

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

Interim     Final

**Date of Interim Audit Report:** August 4, 2021

**Date of Final Audit Report:** October 3, 2021

## Auditor Information

**Name:** Kendra Prisk    **Email:** 2KConsultingLLC@gmail.com

**Company Name:** 2K Consulting, LLC.

**Mailing Address:** PO Box 204    **City, State, Zip:** Malone, FL 32445

**Telephone:** 814-883-9766    **Date of Facility Visit:** June 22-23, 2021

## Agency Information

**Name of Agency:** The GEO Group

**Governing Authority or Parent Agency (If Applicable):**

**Physical Address:** 4955 Technology Way    **City, State, Zip:** Boca Raton, FL 33431

**Mailing Address:** 4955 Technology Way    **City, State, Zip:** Boca Raton, FL 33431

**The Agency Is:**     Military     Private for Profit     Private not for Profit

Municipal     County     State     Federal

**Agency Website with PREA Information:** [www.geogroup.com/PREA](http://www.geogroup.com/PREA)

## Agency Chief Executive Officer

**Name:** Jose Gordo

**Email:** jgordo@geogroup.com    **Telephone:** 561-893-0101

## Agency-Wide PREA Coordinator

**Name:** Trina Maso de Moya

**Email:** tmasodemoya@geogroup.com    **Telephone:** 561-999-8116

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

Daniel Ragsdale, Vice President    78

## Facility Information

**Name of Facility:** Aurora ICE Processing Center (Aurora ICE)<sup>i</sup>

**Physical Address:** 3130 Oakland Street

**City, State, Zip:** Aurora, CO 80010

**Mailing Address (if different from above):**  
3130 Oakland Street

**City, State, Zip:** Aurora, CO 80010

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

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

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

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

ACA

NCCCHC

CALEA

Other (please name or describe:

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Corporate PREA Mock Audit

### Warden/Jail Administrator/Sheriff/Director

**Name:** Johnny Choate

**Email:** jchoate@geogroup.com

**Telephone:** 303-739-8701

### Facility PREA Compliance Manager

**Name:** Raymond Steadman

**Email:** rsteadman@geogroup.com

**Telephone:** 303-739-8743

### Facility Health Service Administrator

**Name:** Jerri Fitz

**Email:** jfitz@geogroup.com

**Telephone:** 303-361-6612

### Facility Characteristics

**Designated Facility Capacity:**

80

**Current Population of Facility:**

52

**Average daily population for the past 12 months:**

71

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <sup>ii</sup> <input type="checkbox"/> Both Females and Male
Age range of population:	18-72
Average length of stay or time under supervision:	104 Days
Facility security levels/inmate custody levels:	Low, Medium Low, Medium High, High
Number of inmates admitted to facility during the past 12 months:	222
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	217
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	203
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	330
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	63
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	9
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
<b>Physical Plant</b>	

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
<p><b>Number of single cell housing units:</b></p>	0
<p><b>Number of multiple occupancy cell housing units:</b></p>	2
<p><b>Number of open bay/dorm housing units:</b></p>	0
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	43
<p><b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Medical and Mental Health Services and Forensic Medical Exams</b></p>	
<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe):
--	---

**Investigations**

**Criminal Investigations**

<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>0</p>
--	----------

<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
---	--

<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input type="checkbox"/> N/A
---	---

**Administrative Investigations**

<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p>1</p>
--	----------

<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
--	--

<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A
---	---

# Audit Findings

## Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the Aurora ICE Processing Center in Aurora, Colorado was conducted on June 22, 2021 and June 23, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. Aurora ICE is a private for profit prison under the GEO Group. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through the agency<sup>iii</sup> directly and has a contract with the GEO Group. The auditor is personally accountable for complying with the DOJ certification requirements and audit findings. The contract describes the specific work required according to the DOJ standards and PREA auditor handbook, to include the pre-audit, on-site audit and post-audit. The auditor signed the contract on May 18, 2020.

The previous PREA audit was conducted by PREA Auditor David Andraska on June 26-28 2018. The previous auditor found that the facility exceeded three standards and met 42.

### Pre-Audit

On May 13, 2021 the auditor provided her mailing address to the one of the agency's PREA Contract Compliance Managers for the audit announcements. On May 18, 2021 the auditor was emailed the facility's Pre-Audit Questionnaire (PAQ) for review. The auditor provided the Contract Compliance Manager with a spreadsheet of questions related to the PAQ on May 21, 2021. The Contract Compliance Manager was responsive and provided the auditor with updated and clarifying information related to the PAQ on May 27, 2021. The agency provided policies, procedures and supplemental documentation via a secure thumb drive on May 29, 2021. On June 13, 2021 the auditor provided the Contract Compliance Manager with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. Facility staff ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received 27 photos on May 14, 2021 of the PREA audit announcement posted throughout the facility. The auditor received zero letters from inmates<sup>iv</sup> at Aurora ICE.

The auditor contacted Denver Health related to forensic medical examinations. The facility has a current Memorandum of Understanding (MOU) with the hospital to provide forensic examinations by a Sexual Abuse Forensic Nurse. The auditor contacted the hospital on three separate occasions and spoke to Emergency Room staff who were unable to confirm the information. The auditor was forwarded to a supervisor on one of the occasions, however there was no answer and no voicemail. The auditor contacted the Blue Bench related to victim advocacy services. The staff member confirmed that they have an MOU with Aurora ICE. She stated that the contract was extended on March 31, 2021 and that they provide a 24 hour crisis hotline, 24 hour hospital accompaniment and case management/victim advocacy services. The staff member indicated that they have provided services to inmates at the facility in the past and that she did not have any concerns about the facility's PREA compliance. She indicated that she did not have any concerns for inmates at the facility, however they sometimes have difficulty connecting with the facility once an inmate has reached out for services. The auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with inmates at Aurora ICE.

The auditor conducted a web-based search related to Aurora ICE. The auditor located information, however none pertained to sexual abuse or sexual harassment. The auditor confirmed that the agency website has the PREA policy, the annual report, information on investigations and information on how to

report information/an allegation. Additionally, the agency website has all prior PREA audit reports posted for each of its facilities, including Aurora ICE.

**On-Site**

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (52) the PREA auditor handbook indicated that at least sixteen inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of housing units that house United States Marshall Service (USMS) inmates. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Due to the low number of inmates at the facility there were no inmates from the following categories identified for interview during the on-site portion of the audit; inmates with disabilities, transgender and intersex inmates, inmates in segregated housing for high risk of victimization and inmates who reported sexual abuse. After interview selection thirteen of the sixteen inmates refused to participate. The auditor went to the two housing units and made an announcement related to the purpose of the interviews and the requirements of the interviews as outlined by the PREA auditor handbook. After the announcement, none of the selected inmates changed their mind. As such, based on the limited number of inmates at the facility the auditor then asked for volunteers to participate in the interviews. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews. The auditor did not receive any inmate correspondence from inmates at Aurora ICE.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	7
Targeted Inmates	10
Total Inmates Interviewed	17 <sup>1</sup>
Targeted Inmate Interview:	
• Youthful Inmates	0

<sup>1</sup> Only sixteen total inmates were interviewed. One inmate was included in more than one targeted category.

• Inmates with a Disability	0
• Inmates who are LEP	7
• Inmates with a Cognitive Disability	0
• Inmates who Identify as Lesbian, Gay or Bisexual	2
• Inmates who Identify as Transgender or Intersex	0
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	0
• Inmates who Reported Sexual Victimization During Screening	1

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Staff from all three shifts were interviewed. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
  - Agency contract administrator
  - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
  - Line staff who supervise youthful inmates, if any
  - Education staff who work with youthful inmates, if any
  - Program staff who work with youthful inmates, if any
  - Medical staff
  - Mental health staff
  - Non-medical staff involved in cross gender strip or visual searches
  - Administrative (Human Resource) staff
  - SAFE and/or SANE staff
  - Volunteers who have contact with inmates
  - Contractors who have contact with inmates
  - Criminal investigative staff
  - Administrative investigative staff
  - Staff who perform screening for risk of victimization and abusiveness
  - Staff who supervise inmates in segregated housing
  - Staff on the sexual abuse incident review team
  - Designated staff member charged with monitoring retaliation

- First responders
- Intake staff

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	15
Total Staff Interviews	27
Specialized Staff Interviews	
• Agency Contract Administrator	0
• Intermediate or Higher-Level Facility Staff	2
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	3
• Human Resource Staff	1
• Volunteers and Contractors	1
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	2
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Philip Dugger (Agency Head Designee)
- Mr. Johnny Choate (Warden)
- Mr. Ryan Seuradge (PREA Coordinator “PC”)<sup>2</sup>
- Mr. Raymond Steadman (PREA Compliance Manager “PCM”)

<sup>2</sup> After the on-site portion of the audit, the agency PC position changed. The new PC is indicated in the section on page one, however, the auditor kept Mr. Seuradge in this section as this was the individual interviewed for this audit.

The on-site portion of the audit was conducted on June 22, 2021 and June 23, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interviews as well as documents to review. The auditor conducted a tour of the facility on June 22, 2021. The tour included all areas associated with the USMS section of the Aurora ICE facility. This included housing units, the general library and law library, visitation, medical, intake, laundry, the kitchen, maintenance and the warehouse. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings.

Interviews were conducted on June 22, 2021 and June 23, 2021. Third shift staff were interviewed on June 23, 2021 while first and second shift staff were interviewed on June 22, 2021 and June 23, 2021. All interviews were conducted in a private setting.

During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 330 staff assigned (for both the USMS inmates and ICE inmates). The auditor reviewed a random sample of 25 personnel and/or training records that included eight individuals hired within the past twelve months and five individuals with five year criminal background checks. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for five volunteers, four contractors and six medical and mental health care staff were reviewed. Most security staff files reviewed were of those selected for interview. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

**Inmate Files.** A total of sixteen inmate files were reviewed during the on-site portion of the audit. All sixteen inmate files were of those that arrived within the previous twelve months, four were LEP inmates and three were inmates with prior victimization or prior sexual abusiveness. All inmate files reviewed were of those initially selected for interviews.

**Medical and Mental Health Records.** During the past year, there were two inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed medical and mental health records of the two inmate victims, as well as mental health documents for five inmates who disclosed victimization during the risk screening and three that were identified by the risk screening of having prior sexual abusiveness. It should be noted that after review, the five inmates who disclosed prior victimization were discovered not to have disclosed the information during the risk screening but rather during an initial or follow-up mental health screening/evaluation.

**Grievances.** In the past year, the facility had zero grievances of sexual abuse. The auditor reviewed the grievance log and sample grievances.

**Hotline Calls.** The facility has a hotline number that is available for inmates to report sexual abuse. Over the previous twelve months there were 146 calls, nine of which were USMS inmates calls. None of the calls were sexual abuse allegations.

**Incident Reports.** The auditor reviewed the incident reports for the two reported allegations. The auditor also reviewed the serious incident report log to spot check reported incidents.

**Investigation Files.** During the previous twelve months, there were two allegations reported, both of which were still open. The auditor reviewed the available information related to the two allegations, however because the investigations were open there were no full investigations available for review.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	0	0	0	0
Unfounded	0	0	0	0
Ongoing	1	0	0	1
<b>Total Allegations</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

During the on-site portion of the audit, the auditor tested the hotline number and the victim advocacy number in both housing units. The PC provided the auditor with confirmation the same day that the information was received and forwarded to him.

