

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

Interim Final Report

Date of Report: August 1, 2016

Auditor Information

Auditor name: Barbara Jo Denison
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Telephone number: 956-566-2578
Date of facility visit: July 26-28, 2016
Date report submitted: August 1, 2016

Facility Information

Name of facility: Rio Grande Detention Center
Physical address: 1001 San Rio Blvd, Laredo, TX 78046

Facility mailing address: *(if different from above)* N/A

Telephone number:

The facility is:

<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		

Facility Type: Jail Prison

Name of facility's Chief Executive Officer: Dwight Sims **Title:** Warden

Number of staff assigned to the facility in the last 12 months: 381

Designed facility capacity: 1900

Current population of facility: 1613

Facility security levels/detainee custody levels: Minimum - Maximum

Age range of the population: 18 - 71

Name of PREA Compliance Manager: Cathy Edwards	Title:	Compliance Manager
Email address: caedwards@geogroup.com	Telephone number:	956-718-4700, ext. 115

Agency Information

Name of agency: The GEO Group, Inc.

Governing authority or parent agency: *(if applicable)*

Physical address: One Park Place, Suite 700, 621 Northwest 53rd Street, Boca Raton, Florida 33487

Mailing address: *(if different from above)* N/A

Telephone number: (561) 999-5827

Agency Chief Executive Officer		
Name: George C. Zoley	Title:	Chairman of the Board, CEO and Founder
Email address: gzoley@geogroup.com	Telephone number:	(561) 893-0101
Agency-Wide PREA Coordinator		
Name: Phebia L. Moreland	Title:	Director, Contract Compliance, PREA Coordinator
Email address: pmoreland@geogroup.com	Telephone number:	(561) 999-5827

AUDIT FINDINGS

NARRATIVE:

The PREA on-site audit of the Rio Grande Detention Center was conducted on July 26-28, 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. 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 the following people in attendance: Dwight Sims, Warden; David Charo, Assistant Warden; Robert Garza, Chief of Security; Cathy Edwards, PREA Compliance Manager; Safieh Rashti, Regional Health Services Manager; Gabriela Lopez, Case Manager Coordinator; Abigail Magana, HR Generalist; Alicia Vargas, Transportation Supervisor, Luis Garcia, Maintenance Supervisor; Cindy Sanchez, Library Supervisor; Hector De La Cruz, M.I.S. Supervisor; Belinda Molina, Programs Records Supervisor; Luis Lozano, Fire and Safety; Edith DeAlba, Training Assistant; Orson Kelley, Chaplain; Salvador Alba, Recreation Specialist; Fernando Fuentes, Disciplinary Hearing Officer; Cecelia Cantu, Assistant Warden of Finance; and Robert Walling, Manager, Contract Compliance PREA, in attendance.

At the conclusion of the meeting, Dwight Sims, Warden; David Charo, Assistant Warden; Cathy Edwards, PREA Compliance Manager; Gabriela Lopez, Case Manager Coordinator; Rhonda Hughes, PREA Compliance Manager Coastal Bend Detention Center; 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 was displayed in all housing units as well as other locations throughout the facility.

The facility has a Memorandum of Understanding (MOU) with BCFS Health and Human Services Domestic Violence Program to provide detainees at the Rio Grande Detention Center with a crisis hotline for reporting allegations of sexual abuse and sexual harassment by dialing *99. This information is provided on the Zero Tolerance handout that is given to detainees upon intake and is posted in the housing units by the detainee telephones. During the facility tour, I

dialed *99 on a detainee telephone and found the number to be answered at the corporate office of BCFS and not to the crisis hotline. I also tried the number 9116# to access the ICE Detention Reporting Information Line and 518# to access the DHS Office of Inspector General. I was unable to access either of those numbers.

Following the tour, the PREA Compliance Manager made contact with all three agencies to correct the problems and before the end of the first audit day, the problems were resolved. The *99 was directed to be answered by the crisis center of the BCFS Domestic Violence Program, the correct number to access the ICE Detention Reporting Information Line was changed to *9116 and the correct number to access the DHS Office of Inspector General was changed to *518. GTL, the telephone contractor, made those changes on the detainee telephone lines and the Zero Tolerance handout and the ICE posters were corrected to reflect the correct information and reposted in all locations. The detainees have access to an internal reporting line by dialing *77. This number is routed to the Chief of Security's cell phone. This number was found to be operable. Calls to all three numbers are toll free and detainees can remain anonymous if they chose to.

During the course of the tour and on-site visit, I spoke informally to staff and detainees questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. The population on the first day of the audit totaled 1613. This number included 470 ICE detainees, 56 USMS female detainees and 1067 USMS male detainees. A random selection of 58 detainees from every housing unit were formally interviewed. This number included two transgender detainees, two detainees who alleged sexual abuse, five identified potential victims and two identified potential predators. There were no detainees that self-disclosed being lesbian, gay, bisexual or intersex at the time of the audit. There were no detainees that were blind, had low vision, deaf or hard of hearing and none with cognitive disabilities, housed at the facility at the time of the audit visit. The detainee population is predominantly Spanish speaking. Of the detainees interviewed, 37 were Spanish speaking and 20 were English speaking. The Spanish-speaking detainees were interviewed with the Case Manager Coordinator translating. One detainee was from Bangladesh and spoke Bengali. He was interviewed with the assistance of Language Line Services.

All of the detainees interviewed acknowledged receiving PREA training with written information during the intake process and viewing the *PREA: What You Need to Know* video. Detainees 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.

There were 24 staff members formally interviewed that included 19 specialized staff and 24 security staff. Security staff included the Shift Supervisor and Assistant Shift Supervisor and six line staff from each of the three security shifts. 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 detainees and for themselves.

In the 12 months preceding the audit, the facility received and investigated five PREA complaints broken down as follows:

<u>Number Received</u>	<u>Description of Compliant</u>	<u>Investigative Results</u>
4	Inmate-on-Inmate Sexual Abuse	1 Unfounded 2 – Unsubstantiated 1 – Ongoing
1	Staff-on-Inmate Sexual Abuse	1 - Ongoing

Investigative files were reviewed with the PREA Compliance Manager. GEO's Office of Professional Responsibility is investigating the Staff-on-Inmate Sexual Abuse allegation. The open Inmate-on-Inmate Sexual Abuse investigation recently received an extension.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Dwight Sims, Warden; Cecelia Cantu, Assistant Warden of Finance; David Charo, Assistant Warden; Robert Garza, Chief of Security; Cathy Edwards, PREA Compliance Manager; Abigail Magano, HR Generalist; Gariela Lopez, Case Manager Coordinator; Alicia Vargas, Transportation Supervisor; Belinda Molina, Programs Records Supervisor; Safieh Rashti, Regional Health Services Manager; Edith DiAbla, Training Assistant 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 the PREA program they have developed and on their willingness to achieve PREA compliance as a team.

