview with the Facility Director/PREA Compliance Manager, he explained how the facility utilizes screening information from the *PREA Risk Assessment* form for this purpose.

Residents, who score at risk of victimization or abusiveness on the initial screening, are referred to the Facility Director/PREA Compliance Manager for further evaluation and housed in intake cubicles 23 and 24 until that evaluation is completed. Residents identified at risk are offered the opportunity for a referral for mental health services. The *Las Vegas Community Correctional Center Resident Referral Verification* form is used for this purpose. Residents are given the option of refusing these services and sign the form indicating their refusal with the understanding that they can request these services in the future if they wish to. If they accept these services, they are referred to the Bridge Counseling Associates for mental health and substance abuse counseling and to the Evergreen Counseling for sexual offender treatment.

Those identified to be at risk are tracked on the *Las Vegas Community Correctional Center "At-Risk" logs*. These logs and the corresponding *PREA Risk Assessment* forms and *PREA Reassessment Vulnerability Questionnaire* forms along with the *Las Vegas Community Correctional Center Resident Referral Verification* form are maintained in separate binders by the Facility Director/PREA Compliance Manager. Male residents screened at-risk for victimization are housed in cubicles 1 and 2 in the male dorm and females in cubicles 7-12 in the female dorm. Males screened at risk for abusiveness are housed in cubicles 10-14 in the male dorm and females in cubicles 1 and 2 in the female dorm.

GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. On interview with one male resident who self-disclosed being bisexual, he reported that he was not placed in any housing area because of his sexual orientation.

The facility exceeds in this standard. The Facility Director/PREA Compliance Manager does an excellent job of ensuring that residents screened at-risk for victimization and abusiveness are



further evaluated by him, offered mental health services and housed in areas of the dorm within camera view ensuring potential victims and potential predators are housed separately.

<b>Standard §115.251 Resident reporting</b>
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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 17, section K-1 outline the agency's options for resident reporting methods. The agency provides multiple ways for residents to privately report sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment.

Residents are made aware of methods of reporting available to them through the *PREA Education Manual for Residents* provided to them at intake and continuously through posters displayed throughout the facility. Residents are made aware that they can inform a staff member immediately, contact the Facility Director/PREA Compliance Manager, put their allegation in writing to the PREA Coordinator, or by calling the National Hotline Network toll-free at 1-800-656-4673, The Rape Crisis Center in Las Vegas at 888-366-1640 or write to the Bureau of Prisons/Residential Reentry Management Branch in Phoenix, AZ. Calling these numbers allows the resident to remain anonymous upon request and are not monitored to ensure confidentiality. Residents can also file a grievance and facility policy 2014-5, pages 4 & 5 addresses sexual abuse grievances and emergency grievance procedures.

Staff must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports.

Staff have access to private reporting by calling the Employee Hotline at 866-568-5425 or the Corporate PREA Coordinator at 561-999-5827. Information for resident and staff reporting can be found on the GEO website ([http://www.geogroup.com/reporting\\_sexual\\_abuse\\_prea](http://www.geogroup.com/reporting_sexual_abuse_prea)).

When interviewed, residents were aware of the options available to them to report allegations of sexual abuse and sexual harassment.

<b>Standard §115.252 exhaustion of administrative remedies</b>
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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-A, pages 17 & 18, section K-2, and facility policy 2014-5, pages 4 & 5, there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided on page 8 of the *PREA Education Manual for Residents*.

There is no time limit when a resident can submit a grievance regarding sexual abuse. Residents have a right to submit grievances alleging sexual abuse to someone other than the staff member

who is the subject of the complaint. If a third party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf. Emergency grievances may be filed if a resident feels he is at substantial risk of imminent sexual abuse. A final decision will be issued on the merits or portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith.

The Facility Director/PREA Compliance Manager receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. In the past 12 months, there have been no PREA-related grievances received.

**Standard §115.253 Resident 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 N-8 and facility policy 2014-6, page 11, section H-6, outlines the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given telephone numbers to the National Sexual Assault Hotline (1-800-656-4673), and The Rape Crisis Center (888-366-1640). This information is provided to residents in the *PREA Education Manual for Residents* and on numerous posters displayed throughout the facility. Residents are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Calls are confidential and can be anonymous. The facility's MOU with The Rape Crisis Center in Las Vegas provides for counseling and support services, court advocacy and community referrals.