**Post-Audit**

At the completion of the on-site portion of the audit, the PCM provided the auditor with a few additional audit documents via email. The auditor spoke to the PC and facility staff about the corrective action under 115.33.

During the onsite portion of the audit, the auditor found that the facility did not retain information on the Keefe contractors criminal background checks. The background checks are completed by ICE staff as outlined in their contract. ICE provided emailed information to the facility upon completion of the background checks however the information was not saved/printed and GEO Group emails are only retained for six months. As such, during the documentation review the facility could not produce the criminal background checks for the two requested Keefe contractors. On July 6, 2021 the auditor was provided documentation confirming that ICE completed a background check on the facilities four Keefe contractors. The facility also advised that they have ensured Human Resource staff maintain confirmation of all contracted staff background checks.

On July 19, 2021 the auditor was provided information related to corrective action for 115.33. The facility indicated that the updated inmate comprehensive PREA education process would include a staff facilitated session that included the PREA What You Need to Know video. The auditor received a copy of the PREA education script which included information on the zero-tolerance policy, reporting incidents of sexual abuse and sexual harassment, definitions of sexual abuse and sexual harassment, the inmate’s right to be free from sexual abuse and sexual harassment and the inmate’s right to be free from retaliation from reporting. Additionally, the end of the script indicated staff should conduct a question and answer session. The script was provided to the auditor in both English and Spanish. In addition to the script, the auditor was provided the updated PREA orientation acknowledgment form, which reiterated what was discussed during the PREA comprehensive education, had an area for the inmate to date when the information was received and had a line prior to the inmate’s signature stating “I acknowledge on this date I received and understand the training on PREA.” The form also had a staff section where the staff instructor would sign and date confirming that they provided the orientation. Additionally, check boxes were added to the form to indicate if a staff translator was utilized, if the translation line was utilized, if the TTY line was utilized or if another method was utilized to accommodate LEP and/or disabled inmates.

The inmate section of the acknowledgment form was in both English and in Spanish to ensure inmates understood the information they were signing.

On September 16, 2021, the auditor was provided an assurance memo from the PCM indicating that all LEP/disabled inmates identified during the on-site portion of the audit were re-educated with the updated inmate comprehensive PREA education process. Additionally, the PCM provided documentation for sixteen inmates that arrived between July and September that received the updated comprehensive PREA education. Documentation confirmed that the inmates signed the updated PREA orientation acknowledgment indicating that they had received and understood the education on their rights under PREA and how to report sexual abuse and sexual harassment. One of the sixteen was documented as LEP and was noted to have received the education via staff translation.

## Facility Characteristics

The Aurora ICE Processing Center is a privately operated prison under the authority of the GEO Group, located at 3130 Oakland Street, in Aurora, Colorado. The GEO Group's vision is to aspire to be the world's leading provider of evidence-based rehabilitation across a diversified spectrum of correctional and community reentry services. The mission of the GEO Group is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, correctional, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to our care.

Aurora ICE is a high security facility that houses adult male and female inmates. Aurora ICE is located in Arapahoe County, approximately thirteen miles east of Denver, Colorado. The facility holds two populations, the USMS inmates and ICE inmates. The facility utilizes common areas for both inmate populations (although they are always kept separate) and has separate housing areas for the populations. The auditor was only responsible for the USMS inmate PREA audit as the ICE inmate PREA audit is conducted separately through the Department of Homeland Security. The USMS side houses only adult male inmates and has a capacity of 80 inmates. The average daily population over the previous twelve months was 71. On the first day of the audit the population at the facility was 52. The age range of the facility's population is eighteen to 72 years of age. The average length of stay for inmates at the facility is approximately 104 days.

The facility employs 330 staff (on both the USMS and the ICE side). Security staff mainly make up three shifts, first shift work from 7:00am-3:00pm, second shift works from 3:00pm-11:00pm and third shift works from 11:00pm-7:00am. A review of the 2021 staffing plan indicates that each shift has a supervisor and on the USMS side there are Detention Officers, Transport Officers and a Case Manager. Additionally, outside of the USMS housing areas security staff are assigned to medical, visitation, warehouse, intake, property, rover, library and recreation. The facility employs nine contractors and zero active volunteers, however prior to COVID-19 the facility had seventeen active volunteers.

### **Facility Description**

The facility comprises two building, however the second building was an ICE inmate housing unit and the auditor did not tour the building because it was not under the current audit. The facility is equipped with reflective mirrors and video monitoring to alleviate blind spots and assist with monitoring. PREA posters, including reporting information and advocacy information was observed throughout the facility. The below describes the basics of the facility.

**Administration** – This area contains numerous offices, including the Warden's office and central control.

**Food Services** – The facility does not have a dining area as inmates eat in their housing units. The kitchen is a large open area with freezers, coolers, kettles, ovens, grills, hot boxes and dry storage. The restroom has a solid door for privacy.

**Health Services** – This area has medical, dental, mental health and a pharmacy. The medical area contains an emergency room, exam rooms, an x-ray room and a waiting area with tables and stools. The exam rooms have doors with frosted windows for privacy. Medical records are electronic. The area also has eight medical cells. The cells are double bunked with a desk, shower, sink and toilet. The shower and toilet are both behind a wall for privacy. Cell doors are solid with a security window. Two additional cells have two doors and are specifically designated for constant watch. These two cells have a bed, toilet and sink and this area is only visible from inside the second door where staff are posted for direct supervision.

Intake – Contains holding cells, a medical exam room, offices and showers. The showers have doors that are frosted for privacy. There are numerous holding cells, two specifically for USMS inmates. Both have a television, telephones, a toilet and a sink. A half wall and a curtain provide privacy for inmates when using the toilet. Cameras are contained in the holding cells but the toilet area is blacked out. The inmate education video is shown on a loop in the holding cells and the risk screening is conducted one at a time at a desk out in the middle of the intake.

Laundry – Has a caged area for storage as well as an open area with washers and dryers. The restroom has a solid door for privacy.

Library – The space contains the library and law library. Both are open areas with computers, tables, chairs and books.

Maintenance/Warehouse– Open area with materials, goods and equipment.

Recreation – The outdoor recreation areas are attached to the housing units and include weight machines and a basketball court.

Visitation – Open area with tables and chairs, holding cells, legal rooms and non-contact visitation booths.

The Restricted Housing Unit (RHU) has two sides, one specific for USMS inmates. The RHU is two tiered with a dayroom on the first tier with televisions, tables and stools. Cells are double bunked with a desk, stool, toilet and sink. Cells doors are solid with a security window. Showers are located outside the cells and are single person with a curtain over the lattice door. The RHU has an information book which contains reporting information and victim advocacy information. The RHU has a separate recreation area with recreation enclosures containing a basketball hoop and a pullup bar. The entrance to the RHU had an opposite gender staff announcement placard.

The general population housing unit is one pod in an area with four total pods. An officer’s station is located in the center of the pods. Each pod is two tiered with a dayroom on the first tier with televisions, telephones, tables and stools. Cells contain four or eight beds, desks, stools, a toilet and a sink. Cell doors are solid with a security window. Showers are outside the cells and are single person with curtains for privacy.

Unit	Capacity	Style	Inmate Population
C2	60	Double Occupancy	General Population
RHU	90	Double Occupancy	Segregated Housing

## Summary of Audit Findings

### Standards Exceeded

Number of Standards Exceeded: 2  
List of Standards Exceeded: 115.31, 115.32

### Standards Met

Number of Standards Met: 43

### Standards Not Met

Number of Standards Not Met: 0  
List of Standards Not Met: NA

## PREVENTION PLANNING

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

##### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. 5.1.2.E-AUR – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

4. The GEO Group Organizational Chart
5. Facility Organizational Chart

**Interviews:**

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.11 (a):** The agency has policies outlining their approach to sexual abuse and sexual harassment, 5.1.1.A-AUR and 5.1.2.E-AUR. 5.1.2.A-AUR page 4 states that the Aurora Ice Processing Center mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the strategies on preventing, detecting and responding to such conduct and includes definitions of prohibited behavior. The policy address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policy address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policy address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policy and supporting documentation are consistent with the PREA standards and outlines the agency's approach to sexual safety.

**115.11 (b):** The agency's organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the PREA Director and reports to the Vice President of Contract Compliance. The interview with the PC indicated that he enough time to manage all of his PREA related responsibilities. He stated he has three regional PREA Coordinators for the Secure Services Division and two PREA Coordinators for the Reentry and Youth Services Division to assist with PREA compliance. He further stated there are 91 PREA Compliance Managers that indirectly report to him.

**115.11 (c):** The facility has designated the PREA Compliance Manager as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the PCM reports to the Facility Administrator. The interview with the PREA Compliance Manager indicated he has enough time to coordinate and manage all of his PREA related responsibilities. He stated that he ensures compliance through teamwork and that he is responsible for ensuring all policies and procedures are followed through trainings, investigations, monitoring, sexual abuse incident reviews, unannounced rounds and general observations.

Based on a review of the PAQ, 5.1.1.A-AUR, 5.1.2.E-AUR, the agency's organization chart, the facility's organizational chart and information from the interviews with the PC and PCM, this standard appears to be compliant.

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

### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's

obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

#### 115.12 (b)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire

#### Interviews:

1. Interview with the Agency's Contract Administrator

#### Findings (By Provision):

**115.12 (a):** The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.

**115.12 (b):** The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.

Based on the review of the PAQ this standard appears to be not applicable and as such compliant.

#### Standard 115.13: Supervision and monitoring

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing

and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No

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

#### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. The Staffing Plan
4. Memorandum from the PCM Related to Deviations from Staffing Plan
5. Annual PREA Facility Assessment – Attachment A
6. Documentation of Unannounced Rounds

### Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

### Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices

### Findings (By Provision):

**115.13 (a):** 5.1.2.A-AUR, page 6 states that the facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect inmates in the facility against sexual abuse. The PAQ indicated that the current staffing is based off of 80 inmates. The facility employs 330 staff (on both the USMS side and the ICE side). Security staff mainly make up three shifts, first shift work from 7:00am-3:00pm, second shift works from 3:00pm-11:00pm and third shift works from 11:00pm-7:00am. A review of the 2021 staffing plan indicates that each shift has a supervisor and on the USMS side there are Detention Officers, Transport Officers and a Case Manager. Additionally, outside of the USMS housing areas security staff are assigned to medical, visitation, warehouse, intake, property, rover, library and recreation. During the tour the auditor observed reflective mirrors and cameras installed throughout the facility. The mirror and camera placements were appropriate to alleviate blind spots but still allow for adequate privacy. Additionally, the auditor observed that staff were present in each of the housing units as well as in work, programming and common areas. Staffing levels appeared to be adequate to supervisor and protect the inmate population. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. The Warden stated that the facility has a staffing plan and the levels are adequate to protect inmates from sexual abuse. He stated the plan is constantly reviewed and that it is based off of custody level of inmates, physical plant, more dangerous areas, blind spots, etc. He stated the plan includes video monitoring technology and that the staffing plan is documented in Human Resources, payroll and on each shift roster. The Warden indicated that the staffing plan considers any trends in physical assaults and sexual assault, problematic areas, lawsuits, legal requirements, audit findings, custody levels and inmate movement. The Warden further stated that each shift has a supervisor and that there are more staff on shifts with high inmate movement. He also stated that he monitors the staffing plan through daily staff shift rosters as well as during the annual review. The Warden stated that ICE monitors the facility vacancies and that the facility utilizes overtime to cover any vacancies. The PCM stated that the facility utilizes best practices, studies, client needs and contractual obligation when reviewing the staffing plan. He indicated that they review any court findings, audit findings, contractual obligations and that they tour the facility to determine if there are any blind spots that need additional staffing or monitoring technology. The PCM stated that the facility has male and female inmates/detainees and there are staff for each population as well as enough staff to ensure that ICE inmates are kept separate from USMS inmates. He stated each shift has at least two Lieutenants and two Sergeants and that there are more staff available during mass movement time.