FACILITY DESCRIPTION:

The Rio Grande Detention Center is located at 101 San Rio Blvd., Laredo, Texas. The facility opened its doors to detainees on October 1, 2008. The GEO Group, Inc. operates this facility that houses U.S. Marshal Service detainees (USMS) and Immigration Customs Enforcement (ICE) detainees. The USMS Detention Trustee and ICE monitor the facility by means of periodic audits and inspections. There are 14 ICE Deportation Officers assigned to the facility. Rio Grande Detention Center is accredited by the National Commission on Correctional Health Care and the American Correctional Association.

The Rio Grande Detention Center is a receiving and releasing facility and receives detainees from the entire state of Texas, especially transient and migrant population awaiting trial or sentencing, hearing and deportation. There are an average of 300-400 detainees received at the facility each week and between intake and releases, process approximately 4000 detainees per month. The average length of stay of ICE detainees is 10-14 days and for USMS detainees approximately 87 days. Intake officers are assigned to the intake area 24 hours a day, seven days a week. The intake area has seven holding cells and a Records Room that is staffed with four Record Clerks. A color-coded board is used to identify the housing for the detainee population with different colors used to identify those detainees that were identified at initial screening to be potential victims or potential predators and self-disclosed transgender detainees. The board provides staff

with a visual at all times of the detainee populations' housing assignments and ensures that potential victims are not housed with potential predators.

The facility consists of eight housing units, five of which house male general population detainees. Each housing unit has a Case Manager's office, two multipurpose rooms, a medical triage room and a barbershop. Each of the five housing units have four dormitories with 64 beds in each dormitory for a total capacity of 256 detainees per housing unit. Each dormitory has a dayroom with seating for all occupants, pay telephones, microwave ovens and televisions. Each housing unit has its own secured recreation yard. Detainees are afforded recreation twice daily. In the middle of the compound, there is a large recreation yard that is referred to as the Incentive Recreation Yard. Male detainees earn the privilege of using this yard when they have the cleanest dorm. ICE detainees are provided consulate hearings via tele video conferencing in Housing unit 5.

Housing units 1 thru 5 have restrooms with four toilets, three urinals, seven washbasins and seven showers, one of which is a handicapped shower. Partial concrete walls around the restroom area and between the toilets and urinals provide privacy to the detainees.

Housing unit 6 is a 130-bed single cell, male segregation, restrictive housing unit. This unit has toilets and washbasins in each cell and 10 individual showers. Housing unit 7 is for female general population detainees with a capacity of 64 beds. The restrooms in Housing unit 7 has three toilets, three sinks and 8 showers, one of which is handicapped. For additional privacy, the showers in Housing unit 7 have shower curtains as well as a partial concrete wall. Housing unit 8 is a seven-cell restrictive housing unit for females. At the time of the audit, there were no females housed in Housing unit 8. All housing units have a sign on the entry door of each dormitory reminding staff to make an opposite gender announcement before entering.

There is a Central Control Center staffed by two officers around the clock. The Central Control Center staff monitor cameras located throughout the facility as well as the fire/panic system. All doors are controlled through the Central Control Center and all radio traffic and the intercom systems are monitored here.

Supervision of detainees is maintained by unit management, indirect supervision and personal contact by staff present throughout the facility. Each housing unit has a central control room with officers who move in and out of the dormitories. There are eight formal counts every 24 hours and welfare checks every 30 minutes. The facility has 256 cameras with plans to purchase more cameras in the near future. There are 16 DVR's with the ability to store data for up to 30 days.

Thirty healthcare staff provide comprehensive medical, dental and mental health services 24 hours a day, seven days a week. The Physician, the Nurse Practitioner, the Dentist and Dental Assistant are contracted Correct Care Solutions (CCS) staff; all other healthcare staff are GEO employees. Medical staff do not perform SANE examinations. Detainees in need of SANE exams are referred to the Methodist Specialty and Transplant Hospital SANE Program in San Antonio, TX.

Rio Grande Detention Center’s Mission Statement: “The mission of the Rio Grande Detention Center is to achieve a level of excellence through professionalism while providing safety and security of the facility and surrounding community by maintaining the standards of the GEO Group and the United States Marshal Service.”

GEO’s Mission Statement: “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:

The following is a summary of the audit findings:

Number of standards exceeded: 5

Number of standards met: 35

Number of standards not met: 0

Non-applicable: 3

§115.11 - Zero tolerance of sexual abuse and sexual harassment

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 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting and responding to such conduct as stated on page 5, section III, A-1. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors (pages 3-5, section II-B). GEO’s policy 5.1.2-A is comprehensive and clearly outlines the procedures for all staff to follow. Policy 1300.05 is the zero-tolerance policy of the Rio Grande Detention Center. It outlines requirements specific to the facility. Therefore, the facility demonstrated compliance to the requirements of this standard.

GEO policy 5.1.2-A, pages 6 & 7, section B, 1-3, and facility policy 1300.05, pages 6 & 7, section B-1 & 2, outline the responsibilities of the PREA Coordinator and the PREA

Compliance Manager. The agency employs an upper-level, agency-wide PREA Coordinator and a facility PREA Compliance Manager as required by this standard. In interview with the agency's PREA Coordinator, at an earlier audit date, and the PREA Compliance Manager, they both stated that they have sufficient time and authority to manage their PREA-related responsibilities.

§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)
- Not-applicable Standard

GEO is a private provider and does not contract with other agencies for the confinement of detainees; therefore, this standard is not applicable.

§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 C-1, 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 detainees 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 ensure adequate staffing levels in the development of the facility's staffing plan. The established staffing plan requires a minimum of 41 officers on the first and second shifts and 35 officers on the third shift. Officer vacancies are filled with use of overtime.

A *PREA Annual Facility Assessment* is completed by the PREA Compliance Manager, along with other administrative team members, and forwarded to the PREA Coordinator and the Corporate Divisional Vice President for review and signature. During this audit period, *PREA Annual Facility Assessments* each year noted no deviations from the staffing plan and no recommendations for any changes to the current staffing levels. The facility ensures that on each shift, there are three Shift Supervisors, two Lieutenants and two Sergeants. In interview with the Warden, he stated that in the past 12 months, there have been no deviations to the staffing plan. The Warden reviews Shift Rosters weekly and a Daily Census report is forwarded to the corporate

office weekly. Effective June 2016, there was a modification to the USMS contract. The facility is required to staff at all times with 90% security staff, 85% medical staff and 85% of all other departments combined. A monthly report is provided to the USMS for monitoring of this contract requirement.