When interviewed, residents were aware of the outside confidential support services available to them and how to access them.

**Standard §115.254 Third party 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)

Based on GEO policy 5.1.2-A, page 18, section 3, the agency has a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Information on third-party reporting is found on facility postings and is made available on the GEO website at [http://www.geogroup.com/reporting\\_sexual\\_abuse\\_prea](http://www.geogroup.com/reporting_sexual_abuse_prea). Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. Residents interviewed were aware of this method of reporting. During the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

**Standard §115.261 Staff and agency reporting 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)

The agency/facility policy on staff reporting duties can be found pages 18 & 19, section 4 of GEO policy 5.1.2 and in facility policy 2014-6, pages 5 & 6, section VII-B. Staff must take all allegations of sexual abuse and sexual harassment seriously. All staff are required to report immediately to the Facility Director/PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to supervisors. The supervisor receiving the report immediately notifies the Facility Director/PREA Compliance Manager. For all allegations of sexual abuse and sexual harassment, the Facility Director/PREA Compliance Manager will make notification to the Federal Bureau of Prisons, Residential Reentry Manager, the PREA Coordinator, the Director, Fidelity & Assurance and the Las Vegas Metropolitan Police Department. If the allegation involves staff, notification is made to GEO OPR.

GEO policy pages 13 & 14, section G-2 outlines the responsibilities of reporting of volunteers and page 14, H-2 the responsibilities of contractors to report. The facility does not utilize the services volunteers or contractors.

In reference to element 115.261 (c) of this standard, the facility does not have medical or mental health personnel on staff.

The Las Vegas Community Correctional Center houses adult male and female residents only, all of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute.

#### **Standard §115.262 Agency protection 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)

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. GEO policy 5.1.2-A, page 19, section L-1 and facility policy 2014-6, section V-1, outline the agency's procedures related to the agency's efforts to protect residents at risk of sexual abuse or sexual harassment. In interview with the Facility Director/PREA Compliance Manager and documentation provided, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a resident being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse.

#### **Standard §115.263 Reporting to other confinement facilities**

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 22, section 5 and facility policy 2014-6, pages 9 & 10, section F were used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the allegation will be documented and the Facility Director or his designee shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Coordinator and the Facility Director/PREA Compliance Manager.

In interview with the Facility Director/PREA Compliance Manager and in review of documentation provided, in the past 12 months, there was one report of sexual abuse that was alleged to have occurred while a resident was confined to the Las Vegas Community Correctional Center that is currently under investigation by OPR. The Internal Investigator from a CCA facility contacted the Assistant Facility Director with notification of the allegation. There were no allegations received from residents of the Las Vegas Community Correctional Center of sexual abuse alleged to have occurred at other facilities.

<b>Standard §115.264 Staff first responder duties</b>
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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 19-22, section L-2-4 and facility policy 2014-6, pages 6 & 7, section C-1, outlines the procedure for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone other than staff involved with investigating the alleged incident. If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. All staff carry with them a First Responder Card reminding them of the steps to take if they are the first responders to an allegation of sexual abuse or sexual harassment.

Random interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve the physical evidence. In the past 12 months, there have been no PREA incidents that required implementing first responder duties.

<b>Standard §115.265 Coordinated response</b>
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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 5 & 6, section III-A-4 and review of the Las Vegas Community Correctional Center's *PREA Coordinated Response Plan* were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment* is completed to ensure that all steps of the plan and proper notifications are made. This checklist is filed with the completed investigative packet. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

<b>Standard §115.266 Preservation of ability to protect residents from contact with abusers</b>
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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 4, section III-A-2 was used to verify compliance to this standard. In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Facility policy 2014-6, page 8, section 5-e, states that if the suspect is a staff member, the staff member shall be reassigned to a post with no resident contact or placed on administrative leave pending the outcome of an investigation. In all cases, the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment.

The Las Vegas Community Correctional Center does not have a collective bargaining unit. GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an investigation.