**115.13 (b):** The PAQ indicated that there were no deviations from the staffing plan and there are never deviations from the staffing plan. 5.1.2.A-AUR, page 6 states that in circumstances where the staffing plan is not complied with the facility shall document and justify all deviations from the plan. The memo from the facility PCM stated that there have been no deviations from the staffing plan during the review period. The interview with the Warden confirmed that they never deviate from the staffing plan and that they utilize overtime to cover any vacancies.

**115.13 (c):** The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 5.1.2.A-AUR, page 6 states that the facility shall assess, determine and document no less frequently than once each year whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring systems and other monitoring technology and the resources the facility has available to commit to ensure adherence to the staffing plan. It further indicates that the staff plan, to include all deviations and the facility

assessment, shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA Coordinator annually as determined by each division. The staffing plan was most recently reviewed on September 20, 2020 by the PCM, Facility Administrator, Programs Manager and Assistant Facility Administrator. It was further reviewed on September 29, 2020 by the agency PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. A previous review of the staffing plan was completed on September 25, 2019. The interview with the PREA Coordinator indicated that each facility is required to conduct an annual PREA facility assessment which requires them to review their staffing plan and all components of the physical plant to include blind spots and areas where staff and inmates can be isolated. He further indicated that completed assessments are forwarded to him which include recommendations for equipment, cameras, additional staffing, etc. He then reviews and consult with the appropriate divisional leadership and they assess the request. The request is then either approved or denied, signed and sent back to the facility.

**115.13 (d):** 5.1.2.A-AUR, page 6 states that the Aurora ICE Processing Center shall have a policy and practice requiring department heads, facility management staff and supervisors to conduct and document unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Such policy and practice will be implemented no less than once per week. It further states that security rounds will be documented in each housing unit logbook by the staff member performing the task. Additionally, page 6 also indicates that employees are prohibited from alerting other employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of the PAQ supplemental documentation showed nine instances of unannounced rounds being made across the three shifts. An additional review of documentation on-site of ten days of unannounced rounds in the housing units indicated that unannounced rounds were made on the days across all three shifts. Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds daily and that they document them in the log book and on the PREA form once a week. Both staff stated that they ensure staff don't notify other staff of the unannounced rounds by doing them at random times, going to different sides of the building and not conducting rounds in any specific pattern. The one staff member stated he randomly chooses a different path each night for his rounds.

Based on a review of the PAQ, 5.1.2.A-AUR, the staffing plan, memo related to deviations from the staffing plan, the annual facility PREA assessment, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

## Standard 115.14: Youthful inmates

### 115.14 (a)

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

### 115.14 (b)

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire

#### Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

#### Findings (By Provision):

**115.14 (a):** The PAQ indicated that no youthful inmates are housed at Aurora ICE. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

**115.14 (b):** The PAQ indicated that no youthful inmates are housed at Aurora ICE. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

**115.14 (c):** The PAQ indicated that no youthful inmates are housed at Aurora ICE. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

Based on a review of the PAQ, observations made during the tour and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such compliant.

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

### **115.15 (a)**

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

### **115.15 (b)**

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

### **115.15 (c)**

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

### **115.15 (d)**

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

### **115.15 (e)**

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. Memorandum from the PREA Compliance Manager Related to Searches
4. Limits to Cross Gender Viewing and Searches Curriculum
5. Staff Training Records

### Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates

### Site Review Observations:

1. Observations of Privacy in Bathrooms and Showers
2. Observation of Cross Gender Announcement

### Findings (By Provision):

**115.15 (a):** The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. 5.1.2.A-AUR, page 13 states that cross-gender strip searches are prohibited except in exigent circumstances. It further states that cross gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed

by offsite medical practitioners. The memo from the PCM states that there have not been any instances where a cross gender strip or visual body cavity search was conducted over the previous twelve months.

**115.15 (b):** 5.1.2.A-AUR, page 13 states that the facility does not permit cross gender pat down searches of female inmates, absent exigent circumstances. It also states that the facility does not restrict female inmates' access to regularly available programming or other outside opportunities in order to comply with this provision. The PAQ indicated that the facility does not permit cross gender pat searches of female inmates, absent exigent circumstances. It further stated that the facility does not restrict female access to regularly available programming and other out-of-cell activities to comply with this provision. While the facility houses female ICE detainees, they are not included in the USMS inmate PREA audit. As such, this provision does not apply.

**115.15 (c):** The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It also confirms that all cross gender pat searches of female inmates are required to be documented as well. 5.1.2.A-AUR, page 13 states that the facility requires documentation and justification for all cross gender pat down searches of female inmates and documentation and justification of all cross gender strip searches and cross gender visual body cavity searches of inmates. The memo from the PCM states that there have not been any instances where a cross gender strip or visual body cavity search was conducted over the previous twelve months.

**115.15 (d):** The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The facility shall implement policies and procedures which allow inmates to shower, change clothes and perform bodily functions without employees of the opposite gender viewing them. It further states that in U.S. Corrections and Detention Facilities inmates who are placed on constant observation status by mental health providers shall be provided visual supervision by a security staff member of the same gender. Additionally, the policy states that facility policies and procedures require employees of the opposite gender to announce their presence when entering housing units or other areas where inmates are likely to be showering, performing bodily functions or changing clothes. During the tour, the auditor heard the opposite gender announcement being made upon entering each of the housing units. Additionally, the RHU had an opposite gender announcement placard at the entrance door. The auditor observed that all housing units afforded inmates privacy through shower curtains, cell doors with security windows, solid doors and half walls. Interviews with sixteen inmates indicated that none of the sixteen had ever been naked in front of a female staff member and as such always have privacy when showering, using the restroom and changing their clothes. All thirteen of the staff interviewed confirmed that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all thirteen staff indicated that an announcement is made when an opposite gender staff member enters a housing unit. Nine of the sixteen inmates confirmed that an announcement is made when opposite gender staff enter housing areas.

**115.15 (e):** The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 5.1.2.A-AUR, page 14 states that facilities shall not search or physically examine a transgender or intersex individual in a GEO facility solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the individual, by reviewing medical records, or by learning that information as part of a broader medical examinations conducted in private by a medical practitioner. Interviews with thirteen staff indicated that ten were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. The facility did not house any transgender or intersex inmates at the time of the on-site portion of the audit and as such no interviews were conducted.

**115.15 (f):** 5.1.2.A-AUR, page 13 states that security staff shall be trained to conduct cross gender pat down searches and searches transgender and intersex inmates in a professional and respectful manner. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. Page 14 further states that in order to promote consistency in the facility the Aurora ICE Processing Center, baring emergencies or exigent circumstances, allows transgender and intersex detainees to select the officer gender for pat searches as long as the individual has completed the Statement of Search Preference form as required. A review of the Limits to Cross Gender Viewing and Searches curriculum confirms that staff are trained on how to conduct searches including using the blade of the hand. It further covers how to professionally communicate during a search, including pronouns to utilize, offensive terminology not to utilize, less sexually charged phrases to use (i.e. lean forward rather than bend over) and options for transgender searches. The training also includes a review of the PREA Resource Center video on cross gender searches and searches of transgender and intersex inmates. A review of twelve staff training records indicated that all twelve had received the search training the same time they received the annual PREA training. All thirteen of the staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender inmates.

Based on a review of the PAQ, 5.1.2.A-AUR, memo related to searches, Limit to Cross Gender Viewing and Searches curriculum, staff training records, observations made during the tour to include shower curtains, cell doors with security windows, solid doors and half walls, the opposite gender announcement as well as information from interviews with random staff and random inmates indicate this standard appears to be compliant.

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

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No

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

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. Language Line Service, Inc. Agreement
4. Staff Translator List
5. Detainee Handbook 2020
6. End the Silence Brochure
7. Zero Tolerance for Sexual Abuse and Sexual Harassment Poster
8. Memorandum from the PREA Compliance Manager Related to Inmate Assistants

**Interviews:**

1. Interview with the Agency Head Designee
2. Interview with LEP Inmates
3. Interview with Random Staff

**Site Review Observations:**

1. Observations of PREA Posters

**Findings (By Provision):**

**115.16 (a):** The PAQ stated that the agency has established procedures to provide disabled inmates an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 5.1.2.A-AUR, page 9 states that the Aurora ICE Processing Center shall ensure that inmates in the facility with disabilities have an equal opportunity to participate in or benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. The policy further states that the facility shall ensure that they provide written material to every inmate in formats or through methods that ensure effective communication with inmates with disabilities including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. A review of the detainee handbook, the End the Silence brochure and the Zero Tolerance poster confirmed that PREA information is available in large font, bright colors and has corresponding images. The interview with the Agency Head Designee indicated that in all of GEO's facilities have developed PREA education material in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. He stated that they have developed posters, pamphlets, videos, large print material, etc. as well as provide TTY phones, access to a language line and designated staff interpreters to ensure that effective communication of PREA procedures is available to the housed individuals. The Agency Head Designee stated that GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist. Interviews with seven LEP inmates confirmed that six had received information in a format that they could understand. There were no disabled inmates identified during the on-site portion of the audit and as such no interviews were conducted. During the tour the auditor observed that PREA information was posted in large print and bright colors.

**115.16 (b):** The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 5.1.2.A-AUR, page 9 states that the Aurora ICE Processing Center shall ensure that inmates in the facility with disabilities have an equal opportunity to participate in or benefit from the facilities efforts to prevent, detect and respond to sexual

abuse and sexual harassment. The policy further states that the facility shall ensure that they provide written material to every inmate in formats or through methods that ensure effective communication with inmates with disabilities including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. The facility has a contract with Language Line Services, Inc. to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The contract was signed on October 11, 2011. Additionally, the facility has a list of staff available to translate in over 20 languages. A review of the detainee handbook, the End the Silence brochure and the Zero Tolerance poster confirmed that PREA information is available in Spanish. The interview with the Agency Head Designee indicated that in all of GEO's facilities have developed PREA education material in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. He stated that they have developed posters, pamphlets, videos, large print material, etc. as well as provide TTY phones, access to a language line and designated staff interpreters to ensure that effective communication of PREA procedures is available to the housed individuals. The Agency Head Designee stated that GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist. Interviews with seven LEP inmates confirmed that six had received information in a format that they could understand. There were no disabled inmates identified during the on-site portion of the audit and as such no interviews were conducted. During the tour the auditor confirmed that PREA information was posted in both English and Spanish.

**115.16 (c):** The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. 5.1.2.A-AUR, page 9 indicates that inmates shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first responder duties or the investigation of the individual's allegations. Any use of these interpreters under these circumstances shall be justified and fully documented in the written investigative report. The PAQ and the memo from the PCM expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with thirteen staff indicated that twelve were aware of a policy that prohibited the use of inmate interpreters, translator, readers or other types of inmate assistance for sexual abuse allegations. Interviews with seven LEP inmates indicated that none had a translator utilized to assist with understanding any of the information.