GEO policy 5.1.2-A, page 7, section C-1, f & g and facility policy 1300.05, page 8, section C-1-e & f, state that facility management staff and supervisors will conduct and document unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Shift Supervisors conduct rounds daily and document these rounds on the *Daily Shift Activity Logs* located in each housing unit. Department heads are required to make rounds at a minimum of once a week and these rounds are documented on the *Department Head Sign-In Log*. While making rounds, department heads and Shift Supervisors are required to be looking for cross-gender viewing, gender announcements, staff-detainee communication and ensuring that PREA signs are posted in housing areas and holding rooms. The facility prohibits staff from alerting other staff of the conduct of such rounds.

Documentation provided for review prior to the on-site audit and during the facility tour and in interview with staff and detainees, the practice of rounds by facility management staff and Shift Supervisors confirmed numerous rounds being conducted on all three shifts. The facility exceeds in the requirement of this standard.

§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 Standard

The Rio Grande Detention Center does not house youthful detainees; therefore this standard is not applicable.

§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)

Based on review of GEO policy 5.1.2-A, pages 15 & 16 section I and facility policy 1300.05, page 18, section I, cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances. Facility policy prohibits cross-gender pat-down searches of female detainees, except in exigent circumstances.

The facility does not restrict female detainees' access to regularly available programming or other outside opportunities in order to comply with this provision. All searches are documented on the *Daily Intake Strip Search Log* and for ICE detainees, on the *ICE Daily Intake Visual Search Log*.

Staff is not allowed to physically examine a transgender or intersex detainee solely to determine their genital status. These searches are to be performed by a medical practitioner. In the past 12 months, there were no exigent circumstances requiring cross-gender strip searches or cross-gender visual body cavity searches be performed.

In addition to general training provided to all employees, security staff receives training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. GEO's training curriculum, *Limits to Cross-Gender Viewing and Searches* was provided for review. Staff signs a *Training Attendance Record – Pat Searches* and a *Cross Gender Pat Searches & Searches of Transgender and Intersex* acknowledgement form upon completion of this training and completion of this training is recorded electronically on the individual's training record. Receipt of this training was verified through review of staff training records and confirmed by staff interviews of security staff who reported receiving this training.

The agency has policies and procedures in place that enable detainees to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breast, buttocks or genitalia. Staff of the opposite gender announce their presence when reporting to duty or when entering a housing unit or any areas where detainees are likely to be showering, performing bodily functions or changing clothes. Opposite gender announcements made when opposite gender staff report to duty in a housing unit are documented on the *Housing Unit Daily Shift Activity Log*. Opposite gender announcements are made three times in both English and Spanish. Staff are reminded to make opposite gender announcements by signs on the entry of all housing areas.

The practice of opposite gender staff announcing their presence when they entered the housing units was observed while touring the facility and detainees interviewed confirmed this practice. Detainees shared that they feel they have privacy when they shower, toilet and change clothing when staff of the opposite gender are in their housing unit.

§115.16 – Inmates with Disabilities and Detainees 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 detainees with disabilities and detainees that are limited English proficient, as well as those who are deaf, hard of

hearing, blind, have low vision, limited reading skills or cognitive disabilities, 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's policy 5.1.2-A, pages 10 & 11, section E and facility policy 1300.05, page 12, section E address the agency/facility responsibilities to provide PREA education to detainees ensuring their understanding of the education they receive.

The facility has six staff members who are on a Detainee Assistance list. These staff members are proficient in both the English and Spanish Language and are available to provide interpretation for Spanish-speaking detainees. A contract with Language Line Services, Inc. provides translation of any other languages. The *PREA: What You Need to Know* video is shown in both English and Spanish in the intake area and every afternoon and all housing units during the count at 1545. PREA information is contained in the *USMS Detainee Handbook* on pages 4 & 5 and in the *ICE Detainee Handbook* on pages 5 & 6, with both available in English and Spanish. All posted information is displayed in both languages throughout the facility. The facility has a TDD for deaf detainees and there is a volume control on the detainee telephones for detainees who are hard of hearing.

The agency prohibits the use of detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances. According to documentation provided and interviews with security staff, in the past 12 months, there have been no instances where detainees were used for this purpose.

In interview of Spanish-speaking detainees, they all reported receiving the written PREA information in Spanish and seeing the *PREA: What You Need to Know* video in Spanish. The Bengali-speaking detainee reported that Language Line Services was used for translation upon intake for his PREA education as well as PREA screening.

§115.17 – Hiring and Promotion Decisions

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)

GEO policy 5.1.2-A, pages 7 & 8, section C-2, facility policy 1300.05, pages 8 & 9, section 2, interview with the Human Resources Generalist and random review of employee files were used to verify compliance to this standard.

GEO and the Rio Grande Detention Center do not hire or promote anyone who may have contact with detainees and does not enlist the services of any contractor or volunteer who may have contact with detainees who has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility or other institution who has been convicted of engaging or attempting to engage in sexual activity in confinement settings or in the community. GEO also 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 detainees.

The agency requires that all applicants and employees who may have contact with detainees have a criminal background check and every five years thereafter. In the past 12 months, there were 46 employee criminal background checks performed and one criminal background check of a contractor. Applicants and contractors have a criminal background check and a PREA Verification by Accurate Backgrounds, Inc. and the USMS perform NCIC background checks. Along with the NCIC background check on all applicants and contractors, a Limited Background Investigation (LBI) is required per USMS contract. Volunteers receive a USMS NCIC background check only before being allowed to volunteer at the facility and every five years thereafter. The facility currently has 22 active religious volunteers.

Applicants, who answer on their application that they have worked in a confinement setting previously, receive a PREA Verification by Accurate Backgrounds, Inc. 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. At the time of annual evaluations, employees complete a *PREA Disclosure and Authorization Form-Annual Performance Evaluation*.

Agency policy requires that criminal background checks be completed on any contractor who may have contact with detainees. Contractors include five Keefe Commissary staff, two GTL staff and four healthcare staff.

Keypoint Government Solutions perform annual criminal background checks on all staff and contractors. Beginning August 1st, these checks will be performed by Information Discovery Services (IDS).

Agency 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.