<b>Standard §115.267 Agency protection against retaliation</b>
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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 has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined in policy 5.1.1-A, page 24, section 2 and in facility policy 2014-6, page 11, section I, 7-11. The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

The Facility Director/PREA Compliance Manager and the Assistant Facility Director are responsible for weekly monitoring for retaliation for at least 90 days and longer if there is a continuing need. Monitoring is documented on the *Protection from Retaliation Log*. Completed logs are filed in the investigative file.

In the past 12 months, there were no retaliation monitoring required. When interviewed, the Facility Director/PREA Compliance Manager and the Assistant Facility Director knew their responsibilities for monitoring for retaliation per policy.

<b>Standard §115.271 Criminal and administrative agency investigation</b>
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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)

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Las Vegas Community Correctional Center, including third party and anonymous reports. The agency's policy on administrative and criminal investigations is outlined in GEO policy 5.1.2-E, pages 4-6, section III-B. The supervisor receiving the report immediately notifies the Facility Director/PREA Compliance Manager who notifies the BOP Reentry Manager, the PREA Coordinator and the Director, Fidelity & Assurance. If the allegation involves staff, notification is made to GEO OPR.

The Facility Director/PREA Compliance Manager and the Assistant Facility Director are trained facility investigators and are responsible for administrative investigations. The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Las Vegas Metropolitan Police Department who conducts criminal investigations pursuant to the requirements of this standard. A *Serious Incident Report* is completed for all allegations of sexual abuse. All allegations are tracked on the *PREA Incident Outcome Tracking Log*.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. GEO retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years

In the past 12 months, there was one report of a staff-on-resident sexual abuse currently being investigated by GEO OPR. When interviewed, the Facility Director/PREA Compliance Manager and the Assistant Facility Director knew their responsibilities in the conduct of administrative investigations and referral for criminal investigations.

**Standard §115.272 Evidentiary standard for administrative investigation**

- 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, page 6, section B-2-d and facility policy 0803-1, page 12, section K-5, the agency/facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the Facility Director/PREA Compliance Manager and the Assistant Facility Director were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency's policy.

**Standard §115.273 Reporting to residents**

- 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, pages 10 & 11, section III-K and facility policy 2014-6, pages 11 & 12, section J were used to verify compliance to this standard. The policies indicate that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Facility Director/PREA Compliance Manager is responsible to present to the resident the *Notification of Outcome of Allegation* form which the resident signs. This form is retained in the investigative file of the corresponding PREA incident.

If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident, the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following a resident's allegation that another resident sexually abused him, the agency shall inform the resident of the outcome of the investigation. The facility's obligation to notify the resident shall terminate if the resident is released from custody.

In the past 12 months, the Las Vegas Community Correctional Center received one allegation of sexual abuse from a resident that was transferred to another facility that is currently being investigated by GEO OPR. The resident who made the allegation was returned to custody, so no notification will be required at the conclusion of the investigation. Based on interview with the Facility Director/PREA Compliance Manager and the Assistant Facility Director, the process of providing notification to resident victims at the conclusion of an investigation is in place.

**Standard §115.276 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)

Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, page 11, section L and facility policy 2014-6, page 13, section M. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. In the *GEO Employee Handbook*, provided to all staff, pages 16 & 17 explain the zero-tolerance policy for employees and the sanctions that would be imposed for violations of that policy.

In the past 12 months, there no staff disciplined for PREA-related offenses.

#### **Standard §115.277 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)

X Not Applicable

Based on review of GEO policy 5.1.2-A, page 14, section G-3 and page 15, section H-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

The facility does not utilize the services of contractors or volunteers; therefore, this standard is not applicable to this facility.

#### **Standard §115.278 Disciplinary sanctions for residents**

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 facility 2014-6, page 13, section M-2, BOP and the U.S. Probation Office are the supervising authority over residents at the Las Vegas Community Correctional Center. If a resident is found guilty of engaging in sexual abuse involving another resident, it will be reported to the appropriate BOP Residential Reentry Manager and/or U.S. Probation Officer (USPO) who will determine whether to subject the offender to formal disciplinary sanctions. Residents are made aware of sexual misconduct they will be disciplined for in the *Resident Handbook* they receive upon intake.

Based on GEO policy 5.1.2-E, page 12, section 2, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The BOP and/or USPO will determine if the offender will be required to participate in counseling or other interventions



designed to address the reasons or motivations for the abuse. Disciplining an offender for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced. The Facility Director/PREA Compliance Manager will receive copies of all disciplinary reports regarding sexual activity and sexual abuse for monitoring purposes.