Based on a review of the PAQ, 5.1.2.A-AUR, the Language Line Service, Inc. Agreement, the staff translator list, the detainee handbook, the brochure, the poster, the memo from the PCM, observations made during the tour to include the PREA signage as well as interviews with the Agency Head Designee, random staff and LEP inmates indicates that this standard appears to be compliant.

## Standard 115.17: Hiring and promotion decisions

### 115.17 (a)

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. Disclosure and Authorization Form PREA 101
4. Disclosure and Authorization Form PREA 102
5. Personnel Files of Staff
6. Contractor Background Files

#### Documents Received During Interim Report Period:

1. Contractor Background Files

#### Interviews:

1. Interview with Human Resource Staff

#### Findings (By Provision):

**115.17 (a):** The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual

activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 5.1.2.A-AUR, page 6 states that the Aurora ICE Processing Center is prohibited from hiring or promoting any anyone (who may have contact with inmates in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or in the community. Additionally, page 13 states that the Aurora ICE Processing Center is prohibited from contacting with anyone (who may have contact with inmates) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging or sexual abuse in confinement settings or in the community. A review of the PREA 101 and PREA 102 forms confirm that employees are asked to answer yes or no to the following questions; “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the inmate, detainee, resident, etc.)?”, “Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?”, “Have you even been civilly or administratively adjudicated of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse?”. A review of personnel files for eight staff who were hired in the previous twelve months indicated that all seven had a criminal background check completed prior to hire. Additionally, a review of four contractor files indicated that two had documented criminal background checks while two did not. The PCM stated that ICE completes the contractor background checks and sends an email notifying the facility if they have been cleared. The emails were not retained indicating the Keefe contractors had a criminal background check completed and GEO Group emails are only stored for six months. On July 6, 2021 the auditor was provided the four Keefe contract staff criminal background checks. The PCM requested that ICE completed new background investigations on the contractor to correct the current documentation issue for this standard.

**115.17 (b):** The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. 5.1.2.A-AUR, page 6 states the facility shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Page 13 states that the facility shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates. Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

**115.17 (c):** The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 5.1.2.A-AUR, page 6 states that the facility and/or the client shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years. The PAQ indicated that 128 people were hired in the previous twelve months and that 100% of those hired had a criminal background record check. A review of eight personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and three had appropriate prior institutional employers contacted. Human Resource staff indicated that a criminal background check is completed for all newly hired employees and for any contractor that may have contact with inmates.

**115.17 (d):** The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PAQ further stated that there were zero contracts for services where criminal background checks were completed. The PCM clarified that there are two contracts, however none of the contracts required new background investigations within the previous twelve months. 5.1.2.A-AUR, page 13 states that the facility and/or the client shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. A review of four contractor files indicated that two had documented criminal background checks while two did not. The PCM stated that ICE completes the contractor backgrounds checks and sends an email notifying the facility if they have been cleared. The emails were not retained indicating the Keefe contractors had a criminal background check completed and GEO Group emails are only stored for six months. On July 6, 2021 the auditor was provided the four Keefe contract staff criminal background checks. The PCM requested that ICE completed new background investigations on the contractor to correct the current documentation issue for this standard. Human Resource staff confirm that contractors have a criminal background check completed prior to enlisting their services.

**115.17 (e):** The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. 5.1.2.A-AUR, page 6 states that the facility and/or the client shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years. Additionally, 5.1.2.A-AUR, page 13 states that the facility and/or the client shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. A review of five staff that were hired prior to 2017 indicated that all five had a five year criminal background check completed. Human Resource staff indicated that Accurant is utilized to conduct criminal background checks and that they check criminal records for all fifty states. She further stated that they have a system in place to ensure background checks are completed at least every five years.

**115.17 (f):** 5.1.2.A-AUR, page 6 states that the facility shall ask all applicants and employees who may have contact with inmates directly about previous sexual abuse misconduct as part of its hiring and promotional process, and during annual performance reviews for current employees. The facility shall impose upon employees a continuing affirmative duty to disclose any such misconduct A review of the PREA 101 and PREA 102 forms confirm that employees are asked to answer yes or no to the following questions; “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the inmate, detainee, resident, etc.)?”, “Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?”, “Have you even been civilly or administratively adjudicated of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse?”. The interview with the Human Resource staff confirmed that when an individual is offered a position they are required to fill out a form with these questions. Additionally, it is included on the employment application.

**115.17 (g):** The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 5.1.2.A-AUR, page 7 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Human resource staff confirm that employees have a continuing duty to disclose any previous misconduct and that it is in the client contract with ICE.

**115.17 (h):** 5.1.2.A-AUR, page 7 states that unless prohibited by law, the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work. Human resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, 5.1.2.A-AUR, the PREA 101 and 102 forms, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicated that this standard required corrective action. A review of four contractor files indicated that two had documented criminal background checks while two did not. The PCM stated that ICE completes the contractor backgrounds checks and sends an email notifying the facility if they have been cleared. The emails were not retained indicating the Keefe contractors had a criminal background completed and GEO Group emails are only stored for six months. On July 6, 2021 the auditor was provided the four Keefe contract staff criminal background checks. The PCM requested that ICE completed new criminal background investigations on the contractors to correct the current documentation issue for this standard. As such, with the additional information received the auditor determined that this standard was corrected during the interim report period.

## Standard 115.18: Upgrades to facilities and technologies

### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

**Documents:**

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities

**Interviews:**

1. Interview with the Agency Head Designee
2. Interview with the Warden

**Site Review Observations:**

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

**Findings (By Provision):**

**115.18 (a):** The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. 5.1.2.A-AUR, page 7 states that the Aurora ICE Processing Center shall consider the effects of any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect inmates from sexual abuse. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee indicates that GEO is the world leader in providing sound and effective security measures in the facilities it manages and operates. In every facility acquired by the company, GEO thoroughly assess the institutions for needed security enhancements in both physical plant construction and for procedure enhancements in the area of safety and security. He stated enhancements are routinely made by some of the top correctional professionals in the correctional field. When modifications are made by GEO to existing institutions, or when GEO designs and constructs new facilities, GEO's design/construction team work closely with experienced operational personnel to significantly improve the safety of all GEO institutions. GEO has a team who routinely utilize operational expertise when designing/modifying facilities. Security and safety of the inmates and staff is at the forefront of every decision made by the company. The Agency Head Designee confirmed that GEO fully understands the intent and language within the PREA guidelines and does everything possible to design and run facilities which protect inmates from abuse. Since the release of the federal PREA standards GEO has allocated funds for privacy modifications, camera upgrades, etc. and will continue to consider these enhancements during new construction projects as well. The interview with the Warden confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

**115.18 (b):** The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 5.1.2.A-AUR, page 7 states that the Aurora ICE Processing Center shall consider the effects of any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect inmates from sexual abuse. During the tour, the auditor observed video monitoring technology and reflective mirrors strategically placed in housing units and work, program and common areas. The interview with the Agency Head Designee indicated that GEO routinely uses new technology to assist in better monitoring of the staff and inmates within its facilities. GEO routinely adds or improves camera coverage within its prisons, jails, reentry and youth facilities. New technology is added to screening areas to control contraband and assist in maintaining the safety of our facilities. He further stated that corporate operations' staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within our facilities. The Warden further confirmed that when

the facility installs or updates video monitoring technology that they consider how the technology will protect inmates from sexual abuse.

Based on a review of the PAQ, 5.1.2.A-AUR, observations during the tour and information from interviews with the Agency Head Designee and Warden indicate that this standard appears to be compliant.

## RESPONSIVE PLANNING

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire

2. 5.1.2.E-AUR – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Memorandum of Understanding with the Aurora Police Department
4. Memorandum of Understanding with Denver Health
5. Memorandum of Understanding with the Blue Bench
6. Memorandum from the PREA Compliance Manager Related to Forensic Examinations

**Interviews:**

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.21 (a):** The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while the Aurora Police Department is responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 5.1.2.E-AUR, page 6 states that the Aurora ICE Processing Center, while investigating allegations of sexual abuse is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocols shall be developed in coordination with the Department of Homeland Security (DHS) and/or the Department of Justice. Pages 7-8 of the policy outlines the preservation of evidence for the victim and the perpetrator as well as sources of evidence for collection. Interviews with thirteen random staff indicate that all thirteen were aware of and understood the agency's protocol on obtaining usable physical evidence. Additionally, ten of the thirteen staff stated that the facility investigator and/or the PCM would be responsible for completing sexual abuse investigations.

**115.21 (b):** The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful inmates. The PAQ did state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

**115.21 (c):** The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside hospital. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. 5.1.2.E-AUR, page 6 states that the Aurora ICE Processing Center shall offer all individuals who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the individual. It further states that the Aurora ICE Processing Center medical staff shall not participate in sexual assault forensic examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if SANE or SAFE is not available. The MOU with Denver Health confirmed that the Denver Health Emergency Department provides SANE administered forensic medical examination and suspect evidence collection, intervention and treatment on patients and suspected perpetrators by SANE nurses. The MOU with Denver Health was executed on April 4, 2014. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. The auditor attempted to contact Denver Health related to forensic examination, however numerous attempts were unsuccessful to confirm SAFE/SANE services.

**115.21 (d):** The PAQ indicated that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim

through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 5.1.2.E-AUR, page 6 states that a victim advocate shall be made available to accompany the victim through an examination and investigatory interviews. It further states that upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A review of the MOU with the Blue Bench confirms that the agreement allows for a Blue Bench advocate to be present during the forensic examination and investigatory interviews if desired by the victim. The MOU had an extension to the original contract to run through March 31, 2022. The PCM confirmed that inmates are offered a victim advocate to accompany them during any forensic medical examinations. He stated that inmates are provided information on the Blue Bench at the onset and that they ask them if they would like a staff member to accompany them. He further stated that they have an MOU with the Blue Bench and that they are the local rape crisis center, although they have a few locations. There were no inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

**115.21 (e):** The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 5.1.2.E-AUR, page 6 states that a victim advocate shall be made available to accompany the victim through examination and investigatory interviews. It further states that upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. Additionally, page 7 states that the Aurora ICE Processing Center may not utilize facility employees as victim advocates unless the following documentation exists; documentation is on file that no other alternatives are available in the community and documentation exists that validate designated employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general. A review of the MOU with the Blue Bench confirms that the agreement allows for a Blue Bench advocate to be present during the forensic examination and investigatory interviews if desired by the victim. The MOU had an extension to the original contract to run through March 31, 2022. The PCM confirmed that inmates are offered a victim advocate to accompany them during any forensic medical examinations. He stated that inmates are provided information on the Blue Bench at the onset and that they ask them if they would like a staff member to accompany them. He further stated that they have an MOU with the Blue Bench and that they are the local rape crisis center, although they have a few locations. There were no inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

**115.21 (f):** The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while the Aurora Police Department is responsible for conducting criminal investigations. The MOU with the Aurora Police Department confirms that they are required to conduct an investigation on any allegations of sexual abuse or sexual harassment that involve potentially criminal behavior. It also confirms that they are required to collect any usable physical evidence, make available to the victim a victim advocate from the designated local rape crisis center and arrange for the alleged victim to undergo a SANE or SAFE exam at the designated local SAFE or SANE hospital.