GEO 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 such employee has applied for work. In the past 12 months, the facility has not received any request from institutional employers requesting information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

Employee, volunteer and contractor personnel files for a total of 28, were randomly reviewed and found to be well organized and complete with background checks completed on all new employees and those considered for promotions and every five years on all employees, volunteers and contractors by the requirements of the agency, the facility and this standard. The facility does not only perform criminal background checks every five years, but annually exceeding in the requirements of this standard.

§115.18 – 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)

X Not Applicable

GEO policy 5.1.2-A, page 8, section C-3, states that the facility takes into consideration the effect that any new design, acquisitions, expansions or modifications of the physical plant or monitoring technology might have on the facility's ability to protect detainees from sexual abuse. The Rio Grande Detention Center has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012; therefore, this standard is not applicable to this facility.

§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 and facility policy 1300.05, page 28, section 10, the facility follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. Subsection 115.21 (b) is not applicable to this facility as the facility does not house youth.

Forensic exams are not performed at the facility. Through a Memorandum of Understanding (MOU) with the Methodist Specialty and Transplant Hospital SANE Program, San Antonio, TX, victims of sexual abuse are referred for SANE exams at no cost to the detainee. In the past 12 months, there have been no detainees that required SANE exams.

Per MOU with the Methodist Specialty and Transplant Hospital, SANE Program, sexual abuse victims are provided with a victim advocate to accompany and support the detainee through a forensic medical examination process and investigatory interview and provide emotional support, crisis intervention, information and referrals. The facility does not utilize employees as victim advocates. The Program Coordinator for the Forensic Nursing Services was contacted prior to the on-site visit to the facility. She reviewed the terms of the MOU. She stated that detainee victims of sexual abuse are

transported to the hospital by facility staff and upon arrival are provided with a victim advocate during the forensic exam.

The facility also has an MOU with BCFS Domestic Violence Program. The terms of the MOU provide detainees, at no cost to them, help to recover from the emotional effects of sexual assault including crisis intervention services and emergency care and family counseling.

Mental health staff are available to assist detainees who suffer sexual assault. Detainees are instructed submit a request to their Case Manager or to the PREA Compliance Manager to speak directly to an advocate. In the past 12 months, there were no requests for victim advocate services.

§115.22 – Policies to Ensure Referrals of Allegations for 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)

GEO policy 5.1.2-E, page 4, section III, A-1, outlines the agency’s policy and procedure for investigating and documenting incidents of sexual abuse. The Rio Grande Detention Center ensures that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. A *Monthly PREA Incident Tracking Log* is used to track all incidents that occur at the facility.

The facility has three trained facility investigators who are responsible for conducting administrative investigations. The Webb County Sheriff’s Office is responsible for criminal investigations of sexual abuse per a Mutual Assistance Agreement entered into on October 29, 2013. During the past 12 months, there were five allegations of sexual abuse reported that were all administratively investigated. There were no allegations referred from criminal investigation.

The agency’s policy regarding referral of allegations of sexual abuse and sexual harassment is available on the GEO website (www.geogroup.com).

§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 employees receive training on the agency's zero-tolerance policy for sexual abuse and sexual harassment at pre-service and annually as part of in-service training. GEO policy 5.1.2-A, pages 11 & 12, section F-1 and facility policy 1300.05, pages 13 & 14, section F-1, address the agency's training requirements. All employees, contractors and volunteers receive PREA education annually provided to them on-line.

The training curriculum was reviewed and found to contain all of the requirements of 115.31 (a)-1 of this standard. In the past 12 months, 381 employees have received PREA training. Upon completion of this training, employees, contractors and volunteers sign a *PREA Basic Training Acknowledgement* form and records of completion are maintained electronically. In review of the training records of four contractors, 4 volunteers and 20 employees, it was found that not all staff have submitted *PREA Basic Training Acknowledgement* forms upon completion of their 2016 online PREA training. The Training Assistant printed a report that showed that all staff completed their training for 2016 and identified those that have not submitted their acknowledgement form. She will ensure that all staff complete the *PREA Basic Training Acknowledgement* form and file them in their training files.

In addition to general PREA training, all staff receive training on the *Limits of Cross Gender Searches* and sign a *Cross Gender Pat Searches & Searches of Transgender and Intersex*. This training is classroom training provided by the Training Director, the Training Assistant or the PREA Compliance Manager.

In review of the training records of 28 employees, it was confirmed that staff are receiving the mandated training and acknowledging receiving and understanding the training by their signature on the *PREA Basic Training Acknowledgement* form as well as documentation of this training in the employee's electronic training record.

Between trainings, the employees are provided with information about current policies regarding sexual abuse and sexual harassment during shift briefings and staff meetings.

All staff interviewed acknowledged receiving PREA training and were knowledgeable of the zero tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment. They acknowledged receiving training on cross-gender pat searches that included searches of transgender and intersex detainees and were able to respond appropriately to questions asked them about this training.

§115.32– Volunteer and Contractor Training

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)

All volunteers and contractors who have contact with detainees are trained and have annual refreshers on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, page 13, section G-1 for volunteers and page 14, section H for contractors and in facility policy 1300.05, page 15, section G-1 for volunteers and page 16, section H-1 for contractors.

In the past 12 months, a total of 20 volunteers and 5 medical contractors have received PREA training. Volunteers and contractors sign *PREA Basic Training Acknowledgement* form and training is documented electronically. Volunteers and contractors interviewed confirmed receiving the training, were knowledgeable of the agency/facility's zero-tolerance policy, and of their responsibilities as outlined in the policies.

§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)

GEO policy 5.1.2-A, page 11, section E-2 and facility policy 1300.05, pages 13 & 14, section B, outline the agency/facility's requirements of detainee education. Incoming detainees receive information explaining GEO's and Rio Grande Detention Center's zero-tolerance policies regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

During the intake process, the classification staff provides all detainees with a Detainee Handbook (ICE or USMS) and ICE detainees receive a *Sexual Assault and Awareness* brochure. Written information on the facility's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, and their right to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents. The *PREA: What You Need to Know* video is shown in the intake area in both English and Spanish. In the past 12 months, 26,817 detainees admitted to the facility received PREA information at intake.

Within 30 days of intake, detainees are provided comprehensive PREA education by their Case Manager, which is communicated orally and in writing in a language understood by the detainee. They also view the *PREA: What You Need to Know* video at this time. Information provided is in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as to detainees who have limited reading skills. Detainees sign a *Comprehensive PREA Education* form acknowledging receiving the information and viewing the video.