In the past 12 months, there were no disciplinary sanctions imposed related to resident sexual misconduct.

**Standard §115.282 Access to emergency medical and mental health 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)

Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 23, section 7 and facility policy 2014-6, pages 7 & 8, sections 5-f & h. Medical services, including SANE exams, are provided by referral to the University Medical Center Hospital. An MOU with The Rape Crisis Center in Las Vegas makes referrals to SANE providers and provides treatment for sexual assault victims including counseling, psychotherapy, advocacy and educational programs. Additional mental health referral providers include Bridge Counseling Associates and Evergreen Counseling both located in Las Vegas. An agreement with FirstMed Health and Wellness Center, 3343 S. Eastern Ave., Las Vegas, NV provides infectious disease screening, treatment and counseling and medical services related to pregnancy.

Resident victims are offered information about access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In the past 12 months, there have been no sexual abuse cases requiring emergency medical or mental health services.

**Standard §115.283 ongoing medical and mental health care for sexual abuse victims**

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 facility will offer ongoing medical and mental health care to all the residents of the Las Vegas Community Correctional Center who have been victimized by sexual abuse. According to GEO policy 5.1.2-A, pages 23 & 24, section M-1 and facility policy 2014-6, page 8, section 5-h, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release consistent with the community level of care. Victims will also be offered tests for sexually transmitted infections.

All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Referrals are made to the University Medical Center Hospital for emergency and ongoing medical services. An MOU with The Rape Crisis Center in Las Vegas provides treatment for sexual assault victims including counseling, psychotherapy, advocacy and educational programs. Additional mental health referral providers include Bridge Counseling Associates and Evergreen Counseling both located in Las Vegas. The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate.

An agreement with FirstMed Health and Wellness Center, 3343 S. Eastern Ave., Las Vegas, NV provides infectious disease screening, treatment and counseling and medical services related to pregnancy.

In the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

**Standard §115.286 Sexual abuse incident reviews**

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)

According to GEO policy 5.1.2-A, page 25, section 3 and facility policy 2014-6, page 12, section K, the facility is required to conduct a sexual abuse incident review within 30 days of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

The Facility Director/PREA Compliance Manager, the Assistant Facility Director, the Chief of Security and the Social Service Coordinator make up the facility's Incident Review Team. The team meets with the PREA Coordinator in attendance via telephone or in person. The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a *PREA after Action Review Report* and forwarded to the PREA Coordinator no later than 10 working days after the review. The facility will implement the recommendations for improvement, or document its reasons for not doing so. The PREA Compliance Manager maintains copies of all completed *PREA after Action Review Reports* and a copy is retained in the corresponding investigative file.

In the past 12 months, there were no sexual abuse incident reviews required. When interviewed, the Facility Director/PREA Compliance Manager and the Assistant Facility Director knew their responsibilities as they relate to the review of sexual abuse incidents.

**Standard §115.287 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)

Information on data collection is found on page 25, section N-1 of GEO policy 5.1.2-A. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control. The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). BOP uses the *Federal Bureau of Prison Compliance Tool* to collect all PREA data and to ensure compliance to the PREA standards in the facilities that house their offenders.

The Facility Director/PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log*. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ.

Element (e) of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.

#### **Standard §115.288 Data review for corrective action**

X 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 25 & 26, section N-2, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The most recent report was completed in this month. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities, exceeding in this standard.

The PREA Coordinator forwards the annual report to the Vice President of Operations for signature and approval. The report is then made public on the GEO website ([www.geogroup.com](http://www.geogroup.com)). The most current report is posted on the GEO website last month for 2015 data. Before making aggregated sexual abuse data public, all personal identifiers are redacted.

#### **Standard §115.289 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)

According to GEO policy 5.1.2-A, page 26, section N-3, the agency ensures that the data collected is securely retained for at least 10 years or longer if required by state statute. GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at [www.geogroup.com](http://www.geogroup.com). Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

**AUDITOR CERTIFICATION:**

I certify that:

- X The contents of this report are accurate to the best of my knowledge
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X 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.

Barbara Jo Denison

July 18, 2016

**Auditor Signature**

**Date**