**115.21 (g):** The auditor is not required to audit this provision.

**115.21 (h):** The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2.E-AUR, the MOUs with Denver Health, the Aurora Police Department and the Blue Bench, the memo related to forensic examinations and information from interviews with random staff and the PREA Compliance Manager indicates that this standard appears to be compliant.

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.E-AUR – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Memorandum of Understanding with the Aurora Police Department
4. Memorandum from the PREA Compliance Manager Related to Investigations
5. Incident Reports

**Interviews:**

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

**Findings (By Provision):**

**115.22 (a):** The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 5.1.2.E-AUR, page 3 states that the Aurora ICE Processing Center has a policy in place to ensure that all allegations of sexual abuse 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. The policy states that the facility shall document all referrals. The PAQ indicated that there was one allegation of sexual abuse and/or sexual harassment reported within the previous twelve months and that the investigation was still open. A review of documentation indicated there were two allegations reported during the audit period, one allegation of sexual abuse and one allegation of sexual harassment. Both allegations were reported in May, were referred for investigation and were still open. The interview with the Agency Head Designee indicated that it is a requirement by corporate and by local facility policies to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He further stated that based on the client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only). The Agency Head Designee stated that GEO has designated staff at each facility that have received PREA specialized investigations training. GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior.

**115.22 (b):** The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 5.1.2.E-AUR, page 3 states that the Aurora ICE Processing Center has a policy in place to ensure that all allegations of sexual abuse 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. The policy states that the facility shall document all referrals. The MOU with the Aurora Police Department states that the facility will refer any allegation of sexual abuse or sexual harassment to the APD when the allegation involves potentially criminal behavior. The MOU further states that the APD will conduct an investigation, issue a case number, and take any enforcement action that the APD deems appropriate, consistent with its authority as a Colorado law enforcement agency. The memorandum from the PCM indicated that one sexual abuse allegation was referred to APD, however they declined to respond citing the allegation did not rise to the level of criminal activity. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>. A review of incident reports indicated there was one sexual abuse allegation and one sexual harassment allegation and both were referred to the Aurora Police Department.

The APD declined to investigate the sexual harassment allegation but was currently investigating the sexual abuse allegation. The interview with the facility investigator confirmed that agency has a policy that requires all allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigation. He stated that any criminal allegation would be referred to outside law enforcement.

**115.22 (c):** The MOU with the Aurora Police Department states that the facility will refer any allegation of sexual abuse or sexual harassment to the APD when the allegation involves potentially criminal behavior. The MOU further states that the APD will conduct an investigation, issue a case number, and take any enforcement action that the APD deems appropriate, consistent with its authority as a Colorado law enforcement agency. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>.

**115.22 (d):** The auditor is not required to audit this provision.

**115.22 (e):** The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2.E-AUR, the MOU with APD, the memo related to investigation, incident reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

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

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities

3. Sexual Abuse and Assault Prevention & Intervention (PREA) Training Curriculum
4. Staff Training Records

#### Interviews:

1. Interview with Random Staff

#### Findings (By Provision):

**115.31 (a):** The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. 5.1.2.A-AUR, page 10 states that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. It further states that the Aurora ICE Processing Center shall train all employees who may have contact with inmates in the facility on: its zero tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detention, reporting and response policies and procedures, inmates right to be free from sexual abuse and sexual harassment, the right of the inmates and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with inmates including LGBTI and gender non-conforming individuals and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the Sexual Abuse and Assault Prevention & Intervention (PREA) confirmed that the staff training includes information on: the agency's zero tolerance policy (page 6), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 8-12), the inmates' right to be free from sexual abuse and sexual harassment (pages 16-7), the right of the inmate and employee to be free from retaliation for reporting sexual abuse or sexual harassment (pages 30-31), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 14-28), the common reactions of sexual abuse and sexual harassment victims (page 48-51), how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates (page 45-58), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (pages 67-85) and how to comply with relevant laws related to mandatory reporting (pages 37-41). A review of twelve staff training records indicated that 100% of those reviewed received PREA training. Interviews with thirteen random staff confirmed that all thirteen have received PREA training. Staff stated they receive training on PREA each year and that the training includes topics such as pat searches, reporting incidents, high risk inmates, LGBTQ populations, how to handle an allegation and prevention. All thirteen staff confirmed all required topics under this provision were discussed during the training.

**115.31 (b):** The PAQ indicated that training is tailored to the gender of the inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 5.1.2.A-AUR, page 10, states that employee training shall be tailored to the gender of the inmate in the facility and employees shall receive additional training if transferred between facilities that house individuals of

different genders. While the facility houses female detainees on the ICE side, the USMS does not house female inmates and as such staff were not provided additional training.

**115.31 (c):** The PAQ indicated that 330 or 100% of the staff have been trained or retrained in PREA requirements. The PAQ stated that staff are trained annually and that in between trainings staff are provided information during staff recalls, staff briefings and staff meetings. 5.1.2.A-AUR, page 11 states that PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to sexual abuse and sexual harassment policies. A review of documentation indicated that ten of the twelve staff had training the previous two years. Two of the staff reviewed were new hires and had only had training this past year.

**115.31 (d):** The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. 5.1.2.A-AUR, page 11 states that unless client mandates require electronic verification, employees shall document through signature on the PREA Basic Training Acknowledgment Form that they understand the training they have received. Policy states that this form shall be used to document pre-service and annual in-service training. A review of a sample of twelve staff training records indicated that all twelve signed the Prison Rape Elimination Act Basic Training Acknowledgement.

Based on a review of the PAQ, 5.1.2.A.AUR, the Sexual Abuse and Assault Prevention & Intervention (PREA) Training Curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility provides sexual abuse and sexual harassment training to all staff annually. The training includes all the required elements under this standard and is detailed in the explanation of prevention, detection, response, how to avoid inappropriate relationships with inmates, the dynamics of sexual abuse and how to communicate with LGBTI inmates. Staff are trained annually and PREA is also discussed during shift meetings throughout the year.

## Standard 115.32: Volunteer and contractor training

### 115.32 (a)

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

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

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

## Auditor Overall Compliance Determination

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers
4. Contractor Training Files
5. Volunteer Training Files

**Interviews:**

1. Interview with Volunteers or Contractors who have Contact with Inmates

**Findings (By Provision):**

**115.32 (a):** The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 5.1.2.A-AUR, page 10 states that all employees, contractors and volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Page 11 states that the Aurora ICE Processing Center shall ensure that all volunteers who have contact with inmates are trained on their responsibilities under GEO’s sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It states that volunteers who have contact with inmates shall receive annual PREA refresher training. Additionally, page 12 states that the Aurora ICE Processing Center shall ensure that all contractors who have contact with individuals in a GEO facility or program are trained on their responsibilities under GEO’s sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It further states that contractors who have contact with inmates shall receive annual PREA refresher training. A review of the ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers confirmed that it included background information on PREA, the zero tolerance policy, definition and examples of sexual abuse and sexual harassment, first responder duties, reporting information and tips for communicating with inmates who are LGBTI. The PAQ indicated that nine volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample of four contractor training records indicated that all four had received PREA training. Additionally, the auditor reviewed training documents for five of the previously active volunteers and confirmed that all five had received PREA training prior to COVID-19. The interview with the contractor confirmed that he had received training on his responsibilities under the agency sexual abuse and sexual harassment prevention, detection and response policies and procedures.

**115.32 (b):** The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 5.1.2.A-AUR, page 10 states that all employees, contractors and volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Page 11 states that the level and type of additional training provided to volunteers shall be based on services they provide and the level of contact they have with inmates. Additionally, page 12 states that the Aurora ICE Processing Center shall ensure that all contractors who have contact with

individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It further states that contractors who have contact with inmates shall receive annual PREA refresher training. A review of a sample of four contractor training records indicated that all four had received PREA training. Additionally, the auditor reviewed training documents for five of the previously active volunteers and confirmed that all five had received PREA training prior to COVID-19. The interview with the contractor indicated that he had received multiple handouts that he was required to read and sign and that he also attends an annual training that covers PREA. He further stated that he was informed of the agency's zero-tolerance policy and how and who to report allegations of sexual abuse to.

**115.32 (c):** The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 5.1.2.A-AUR, pages 11 and 12 state that unless client mandates require electronic verification, volunteers (or contractors page 12) shall document through signature on the PREA Basic Training Acknowledgment Form that they understand the training they have received. A review of a sample of nine training documents for contractors and volunteers indicated that 100% of those reviewed had signed the PREA Basic Training Acknowledgment indicating they received PREA training.

Based on a review of the PAQ, 5.1.2.A-AUR, ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers, a review of a sample of contractor and volunteer training records as well as the interview with contractor indicates that the facility appears to exceed this standard. The facility requires all contractors to complete the same comprehensive PREA education as staff. Contractors are trained on all the elements under standard 115.31, provision a, which far exceeds the zero-tolerance policy and how to report sexual abuse. Additionally, all contractors are required to receive the PREA training annually.

## Standard 115.33: Inmate education

### 115.33 (a)

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

### 115.33 (b)

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

### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. PREA What You Need to Know Video
4. Detainee Handbook

5. Zero Tolerance Poster
6. End the Silence Brochure
7. PREA Intake Training Form
8. Inmate Education Records

**Interviews:**

1. Interview with Intake Staff
2. Interview with Random Inmates

**Site Review Observations:**

1. Observations of Intake Area
2. Observations of PREA Posters

**Findings (By Provision):**

**115.33 (a):** The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 5.1.2.A-AUR, page 10 indicates that within 24 hours of arrival, the facility shall provide each inmate with written information (i.e. handbooks, pamphlets, etc.) on the Company's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicion of sexual abuse and sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents. A review of the End the Silence Brochure as well as the detainee handbook confirmed that they include information on the zero tolerance policy, how to report, definitions, grievance information and what to expect after reporting. Additionally, a review of a PREA Intake Training Form indicated that it includes information on the zero tolerance policy, how to report incidents, inmates' rights including being free from sexual abuse and being free from retaliation for reporting. The PAQ indicated that 222 inmates received information on the zero tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of sixteen inmate files of those received within the previous twelve months indicated that all sixteen were documented with receiving PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are placed in the holding cell and shown the PREA What You Need to Know video. Inmates then meet with a staff member and they go over information from the detainee handbook and brochure. Inmates are provided a copy of the handbook and brochure to retain. The interview with intake staff confirmed that inmates receive information on the zero-tolerance policy and how to report allegations of sexual abuse upon intake. Staff stated that inmates receive an intake packet which has information on the sexual abuse policy. The staff member further stated they also provide the inmates pamphlets with the information and they verbally go over information, including how to report. Fourteen of the sixteen inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies.