Detainees acknowledge at intake by their signature on the *Detainee Orientation Acknowledgement* form that they have received the *Detainee Handbook* and viewed

the *PREA: What You Need to Know* video. Posters, in both English and Spanish, are prominently displayed in various locations throughout the facility and the *PREA: What You Need to Know* video is played in the housing units in both languages every day during the count at 1345, providing detainees with continuous PREA information.

Review of 24 detainee-training files, confirmed detainee PREA education is being provided and that documentation is being maintained by the facility. All detainees interviewed acknowledged receiving PREA training as part of the orientation process and acknowledged viewing the *PREA: What You Need to Know* video. They were knowledgeable of the agency /facility's zero-tolerance policy and the methods of reporting allegations of sexual abuse and sexual harassment available to them.

The facility exceeds in its efforts to provide all incoming detainees with comprehensive PREA education upon intake, after 30 days of arrival and continuously and maintains excellent records of the completion of this training; therefore found to exceed in this standard.

§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 F-3 and facility policy 1300.05, page 15, section 3, investigators receive specialized training in addition to the general education provided to all employees. This 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 agency wide. At the Rio Grande Detention Center, the Intelligence Officer, the Gang Intelligence Officer and the PREA Compliance Manager are trained facility investigators. Upon completion of the *Specialized Training Investigating Sexual Abuse in Correctional Settings*, investigators received a certificate of completion that is maintained by the facility and documented electronically.

When interviewed, facility investigators acknowledged receiving specialized investigations training and were knowledgeable of their duties in conducting investigations, sexual abuse evidence collection and the evidence required to substantiate a case for administrative action or prosecution referral.

§115.35 – Specialized training: Medical and mental health care

- 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 12, and 13, section 2, states that each facility will train all full-time and part-time medical and mental health staff to detect signs of sexual abuse and sexual harassment, preserving physical evidence and responding effectively and professionally to victims of sexual abuse and sexual harassment.

All medical and mental health staff receive specialized training in addition to general PREA training provided to all staff. In the past 12 months, GEO's *Specialized Medical and Mental Health Training* was provided to all 31 medical and mental health staff who signed a *PREA Basic Acknowledgement* form verifying receiving and understanding this training. Documentation of this training is maintained by the facility and documented electronically.

Medical staff do not perform SANE exams. SANE exams are performed by referral to the Methodist Specialty and Transplant Hospital, SANE Program, San Antonio, TX.

Medical and mental health staff interviewed verified receiving this training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve the physical evidence.

§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)

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 1300.05, pages 9 & 10, section D-1, all detainees are assessed during intake within 12 hours for risk of being sexually abused by other detainees or sexually abusive toward other detainees. Case Managers conduct these screenings. 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.

During a recent agency mock audit, it was found that the facility was using an old *PREA Risk Assessment* form that had been revised. The old screening forms were replaced

with the revised screening forms and in May 2016, all detainees housed at the facility were rescreened using the correct form.

Within a set time, not to exceed 30 days of the resident's arrival to the facility, residents are reassessed by their Case Manager using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38) for their risk for victimization and abusiveness. The 30-day reassessment dates are tracked on a report on the Geo Track system. 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.

A *PREA Vulnerability Reassessment Questionnaire* is completed on all transgender and intersex detainees every six months to ensure their placement is appropriate and determine any threats to safety experienced by the individual. In review of 24 detainee files, the *PREA Vulnerability Assessment Questionnaire* of one of the transgender detainees was not found in his file. His assigned Case Manager ensured this screening was completed immediately.

PREA Risk Assessment forms and *PREA Vulnerability Reassessment Questionnaire* forms are maintained in detainee files that are kept locked in the Records Room. To maintain confidentiality to this information, only the Case Managers, the PREA Compliance Manager, the Warden and the Records Clerks have access to these forms.

§115.42 – Use of Screening Information

- 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 uses information from the risk screening to make housing, bed, work, education and program assignments to keep detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. GEO policy 5.1.2-A, page 10, section 3 and facility policy 1300.05, page 11, section 4, explains the use of the PREA screening information.

Detainees identified from screenings to be potential victims or potential predators and transgender detainees are tracked on a *PREA Referral Tracking Log* and color-coded on a board maintained in the Records Room ensuring that potential predators and potential victims are housed separately and that transgender detainees are housed appropriately for their safety.

Guidelines on housing and program assignments and for the management of transgender and intersex detainees are outlined in GEO policy 5.1.2-A, page 10, section 3-d. A *Statement of Search/Shower/Pronoun Preference* form is completed by classification staff to determine the transgender and intersex resident's gender identification, pronoun preference, name preference, preference for gender of staff to

conduct searches and offers the resident the opportunity to shower separately if they wish. Transgender and intersex detainees are reassessed at least twice per year to review any threats to safety experienced by the resident as required by this standard and takes into consideration their own views regarding their own safety.

The agency does not place LGBTI detainees in housing units solely based on their sexual orientation. At the time of the audit, there were two self-disclosed transgender detainees housed at the Rio Grande Detention Center. When interviewed, they reported that they were not housed based on their sexual orientation and shared that they felt safe at this facility.

§115.43 – 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)

According to GEO policy 5.1.1-A, page 16, section J-1 and facility policy 1300.05, pages 26 & 27, section 6, 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 detainee. If an assessment cannot be made immediately, the detainee may be placed in involuntary segregated housing for no more than 24 hours.

GEO policy 5.1.2-A further states that if involuntary segregated housing is used for the safety of the detainee as a means of separation, it can be used for no more than 30 days and a review will be completed every 30 days to determine whether there is a continuing need for separation from the general population.

The *Sexual Assault/Abuse Available Alternatives Assessment* form is used to document the assessment if involuntary segregation is used. All completed forms are reviewed and signed by the Warden or the Assistant Warden upon completion. If segregated housing is used, the resident will have all access to programs and services he/she is eligible for, and the facility shall document and justify any restrictions imposed.

On interview with the Warden, he confirmed that in the past 12 months, there were no detainees held in involuntary segregated housing. He stated that all options would be explored and if involuntary segregated housing were used for this purpose, it would be no more than 24 hours.

§115.51 – Inmate 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)

GEO policy 5.1.2-A, page 17, section K-1 and facility policy 1300.05, page 19, section J-1, outline reporting methods available to detainees to report allegations of sexual abuse and sexual harassment. The agency/facility provides multiple ways for detainees to privately report sexual abuse and sexual harassment and retaliation by other detainees or staff for reporting. Detainees are instructed that they can verbally report to the PREA Compliance Manager or any staff member, report in writing, file a grievance or sick call slip, by telephone, or third party. Detainees have access to an internal reporting line by dialing *77 on the detainee telephones.