**115.33 (b):** 5.1.2.A-AUR, page 10 states that within 30 days of intake, the facility shall provide comprehensive education to all inmates in the facility, either in person or through video. A review of the PREA What You Need to Know video confirmed that it provides inmates information on the zero-tolerance policy, their rights under PREA and how to report allegations of sexual abuse and sexual harassment. A review of the End the Silence Brochure as well as the detainee handbook confirmed that they include information on the zero tolerance policy, how to report, definitions, grievance information and what to expect after reporting. Additionally, a review of a PREA Intake Training Form indicated that it includes information on the zero tolerance policy, how to report incidents, inmates' rights including being free from sexual abuse and being free from retaliation for reporting. The PAQ indicated that 222 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to over 100%. The PCM

stated that all inmates that are received at the facility are provided comprehensive PREA education no the first day they arrive. A review of sixteen inmate files indicated that all sixteen were documented with receiving comprehensive PREA education. Nine of the sixteen were documented as receiving it within 30 days of intake, while seven did not have a date on the acknowledgment form and as such the auditor was unable to determine the date it was completed. The interview with the intake staff indicated that the PREA video is shown on a loop in the holding cell and inmates view the video while they wait. Staff also stated that inmates receive an intake packet which has information on the sexual abuse policy and they verbally go over information with the inmates, such as how to report an incident of sexual abuse. Fourteen of the sixteen inmates interviewed indicated that they were informed of their right to be free from sexual abuse, ways to report sexual abuse and their right to be free from retaliation for reporting sexual abuse. Most inmates indicated they received the information the same day they arrived.

**115.33 (c):** The PAQ indicated that all current inmates at the facility had been educated on PREA. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 5.1.2.A-AUR, page 10 states that all current inmates who have not received such education shall receive this comprehensive education within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility if the policy and procedures are different from the previous facility. A review of sixteen inmate files indicated that all sixteen were documented with receiving comprehensive PREA education. Nine of the sixteen were documented as receiving it within 30 days of intake, while seven did not have a date on the acknowledgment form and as such the auditor was unable to determine the date it was completed. The interview with the intake staff indicated that the PREA video is shown on a loop in the holding cell and inmates view the video while they wait. Staff also stated that inmates receive an intake packet which has information on the sexual abuse policy and they verbally go over information with the inmates, such as how to report an incident of sexual abuse. During the on-site portion of the audit there were no inmates identified that arrived at the facility prior to 2013. A review of sixteen inmate files indicated that all sixteen were documented with receiving comprehensive PREA education.

**115.33 (d):** The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. 5.1.2.A-AUR, page 10 states that education shall be provided in formats accessible to all inmates, including those with disabilities and those who are limited English proficient. The PAQ stated that the agency has established procedures to provide disabled inmates an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 5.1.2.A-AUR, page 9 states that the Aurora ICE Processing Center shall ensure that inmates in the facility with disabilities have an equal opportunity to participate in or benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. The policy further states that the facility shall ensure that the facility provides written material to every inmate in formats or through methods that ensure effective communication with inmates with disabilities including those who have intellectual disabilities. Limited reading skills or who are blind or have low vision. A review of the detainee handbook, End the Silence brochure and Zero Tolerance poster confirmed that PREA information is available in in large font, bright colors, images and in Spanish. A review of documentation for three LEP inmates indicated that they signed that they had received comprehensive PREA education, however all three signed an English acknowledgment form.

**115.33 (e):** The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 5.1.2.A-AUR, page 10 states that inmates shall sign a receipt of written materials and participation in comprehensive education sessions, which shall be retained in their individual files. A

review of sixteen inmate files indicate that all sixteen signed an acknowledgement form indicating that they had received PREA education.

**115.33 (f):** The PAQ as well as 5.1.2.A-AUR, page 10 indicate that key information shall be provided to inmates on a continuous basis through readily available handbooks, brochures, or other written materials. A review of documentation indicates that the facility had PREA information via the End the Silence brochure, the detainee handbook and Zero Tolerance posters. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, 5.1.2.A-AUR, PREA What You Need to Know video, the detainee handbook, the Zero Tolerance poster, the End the Silence brochure, the PREA Intake Training form, inmate files, observations made during the tour to include the availability of posted PREA information as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to require corrective action. While interviews and documents confirm that inmates are provided comprehensive PREA education, the manner that is provided is not adequate for inmate education under this standard. The PREA video is shown on a loop while inmates are in a holding cell awaiting processing into the facility. Inmates are not provided direction on the video, nor is the video facilitated. Inmates have just arrived and are shown more than one video in the holding cell on a loop. The staff are unable to confirm that the inmates are watching, understanding and retaining the information from the video. Additionally, seven of the sixteen acknowledgment forms that were signed by the inmates indicating they received the information did not have a date of completion. The auditor recommended that the acknowledgement forms be updated as they were not very clear with information and direction. In addition, the three LEP inmate files reviewed had an English acknowledgement form signed, indicating that inmates signed a form they were unable to read. Additionally, the video is only shown in English in the holding cell and inmates are read the information in Spanish by the staff. The auditor is unable to determine this information was translated because there was no documentation related to the format it was received. As such, provisions (b) and (d) require corrective action.

### **Corrective Action**

The facility will need to develop a new process for providing comprehensive PREA education to inmates, other than showing the video on a loop in the holding cell. The facility will need to provide the auditor with a process memo indicating how the comprehensive education will be completed as well as examples over the corrective action period of inmates receiving the comprehensive education. The facility will need to send dates of arrival as well as the comprehensive education acknowledgement so the auditor can confirm it was completed within 30 days. The facility will need to ensure that all acknowledgment forms are signed and dated by the inmates. In addition, the facility will need to indicate in a process memo how disabled and LEP inmates will receive comprehensive PREA education. All current disabled and LEP inmates will need to be re-educated under the new process and will need to sign an appropriate acknowledgements form (Spanish, if applicable). The facility will need to provide the current LEP/disabled inmate education as well as additional future LEP/disabled inmate education during the corrective action period.

### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. USMS PREA Orientation Script
2. PREA Orientation Acknowledgment for USMS Detainees
3. Assurance Memo

#### 4. Inmate Education Records

On July 19, 2021 the auditor was provided information related to corrective action for 115.33. The facility indicated that the updated inmate comprehensive PREA education process would include a staff facilitated session that included the PREA What You Need to Know video. The auditor received a copy of the PREA education script which included information on the zero-tolerance policy, reporting incidents of sexual abuse and sexual harassment, definitions of sexual abuse and sexual harassment, the inmate's right to be free from sexual abuse and sexual harassment and the inmate's right to be free from retaliation from reporting. Additionally, the end of the script indicated staff should conduct a question and answer session. The script was provided to the auditor in both English and Spanish. In addition to the script, the auditor was provided the updated PREA orientation acknowledgment form, which reiterated what was discussed during the PREA comprehensive education, had an area for the inmate to date when the information was received and had a line prior to the inmate's signature stating "I acknowledge on this date I received and understand the training on PREA." The form also had a staff section where the staff instructor would sign and date confirming that they provided the orientation. Additionally, check boxes were added to the form to indicate if a staff translator was utilized, if the translation line was utilized, if the TTY line was utilized or if another method was utilized to accommodate LEP and/or disabled inmates. The inmate section of the acknowledgment form was in both English and in Spanish to ensure inmates understood the information they were signing.

On September 16, 2021, the auditor was provided an assurance memo from the PCM indicating that all LEP/disabled inmates identified during the on-site portion of the audit were re-educated with the updated inmate comprehensive PREA education process. Additionally, the PCM provided documentation for sixteen inmates that arrived between July and September that received the updated comprehensive PREA education. Documentation confirmed that the inmates signed the updated PREA orientation acknowledgment indicating that they had received and understood the education on their rights under PREA and how to report sexual abuse and sexual harassment. One of the sixteen was documented as LEP and was noted to have received the education via staff translation.

### Standard 115.34: Specialized training: Investigations

#### 115.34 (a)

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

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings Curriculum
4. Investigator Training Records

#### Interviews:

1. Interview with Investigative Staff

#### Findings (By Provision):

**115.34 (a):** The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 5.1.2.A-AUR, page 11 states that investigators shall be trained in conducting investigations on sexual abuse in confinement settings. The training is conducted utilizing the PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings. A review of documentation indicated that the facility investigator is documented with the specialized training as well as with training through The Reid Technique of Investigative Interviewing and Advanced Interrogation. The interview with the facility investigator indicated he received specialized training in conducting sexual abuse investigation in a confinement setting. He stated that the training

covered scenarios, interviewing techniques, report writing, required notifications and the steps to take. The investigator also stated he attended a John Reid class for interviewing and interrogation.

**115.34 (b):** 5.1.2.A-AUR, page 11 states that the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it encompasses the eight PREA Resource Center training modules. Modules two and six go over information related to interview techniques, modules three and four discuss evidence collection, module five discusses legal liability including Miranda and Garrity and module eight discusses the standard of evidence to substantiate an investigation. The PAQ indicated there is one facility investigator that conduct investigations. A review of documentation indicated that the facility investigator is documented with the specialized training as well as with training through The Reid Technique of Investigative Interviewing and Advanced Interrogation. The interview with the facility investigator confirmed that the required topics were covered in the training.

**115.34 (c):** The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that the one facility investigator or 100% have completed the required training. 5.1.2.A-AUR, page 11 states that facilities shall maintain documentation of this specialized training. A review of documentation indicated that the facility investigator is documented with the specialized training as well as with training through The Reid Technique of Investigative Interviewing and Advanced Interrogation.

**115.34 (d):** The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2.A-AUR, PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings curriculum, investigator training records as well as the interview with the facility investigator, indicates that this standard appears to be compliant.

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. GEO PREA Specialized Medical and Mental Health Training
4. Medical and Mental Health Staff Training Records

#### Interviews:

1. Interview with Medical and Mental Health Staff

## Findings (By Provision):

**115.35 (a):** The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 5.1.1.A-AUR, page 11 states that the Aurora ICE Processing Center shall train all full-time and part-time medical and mental health care practitioners who work regularly in the facility on certain topic areas, including; detecting signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse and sexual harassment; and proper reporting of allegations or suspicion of sexual abuse and sexual harassment. The policy states that training is to be completed during newly hired employee pre-service orientation. The training consists of GEO's PREA Specialized Medical and Mental Health Training. A review of the curriculum indicated that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment (pages 5-35), how to preserve physical evidence of sexual abuse (pages 37-57), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (pages 59-68) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (pages 70-79). The PAQ indicated that the facility has 42 medical and mental health staff and that 100% of these staff received the specialized training. A review of six medical and mental health training records indicated that all six had received the specialized training. The interviews with medical and mental health care staff indicated that all three had received the specialized training for medical and mental health care staff. The staff stated the training went over requirements, how to respond, mental health requirements, confidentiality, evidence collection, first responder duties, etc. The staff indicated all required components were covered in the specialized training.

**115.35 (b):** The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. 5.1.2.A-AUU, page 11 states that facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Policy further states that forensic examinations shall be performed by a SANE or SAFE. Interviews with medical staff confirm that they do not perform forensic medical examinations and that inmates are transported to the local hospital.

**115.35 (c):** The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 5.1.2.A-AUR, page 11 states that the facility shall maintain documentation of this specialized training. A review of six medical and mental health training records indicated that all six had received the specialized training. Staff either receive a certificate or they sign that they received the training.

**115.35 (d):** 5.1.2.A-AUR, page 11 states that medical and mental health care practitioners shall receive this specialized training in addition to the training mandated for employees in section F(A) or contractors in section H (1) depending upon their status at the facility. A review of six medical and mental health staff training documents indicated that four had received the staff PREA training and two have received the PREA contractor training.

Based on a review of the PAQ, 5.1.2.A-AUR, GEO's PREA Specialized Medical and Mental Health Training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears compliant.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. GEO PREA Risk Assessment Tool
4. PREA Vulnerability Reassessment Questionnaire
5. Inmate Assessment and Reassessment Documents

### Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

### Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

### Findings (By Provision):

**115.41 (a):** The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 5.1.2.A-AUR, page 7 states that all inmates shall be assessed during intake and upon transfer for their risk of being sexually abused by another inmate or being sexually abusive toward another inmate. Policy further states that in addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records which can assist them with risk assessment. Interviews with eleven inmates that arrived within the previous twelve months confirmed that nine were asked the risk screening questions at intake. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and abusiveness upon arrival. During the tour, the auditor observed the intake area. The risk screening is conducted in the center of intake at a desk. The staff advised that the risk screening is completed one at a time and as such there is privacy and confidentiality. Inmate records are located outside of intake behind two locked doors.

**115.41 (b):** The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 5.1.2.A-AUR, page 7 states that intake screening shall take place within twelve hours of arrival, utilizing an objective screening instrument unless mandated by client contract. This facility shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. The PAQ stated that 217 inmates, or

100% of those that arrived in the previous twelve months that stayed over 72 hours, were screened for their risk of sexual victimization and risk of sexually abusing other inmates. A review of sixteen inmate files of those that arrived within the previous twelve months confirmed that all sixteen were screened within 72 hours. Interviews with eleven inmates that arrived within the previous twelve months confirmed that nine were asked the risk screening questions when they first came in. The interview with the staff who perform the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours of arrival at the facility, typically at the intake process the same day they are booked in.

**115.41 (c):** The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 5.1.2.A-AUR, page 7 states that intake screening shall take place within twelve hours of arrival, utilizing an objective screening instrument unless mandated by client contract. This facility shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. It further states that in addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records which can assist them with risk assessment. A review of the GEO Risk Assessment Tool confirmed that the assessment includes eleven questions for victimization and six questions for abusiveness. The yes responses are totaled and the number indicates whether the inmate is at risk of victimization or abusiveness.

**115.41 (d):** 5.1.2.A-AUR, page 7 states that the intake screening shall consider at minimum and to the extent that the information is available, the following criteria to assess inmates for risk of victimization: mental, physical or developmental disability, age, physical build, previous incarcerations, if criminal history is exclusively nonviolent, prior convictions for sex offenses against an adult or child; if perceived to be LGBTI or gender nonconforming; if previously experienced sexual victimization; his/her own perception of vulnerability and whether he/she is detained solely for civil immigration purposes. A review of the PREA Risk Assessment confirmed that it contains eleven questions related to the requirements under this provision. The staff who perform the risk screening indicated that the risk screening is mostly yes or no questions. The staff stated that the risk screening questions tool includes if they have any prior sexual abuse, their age, stature, if they have a mental disability, any prior sexual offenses, prior incarcerations, their criminal history, if they have any domestic violence history and if they have violent or non-violent offenses.

**115.41 (e):** 5.1.2.A-AUR, page 7 states the intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the risk of being sexually abusive. A review of the PREA Risk Assessment confirmed that it contains six questions related to the requirements under this provision. The staff who perform the risk screening indicated that the risk screening is mostly yes or no questions. The staff stated that the risk screening questions tool includes if they have any prior sexual abuse, their age, stature, if they have a mental disability, any prior sexual offenses, prior incarcerations, their criminal history, if they have any domestic violence history and if they have violent or non-violent offenses.

**115.41 (f):** The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 5.1.2.A-AUR, page 7 states that the Aurora ICE Processing Center shall ensure that all inmates are reassessed within 30 days from the initial assessment at the facility for risk for victimization or abusiveness. Unless mandated by client contract, this facility shall use the GEO PREA Vulnerability Reassessment Tool to conduct the 30 day reassessment. A review of the Reassessment Tool confirmed that it includes questions related to LGBTI identification, fear of continued placement in general population, forced or threatened sexual activity and threats or actual physical violence. The PAQ indicated that 203, or 100% of inmates entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. The interview with the staff

responsible for the risk screening indicated the inmates are reassessed within 30 days and that the reassessment is a smaller set of questions. A review of sixteen inmate files indicated that eleven inmates were reassessed within the 30-day timeframe. One inmate was reassessed after the 30 days and four were not yet due as the inmate had arrived prior to the last 30 days. Interviews with eleven inmates who arrived within the previous twelve months indicated that three had a reassessment. It should be noted that the reassessment is not the same questionnaire as the initial and this may be attributed to the interview responses.

**115.41 (g):** The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 5.1.2.A-AUR, page 8 states that at any point after the initial intake screening, an inmate in the facility may be reassessed for risk of victimization or abusiveness. A review of the inmates who alleged sexual abuse indicated that none of the allegations were substantiated and as such reassessments were not required. The staff responsible for the risk screening confirmed that inmates are reassessed when warranted due to request, referral or receipt of additional information. Interviews with eleven inmates who arrived in the previous twelve months indicated that three were asked the risk screening questions on more than one occasion.

**115.41 (h):** The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. 5.1.2.A-AUR, page 7 states that disciplining inmates for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The interview with the staff who conduct the risk screening confirmed that inmates are not disciplined for refusing to answer risk screening questions.

**115.41 (i):** 5.1.2.A-AUR, pages 6-7 state that sensitive information shall be limited to need to know employees only for the purpose of treatment, programming, housing and security and management decisions. Completed risk screening assessments shall be maintained in the inmate's medical file. The PREA Coordinator stated that only those who need to know to make housing, work and programming/education decisions have access to the inmate's risk assessment. The PCM stated that information is only accessible to those who need to know, including the PCM, the Health Service Administrator (HAS) and mental health care staff. The staff who conduct the risk screening indicated that the forms are behind two locked doors with limited access.

Based on a review of the PAQ, 5.1.2.A-AUR, GEO PREA Risk Assessment Tool, PREA Vulnerability Reassessment Questionnaire, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to be compliant.

## **Recommendation**

While the facility complies with the standard, the auditor highly recommends that the initial risk screening be conducted in a more private setting. While the risk screening is conducted one at a time, there are staff throughout intake. A private office setting would be more appropriate and offer more confidentiality. As such, the auditor highly recommends the facility reevaluate their process for the risk screening space.

## **Standard 115.42: Use of screening information**

### **115.42 (a)**

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Documents:

- Pre-Audit Questionnaire
- 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
- Sample of Housing Determination Documents
- At Risk List
- LGBTI Inmate Housing Documents

#### Interviews:

- Interview with Staff Responsible for Risk Screening
- Interview with PREA Coordinator
- Interview with PREA Compliance Manager
- Interview with Gay, Lesbian and Bisexual Inmates

#### Site Review Observations:

- Location of Inmate Records.
- Housing Assignments of LGBTI Inmates
- Shower Area in Housing Units

#### Findings (By Provision):

**115.42 (a):** The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 5.1.2.A-AUR, page 8 indicates that screening information from Section D (1) shall be used to determine housing, bed, work, education and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims

and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. The policy further states that the PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. The interview with the PREA Compliance Manager indicated that information is utilized to keep inmates at risk of victimization separate from inmates at risk of abusiveness. He stated that they monitor the inmates on these lists and they definitely would not be housed together. The interview with the staff responsible for the risk screening indicated that if they are identified as being at high risk of victimization or abusiveness they are placed on the at risk list and this is utilized to house inmates and refer them to mental health for evaluation. A review of inmate files and of inmate housing assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together.

**115.42 (b):** The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 5.1.2.A-AUR, page 8 indicates that screening information from Section D (1) shall be used to determine housing, bed, work, education and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. The policy further states that the PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. The interview with the staff responsible for the risk screening indicated that if they are identified as being at high risk of victimization or abusiveness they are placed on the at risk list and this is utilized to house inmates and refer them to mental health for evaluation

**115.42 (c):** The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. 5.1.2.A-AUR, pages 8-9 indicate that in making housing and programming assignments for transgender or intersex individuals, the facility shall consider on a case by case basis whether the placement would present management or security problems. The policy further describes guidelines related to housing assignments of transgender and intersex inmates, including the involuntary segregation, medical and the Transgender Care Committee (TCC) decision. The interview with the PCM indicated that the facility has a transgender care committee that meets and discusses the housing of each transgender and intersex inmate on a case-by-case basis. The PCM confirmed that the inmates’ placement would consider his/her health and safety and would also consider whether the placement would present any security or management problems. There were no transgender inmates at the facility and as such no interviews were conducted and no documentation was available for review.

**115.42 (d):** 5.1.2.A-AUR, page 9 states that at the facility these housing and programming assignments for each transgender or intersex individual shall be reassessed every six months to determine any threats to safety experienced by the individuals. Serious consideration shall be given to the individual’s own views with respect to his/her own safety. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed at least twice a year. The PCM specifically stated the inmates would be reviewed every six months. There were no transgender inmates housed at the facility during the audit period and as such no documentation was available for review.

**115.42 (e):** 5.1.2.A-AUR, page 9 states that serious consideration shall be given to the individual’s own views with respect to his/her own safety. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. The interviews with the PCM and the staff responsible for risk screening confirmed that the inmates’ own views with respect to

his/her safety would be given serious consideration. There were no transgender inmates at the facility during the on-site portion of the audit and as such no interviews were conducted.

**115.42 (f):** 5.1.2.A-AUR, page 9 states that transgender and intersex individuals shall be given an opportunity to shower separately from the other individuals. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are provided the opportunity to shower separately. The PCM stated that showering would be based on their preference and that they would have a separate shower time from the rest of the inmate population. During the tour it was observed that all inmates are provided privacy while showering. All showers are single person with curtains. There were no transgender inmates housed at the facility during the on-site portion of the audit and as such no interviews were conducted.

**115.42 (g):** 5.1.2.A-AUR, page 9 states that LGBTI individuals in this facility shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such individuals. A review of housing assignments for the three inmates who identified as LGBTI indicated that inmates were assigned to both of the USMS housing units and as such were not in only one housing unit. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that no GEO facilities are under a consent decree or other legal judgment. This practice is prohibited by policy and the facility considers each individuals' own views about their safety as part of the initial PREA risk screening assessment. The interviews with the two LGBTI inmates confirmed that both did not feel that LGBTI inmates are placed in any specific facility, unit or wing based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 5.1.2.A-AUR, a sample of housing determinations, the at risk list, LGBTI inmate housing documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to be compliant.

## Standard 115.43: Protective Custody

### 115.43 (a)

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

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

**Documents:**

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. Housing Assignments of Inmates at High Risk of Victimization

**Interviews:**

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interviews with Inmates in Segregation for their Risk of Victimization

**Site Review Observations:**

1. Observations in the Segregation Unit

**Findings (By Provision):**

**115.43 (a):** The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. 5.1.2.A-AUR, pages 14-15 state that 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 individual in a GEO facility or program. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. The facility shall utilize the "Sexual Assault/Abuse Alternatives Assessment" form to document the assessment. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in segregation due to their risk of victimization. The Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. He stated that they would only place an inmate in involuntary segregated housing if they absolutely had to and that they would typically all put their heads together to come up with alternatives. During the tour the auditor did not observe any inmates in segregated housing due to their risk of victimization.