The facility provides detainees with one way for detainees to report abuse or harassment to a public or private entity or office by giving them the addresses and phone numbers of the Office of the Inspector General, ICE, USMS and GEO's PREA Coordinator. This information is posted in the housing units in both English and Spanish and is also contained in the Detainee Handbook and reviewed in the Comprehensive PREA Education. In addition, posted in each housing unit is contact information for detainees detained solely for civil immigration purposes for consular officials and officials of the Department of Homeland Security.

A *Sexual Assault Awareness* brochure informs ICE detainees that they can inform the ICE staff members, the PREA Compliance Manager or any staff member, put it in writing, have a friend or relative report for them or file a grievance. They are given the address and toll-free reporting number of DHS Office of Inspector General and ICE Headquarters and are instructed to call or write their consular official.

The agency's policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Information concerning the identity of detainee victim's report of sexual abuse or sexual harassment are limited to those who need to know only. Detainees interviewed were aware of the methods available to them to report allegations of sexual abuse and sexual harassment.

Staff can privately report sexual abuse and sexual harassment of detainees in writing or by calling the Employee Hotline or telephoning, emailing or in writing to the GEO PREA Coordinator. Information on staff reporting is available on the GEO website (http://www.geogroup.com/reporting_sexual_abuse_prea, in the Employee Handbook, and in the PREA training curriculum. Staff interviewed were knowledgeable of methods of privately reporting available to them.

§115.52 – Exhaustion of Administrative Remedies

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)

Not Applicable (Exempt) Standard

In review of GEO policy 5.1.1-A, pages 17 & 18, section K-2 and facility policy 1300.05, pages 20 & 21, section 2-a & b, there is a procedure in place for detainees to submit grievances regarding sexual abuse and the agency has procedures in place for dealing with these grievances. There is no time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Detainees are informed of the grievance process on page 3 of the *USMS Detainee Handbook* and on page 4 of the *ICE Detainee Handbook*.

Detainees 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 detainee'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.

The agency does not require a detainee to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. A final decision will be issued on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing date. The facility may claim an extension of time to respond, up to 70 days, and shall notify the resident of the extension in writing.

A detainee may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. The Warden or his designee will take immediate corrective action to protect the alleged victim upon receiving an emergency grievance of this nature. An initial response will be issued to the resident filing an emergency grievance within 48 hours and final decision will be provided within five calendar days.

The agency may discipline a detainee for filing a grievance related to alleged sexual abuse if the agency determines that the detainee filed the grievance with malicious intent.

The PREA Compliance Manager receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. In the past 12 months, Rio Grande Detention Center received one grievance alleging sexual abuse that required an extension due to a final decision not reached within 90 days. There were no emergency grievances received.

§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)

As stated in GEO policy 5.1.2-A, pages 23 & 24, section 8 and facility policy 1300.05, page 29, section 9, detainees are provided with access to outside victim advocates for emotional support. The facility entered into an MOU this month with the Methodist Specialty and Transplant Hospital SANE Program, San Antonio, TX. The terms of the MOU provide detainees with victim advocates to accompany and support the detainee through a forensic medical examination and provides emotional support, crisis intervention and referrals for victims of sexual abuse. The facility also has an MOU with BCFS Health and Human Services, Domestic Violence Program. The Domestic Violence Program provides free, confidential services to sexual abuse victims per terms of the MOU. Facility mental health staff are also available upon request. Detainees are instructed that they may submit a request to their Case Manager or to the PREA Compliance Manager to speak directly to an advocate at no cost to them.

Detainees are made aware of the outside confidential support services available to them through posters displayed throughout the facility and information provided in the Detainee Handbook. Also posted in each housing unit is contact information for residents detained solely for civil immigration purposes for consular officials and officials at the Department of Homeland Security.

Detainees 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.

Detainees interviewed were aware of the confidential support services available to them and how to access them.

§115.54 – 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 and facility policy 1300.05, page 21, section 3, the agency has a method to receive third party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect a detainee has been sexually abused, sexually harassed, or requires protection. Information on third party reporting is available on the GEO website at www.geogroup.com.

Detainees interviewed were aware of this reporting method. In the past 12 months, the facility has not received any reports of allegations of sexual abuse or sexual harassment from a third party.

§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)

Based on GEO policy 5.1.2-A, pages 18 & 19, section 4, and facility policy 1300.05, pages 22 & 23, section 4, and in review of the employee training curriculum, all staff are to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment or any detainee subject to risk of imminent sexual abuse and retaliation or suspected retaliation against detainees or staff. Staff must take all allegations of sexual abuse and sexually harassment seriously. All allegations, including third party and anonymous reports, are reported to supervisors. GEO policy 5.1.2-A, page 13, section G-2, and facility policy 1300.05, pages 16 & 17, section G-2, outline the responsibilities of volunteers to report and GEO policy 5.1.2-A, page 14, section H-2 and facility policy 1300.05, page 17, section H-2, the responsibilities of contractors to report.

Interviews with staff, contractors and volunteers revealed that they are aware of their reporting responsibilities and know not to reveal any information about sexual abuse incidents to anyone other than to the extent necessary.

Rio Grande Detention Center houses adult male and female detainees, none of whom according to their classified level of care are considered vulnerable adults under the Texas State Vulnerable Persons Statute.

§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)

When an agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the detainee. GEO policy 5.1.2-A, page 19, section L-1, and facility policy 1300.05, page 17, section K-1 address the procedures related to the agency and facility's efforts to protect detainees who may be at risk for sexual abuse.

In interview with the Warden, there were no times in the past 12 months that it was necessary to take immediate action in regards to a detainee being in substantial risk of sexual abuse. He further stated that the detainee at risk for sexual abuse would immediately be removed from the area. Staff interviewed was aware of their responsibilities if they felt a detainee was at risk for sexual abuse. They reported that they would isolate the detainee and report to their supervisor immediately.

§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, pages 22 and 23, section 5 and facility policy 1300.05, page 26, section 5 was used to verify that there is a procedure in place if an allegation is received that a detainee was sexually abused while confined at another facility. Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the Warden or the Assistant Warden will notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification should be made 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 is then forwarded to the PREA Compliance Manager, the PREA Coordinator and ICE AFOD or designee, if the incident involved an ICE detainee.

If a report is received from another facility regarding alleged sexual abuse occurring at Rio Grande Detention Center, the allegation will be reported and investigated in accordance with PREA standards.

In interview with the Warden, in the past 12 months there was one report of an allegation of sexual abuse received from a detainee transferred to FCI Aliceville that was alleged to have occurred at Rio Grande Detention Center. The Warden stated that the allegation was reported and investigated when the detainee was housed at the Rio Grande Detention Center. A copy of the investigative report was forwarded to FCI Aliceville. In the past 12 months, there were no detainees at Rio Grande Detention Center who alleged sexual abuse or sexual harassment while they were confined to another institution.

§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, pages 19 & 20, section III, L-2 and facility policy 1300.05, page 22 & 23, section H-2, were used to verify compliance to this standard. Upon learning that a detainee was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and the abuser, immediately notify the Duty Warden or the on-call supervisor, preserve and protect the crime scene, not let the

victim and abuser take any actions that could destroy physical evidence and not reveal any information related to the incident to anyone other than staff involved with investigating the alleged incident. If the incident involves an ICE detainee, the ICE AFOD or designee must be notified.

If the first staff responder is not a security staff member, the responder is required to request the alleged victim not take any actions that could destroy the evidence and notify security staff immediately. All staff carry with them a First Responder Card, which reminds them of the actions to be taken in response to an allegation of sexual abuse.

Security and non-security staff interviewed were knowledgeable of the policy and the 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 how to preserve the crime scene and the physical evidence.

In the past 12 months, there were four allegations of sexual abuse reported and responded to that required implementing first responder duties by security staff.

§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)

GEO policy 5.1.2-A, pages 5 & 6, section III-A-4 and facility policy 1300.05, page 6, section 4, verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The facility's Coordinated Response plan was provided for review, it clearly defines the roles and responsibilities of each person involved, and the procedures to be followed in detail as well as notifications required to be made. The PREA Compliance Manager is required to participate and the PREA Coordinator will be consulted as part of the coordinated response.

Part of the response plan is the requirement of completing a *PREA Incident Checklist for Incidents of Sexual Abuse and Harassment* to ensure that all steps of the plan are carried out and proper notifications are made.

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 or sexual harassment.

§115.66 – Preservation of ability to protect detainees 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, page 5, section A-3, and facility policy 1300.05, pages 5 & 6, section IV-A-3, GEO and the Rio Grande Detention Center shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged employee sexual abusers from contact with detainees of GEO facilities or program pending the outcome an investigation.

The agency and the facility have a Collective Bargaining Agreement with the International Union Security, Police and Fire Professionals of America (SPFFPA) and its Amalgamated Local 725. Page 18, section 14.3 of that agreement states that violations of sexual misconduct justifies just cause for immediate dismissal.

In the past 12 months, there have not been any incidents where staff had to be separated from a detainee.

§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, pages 24 & 25, section 2 and facility policy 1300.05, pages 29 & 20, section 12 were used to verify compliance to this standard. Detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation from other detainees and staff. Housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims and emotional support services for detainees who fear retaliation will be protection measures used as per agency and facility policies.

The PREA Compliance Manager, for a minimum of 90 days, conducts weekly monitoring for retaliation with the alleged victim, or longer if warranted. Monitoring will terminate if the allegation is determined to be unfounded. Monitoring for retaliation is documented on the *Protection from Retaliation Log*. Completed logs are retained in the corresponding investigative file.

In the past 12 months, there were no incidents of retaliation and two residents were monitored for retaliation, which were documented on the *Protection from Retaliation Log*. In interview with the PREA Compliance Manager, she was knowledgeable of the procedure for monitoring and in review of investigative files, verified this process is being followed.

§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)

The agency and facility prohibits detainees who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing were used, the same provisions as outlined in GEO policy 5.1.2-A, page 23, section 6 and facility policy 1300.05, page 27, section 7 would apply. Any use of segregated housing to protect a detainee who alleged to have suffered sexual abuse will be subject to the requirements of standard 115.43. If the incident involves an ICE detainee, the ICE AFOD or designee will be notified.

On interview with the Warden and staff assigned to restrictive housing, they revealed that involuntary segregated housing has not been used for this purpose in the past 12 months.

§115.71 – Criminal and Administrative Agency 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)

An investigation is completed for all allegations of sexual abuse and sexual harassment at the Rio Grande Detention Center, including third party and anonymous reports. The agency's policy governing administrative and criminal investigation of sexual abuse is outlined in GEO policy 5.1.2-E, pages 4-6, section III-B and in facility policy 1300.05, page 33, section M-1.

All allegations of sexual abuse and sexual harassment, including third party and anonymous reports are investigated by trained facility investigators. All allegations are tracked on the *Monthly PREA Incident Tracking Log*. If an allegation appears to be criminal, the Agency/facility has an MOU with the Webb County Sheriff's Office to conduct all criminal investigations and refer for prosecution.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with the Webb County Sheriff's Department. All administrative and criminal investigations 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 detainee who alleges sexual abuse is not required to submit to a polygraph examination. The agency/facility 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.

Since August 20, 2012, there have been no allegations that appeared to be criminal that were referred for prosecution.

The Intelligence Officer, the Gang Intelligence Officer and the PREA Compliance Manager, all trained facility investigators, when interviewed they reviewed the process for investigating allegations of sexual abuse and sexual harassment.

§115.72 – Evidentiary Standard for Administrative 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)

According to GEO policy 5.1.2-E, page 6, section E and facility policy 1300.05, page 33, section M-2, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

When facility investigators were interviewed and asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency/facility policy.

§115.73 – Reporting to 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 10 & 11, section K and facility policy 1300.05, pages 31 & 32, section 14, the facility ensures that proper notification be given to detainees as to the outcome of the investigation of sexual abuse and sexual harassment allegations if the outcome of the investigation proved to be substantiated, unsubstantiated or unfounded. The Facility Investigator provides a *Notification of Outcome of Investigation* to detainees. At the conclusion of every investigation of sexual abuse, the *Notification of Outcome of Investigation* form is forwarded to the

PREA Coordinator for review. If the incident involves an ICE detainee, the ICE AFOD or designee also receives a copy.

Following the completion of an investigation that an employee has committed sexual abuse against a detainee, the facility is required to inform the detainee of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following a detainee's allegation that he was sexually abused by another detainee, the agency shall inform the detainee of the outcome of the investigation. The facility's obligation to notify the detainee will terminate if the detainee is released from custody. If the facility did not conduct the investigation, relevant information from the investigating agency will be requested in order to inform the detainee.

In interview with the three Facility Investigators, this process is in place and notifications are being made as required by policy. In the past 12 months, in review of investigative files, there were two *Notification of Outcome of Investigation* required that were mailed to the detainees as they were transferred to another facility.

§115.76 – Disciplinary sanctions for staff

- 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 review GEO policy 5.1.2-A, page 11, section L and facility policy 1300.05, page 32, section L-1, staff shall be subject to disciplinary action up to and including termination for violating the agency/facility sexual abuse policies.

Staff is made aware of the zero-tolerance policy and the penalties for violating that policy in the Employee Handbook, pages 17 & 18.

If a staff member violates the agency's zero-tolerance policy, he/she will be investigated and if it appears to be criminal in nature, referred for prosecution to the Webb County Sheriff's Office.

In the past 12 months, there have been no staff who have violated agency sexual abuse and sexual harassment policies.

§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, page 12, section 3, and facility policy 1300.05, page 17, section 3 for volunteers and page 17, section 3 for contractors, state that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

In interview with the Warden, there have been no incidences of sexual abuse by contractors or volunteers in the past 12 months. If a violation were to occur, appropriate remedial actions would be taken and the volunteer or contractor would be prohibited from further contact with detainees.

§115.78 – Disciplinary sanctions for detainees

- 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 per GEO policy 5.1.2-E, pages 11, section L-2 and facility policy 1300.05, pages 32 & 33, section L-2, detainees found guilty of engaging in sexual abuse involving other detainees shall be subject to formal disciplinary sanctions. Disciplining a detainee for engaging in sexual activity with an employee is prohibited unless the employee did not consent to the contact.

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. Sanctions will be commensurate with the nature and circumstances of the abuse, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories.

Facility policy 1000.01 outlines the disciplinary policy on detainee misconduct, including sexual misconduct. Detainees are informed of prohibited acts and the sanctions that will be imposed for violations to the policies in the Detainee Handbook.

In the past 12 months, there were two administrative findings of detainee-on-detainee sexual abuse that have occurred at the facility and there were no criminal findings of guilt for detainee-on-detainee sexual abuse that have occurred at the facility.

§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)

Upon intake, mental health staff will see any detainee who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse. GEO policy 5.1.2-A, pages 9 & 10, section D-2 and facility policy 1300.05, pages 10 & 11, section 3, outline the requirements of referrals to mental health for further evaluation.

During the initial intake assessment, any detainee who has experienced prior sexual victimization, whether in an institution setting or in the community or any detainee who has perpetrated sexual abuse in an institution setting or the community will be referred to mental health and will see a mental health practitioner within 14 days of the initial intake screening.

Medical and mental health staff obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institution setting.

Any information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform about treatment plans, security and management decisions or otherwise required by federal, state or local law.

In the past 12 months, 18 detainees disclosed prior victimization during screening and were offered a follow-up meeting with a mental health practitioner. The Mental Health Professional upon interview stated that detainees referred from initial screening for mental health evaluations are seen the day of arrival or the following day. He has adjusted his hours to 1400 – 2200 to accommodate detainee intakes; therefore far exceeding the requirements of this standard.

§115.82 - 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)

GEO policy 5.1.2-A, page 23, section 7 and facility policy 1300.05, page 27, section 8, were used to verify compliance to this standard. Policies mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention as directed by medical and mental health practitioners. The

evaluation and treatment should include follow-up services, treatment plans and, if necessary, referrals for continued care following a transfer or release.

Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. SANE exams will be performed at the Methodist Specialty and Transplant Hospital, SANE Program, San Antonio, TX. All services are provided without cost to the victim. All refusals of medical services will be documented.

Interviews with the Regional Health Services Manager and the Mental Health Professional confirmed this practice and that the requirements of this standard are adhered to.

In the past 12 months, there has been no access to emergency medical and mental health services required.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and 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)

GEO policy 5.1.2-A, page 24, section M-1 and facility policy 1300.05, page 29, section 11, mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. The evaluation and treatment offered includes follow-up services, treatment plans, and referrals for continued care following a transfer or release if necessary.

Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. Female victims are provided pregnancy tests and all lawful pregnancy-related medical services. SANE exams will be performed by referral to the Methodist Specialty and Transplant Hospital, SANE Program, San Antonio, TX. Other medical services are provided by written agreement, effective 9/08, with the Laredo Medical Center. All services are provided without cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall attempt to conduct a mental health evaluation on all known detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners.

In interview with the Regional Health Services Manager and the Mental Health Professional, they confirmed they are compliant with the requirements of this standard. In the past 12 months, there have been no detainees who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

§115.86 – 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)

Based on GEO policy 5.1.2-A, page 25, section M-3 and facility policy 1300.05, page 30, section 13, the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation within 30 days in which the allegation has been determined to be substantiated or unsubstantiated.

The Incident Review Team consists of the Warden, the Assistant Warden, the Chief of Security, the HSA, the Psychologist and the PREA Compliance Manager, with the PREA Coordinator sometimes attending via telephone or in person. The Incident Review Team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate. A *PREA After-Action Review Report* is used to document the incident review and upon completion is forwarded to the PREA Coordinator no later than 10 working days after the review. The PREA Compliance Manager maintains copies of all completed *PREA After-Action Review Reports* and a copy is maintained in the corresponding investigative file. If the incident involved an ICE detainee, the ICE AFOD or designee is provided with a copy.

The Incident Review Team makes recommendations based on their review of the incident and the facility shall implement the recommendations for improvement, if any, or shall document its reasons for not doing so.

In the past 12 months, there was one alleged sexual abuse investigation completed followed by a sexual abuse incident review. In interview with members of the Incident Review Team, they knew their responsibilities as a member of the Incident Review Team.

§115.87 – Data Collection

- 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)

Information on data collection is found on page 25, section N-1 of GEO policy 5.1.2-A and on pages 33 & 34, section N-1 of facility policy 1300.05. 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). The findings are presented to the Field Office Director and ICE/ERO headquarters for use in determining whether changes are needed to existing policies and practices to further the goal of eliminating sexual abuse.

The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log*. If any incidents involve an ICE detainee, a copy of the monthly report will be forwarded to the ICE COTR. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30, 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.

§115.88 – 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 facility policy 1300.05, page 34, section 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 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 and a copy of the report is forwarded to ICE. The report is then made public on the GEO website (www.geogroup.com). The most current report is posted on the GEO website for 2015 data. Before making aggregated sexual abuse data public, all personal identifiers are redacted.

§115.89 – Data Storage, Publication, and Destruction

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 26, section N-3 and facility policy 1300.05, page 34, section 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. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

AUDITOR CERTIFICATION:

I certify that:

The contents of this report are accurate to the best of my knowledge

No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

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

Barbara Jo Denison

Auditor Signature

August 1, 2016

Date