**115.43 (b):** 5.1.2.A-AUR, page 15 states if segregated housing is used, the individuals shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate were placed in involuntary segregated housing due to their risk of sexual victimization they would, by policy, receive recreation time, television time, access to the library, law library, medical, showers, etc. The staff member stated they would just attend these activities alone. He further indicated that any restrictions would be documented. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

**115.43 (c):** 5.1.2.A-AUR, page 14 states that 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 individual in a GEO facility or program. Page 15 further states that involuntary segregated housing shall not ordinarily exceed a period of 30 days. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated the facility would get the committee together, meet with the detainee, discuss housing options and then determine the safest place to house the inmate. He further stated that the inmate would only remain in involuntary segregated housing until they could find an alternative, such as

a different unit or a facility transfer. The interview with the staff who supervise inmates in segregated housing indicated that the facility would only place inmates at high risk of victimization in involuntary segregated housing if there were no other alternatives. He stated that they would first try to place the inmate in medical. The staff member stated that the maximum amount of time an inmate would be involuntarily segregated would be a few days. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

**115.43 (d):** 5.1.2.A-AUR, page 15 states if segregated housing is used, the individuals shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. There were no inmates at high risk of victimization that were involuntarily segregated over the previous twelve months.

**115.43 (e):** The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 5.1.2.A-AUR, page 15 states that in cases where involuntary segregated housing is needed for longer than the initial 30 days, the TCC shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed. The interview with the staff who supervise inmates in segregated housing indicated that any inmate that was involuntarily segregated would be reviewed every week and that the review includes talking about each of the inmates and their status.

Based on a review of the PAQ, 5.1.2.A-AUR, housing assignments for inmates at high risk of victimization, observations from the facility tour related to segregated housing as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. End the Silence Brochure
4. PREA Hotline Flyer
5. PREA Information Flyer
6. Zero Tolerance Poster

#### Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with Random Staff
3. Interview with Random Inmates

#### Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units

#### Findings (By Provision):

**115.51 (a):** The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment;

retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 5.1.2.A-AUR, page 15 states that the facility shall provide multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or employees for reporting sexual abuse and sexual harassment and staff neglect or violations of responsibilities that may have contributed to such incidents. A review of additional documentation to include the End the Silence brochure, the PREA flyers and the PREA poster, indicated that there are multiple ways for inmates to report. These methods include: using the PREA hotline voicemail, through any staff member (including medical and mental health), volunteer or contractor, through a grievance or sick call slip, to the PREA Compliance Manager or PREA Investigator, to a family member, friend, legal counsel or anyone else outside the facility (who can subsequently call 800-869-4499) and through the Blue Bench (303-322-7273). Additionally, inmates are provided information on how to contact the U.S. Department of Justice via phone, fax or written correspondence. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in each of the housing units. The auditor tested the hotline during the on-site portion of the audit. The auditor was provided confirmation the same day (June 22, 2021) that the call was received through the hotline. Interviews with sixteen inmates indicated that fourteen knew a method they would report an allegation of sexual abuse or sexual harassment. Most inmates indicated that they would tell a staff member or call the hotline. Interviews with thirteen staff confirm that inmates have can report through the hotline, to any staff, through a grievance or via a kite.

**115.51 (b):** The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. 5.1.2.A-AUR, page 15 indicates that the facility shall provide contact information to inmates detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security. The policy further states that the facility shall provide inmates contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request. A review of the End the Silence brochure and PREA poster indicates that inmates can report to the Department of Justice at 800-869-4499 and that this resource is located outside Aurora ICE Processing Center. The brochure further states that the inmate can remain anonymous upon request. Additionally, inmates are provided information on how to contact the U.S. Department of Justice via phone, fax or written correspondence on the PREA Informational Flyer. During the tour, it was observed that information pertaining on how to report PREA allegations was posted in all housing units, including to the Department of Justice. During a prior Federal Bureau of Prisons audit, the auditor sent a letter to the DOJ and received confirmation back that the letter was received. Additionally, the auditor had a prior BOP inmate utilize the email system to send an anonymous email to the DOJ. The auditor was provided confirmation that the email was received, confirming functionality of both methods. The interview with the PCM indicated that the outside reporting mechanism is the Department of Justice. He stated that the information would be forwarded from the client (BOP) to them either through email or via phone. Interviews with sixteen inmates indicated that five were aware of the outside reporting mechanism while thirteen stated they knew they could report anonymously.

**115.51 (c):** The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 5.1.2.A-AUR, page 15 states that employees shall accept reports made verbally, in writing, anonymously and from their parties and shall promptly document any verbal reports. A review of additional documentation to include the End the Silence brochure, the PREA flyers and the PREA poster, indicated that there are multiple ways for inmates to report. These methods include: using the PREA hotline voicemail, through any staff member (including medical and mental health), volunteer or contractor, through a grievance or sick call slip, to the PREA Compliance Manager or PREA Investigator, to a family member, friend, legal counsel or anyone

else outside the facility (who can subsequently call 800-869-4499) and through the Blue Bench (303-322-7273). Additionally, inmates are provided information on how to contact the U.S. Department of Justice via phone, fax or written correspondence. Interviews with sixteen inmates confirmed that fifteen knew they could report verbally or in writing and fourteen were aware that they could report through a third party. Interviews with thirteen staff indicate inmates can report verbally, in writing, anonymously and through a third party. All thirteen staff stated that if they received a verbal report they would document it immediately/as soon as possible. A review of the two incident reports indicated that both were verbally reported by the inmate victim.

**115.51 (d):** The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated that staff can report privately to the Chief of Security or Facility Management. 5.1.2.A-AUR, page 17 states that employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or facility management privately, if requested. Interviews with thirteen staff indicate that eleven were aware that they can privately report sexual abuse and sexual harassment of inmates through the phone or directly in person to their supervisor.

Based on a review of the PAQ, 5.1.2.A-AUR, the End the Silence Brochure, the PREA Hotline Flyer, the PREA Information Flyer, the Zero Tolerance Poster, observations from the facility tour related to PREA posted information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

## Standard 115.52: Exhaustion of administrative remedies

### 115.52 (a)

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

### 115.52 (b)

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

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. Detainee Handbook

### Findings (By Provision):

**115.52 (a):** The PAQ indicated that the agency is not exempt from this standard. 5.1.2.A-AUR, pages 15-16 describe the requirements for sexual abuse grievances and the detainee handbook page 16-17 direct inmates on how to file a sexual assault/harassment related grievance.

**115.52 (b):** The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process. 5.1.2.A-AUR, pages 15-16 state that the Aurora ICE Processing Center grievance policies shall include no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Additionally it states that inmates are not required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse.

**115.52 (c):** 5.1.2A-AUR, page 16 states that inmates have the right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint.

**115.52 (d):** 5.1.2.A-AUR, page 16 states that a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The policy further states that the Aurora ICE Processing Center may claim an extension of time to respond, of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of six grievances confirmed there were no grievances of sexual abuse filed within the previous twelve months. It should be noted there were grievances alleging sexual harassment and all were responded to within 90 days. There were no inmates identified while on-site that had reported sexual abuse and as such no interviews were conducted.

**115.52 (e):** 5.1.2.A-AUR, page 16 states that third parties may assist inmates in filing requests for administrative remedies related to allegations of sexual abuse, and may file such request on behalf of the inmate. The policy further states that the alleged victim must agree to have the request filed on his or her behalf, however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review of the grievance log and a sample of six grievances confirmed there were no third-party grievances of sexual abuse filed within the previous twelve months.

**115.52 (f):** 5.1.2.A-AUR, page 16 states that inmates may file an emergency grievance if he/she is subject to risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Warden or designee shall ensure that immediate corrective action is taken to protect the alleged victim. The policy further states that an initial response to the emergency grievance to the inmate is required within 38 hours and a final decision shall be provided within five calendar days. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of six grievances confirmed there were no grievances of imminent risk of sexual abuse filed within the previous twelve months.

**115.52 (g):** 5.1.2.A-AUR, page 16 states that inmates may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, 5.1.2.A-AUR, the detainee handbook, the grievance log and sample grievances, this standard appears to be compliant.

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

### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. Memorandum of Understanding with The Blue Bench
4. Detainee Handbook
5. The Blue Bench Pamphlet

### Interviews:

1. Interview with Random Inmates

### Findings (By Provision):

**115.53 (a):** The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving inmates mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. 5.1.2.A-AUR, page 20 states that the facility shall provide inmates

who allege sexual abuse while in GEO custody with access to outside victim advocates and provide, post or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. This may be done by providing mailing addresses, telephones numbers, toll free hotline numbers, etc. A review of the Detainee Handbook indicates that on page 16 that the Blue Bench provides 24 hour, 7 day a week, free, confidential crisis intervention, staffed by compassionate mental health professionals who are standing by to help. It further states that the Blue Bench can be reached by calling 303-322-7273 (English) or 303-329-0031 (Spanish). A review of the Blue Bench Pamphlet indicates that it describes services available through the organization, including hotline services. During the tour the auditor observed advocacy information posted in each housing unit. Additionally, the auditor tested the advocacy number in the housing units and reached a Blue Bench staff member both times. Interviews with sixteen inmates indicated eight of the sixteen were provided a mailing address and phone number to a local, state or nation rape crisis center. Most of the eight inmates indicated they believed that they could contact the organization anytime and that any contact with these services would be free and confidential. There were no inmates who reported sexual abuse identified during the on-site portion of the audit and as such no interviews were conducted.

**115.53 (b):** The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 5.1.2.A-AUR, pages 20-21 stat that the facility shall enable reasonable communication between inmates and these organizations as well as inform inmates (prior to giving them access) of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the Detainee Handbook indicates that on page 16 that the Blue Bench provides 24 hour, 7 day a week, free, confidential crisis intervention, staffed by compassionate mental health professionals who are standing by to help. It further states that the Blue Bench can be reached by calling 303-322-7273 (English) or 303-329-0031 (Spanish). A review of the Blue Bench Pamphlet indicates that it describes services available through the organization, including hotline services. During the tour the auditor observed advocacy information posted in each housing unit. Interviews with sixteen inmates indicated eight of the sixteen were provided a mailing address and phone number to a local, state or nation rape crisis center . Most of the eight inmates indicated they believed that they could contact the organization anytime and that any contact with these services would be free and confidential. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. There were no inmates who reported sexual abuse identified during the on-site portion of the audit and as such no interviews were conducted.

**115.53 (c):** The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide inmates with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. 5.1.2.A-AUR, page 21 states that the facility is required to maintain or attempt to enter into agreements with community service providers to provide inmates with confidential emotional support services related to the sexual abuse while in custody. It further states that the facility shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements. A review of documentation confirmed the facility has an MOU with the Blue Bench which was extended until March 31, 2022.

Based on a review of the PAQ, 5.1.2.A-AUR, the detainee handbook, the Blue Bench pamphlet, observations from the facility tour related to posted advocacy information as well as information from interviews with random inmates, indicates that the standard appears to be compliant.

## **Standard 115.54: Third-party reporting**

### 115.54 (a)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. PREA Information Document

#### Findings (By Provision):

**115.54 (a):** The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated that a third party can report in person, over the phone, in writing and/or anonymously. The PAQ stated that the information on how to report is found publicly on the agency website. 5.1.2.A-AUR, page 16 states that GEO shall post publicly, third party reporting procedures on its public website to show its methods of receiving third party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. It further states that in all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include lobby, visitation and staff break areas within the facility. The PREA information document states that individuals can report on behalf of an individual who is or was housed in a GEO facility or program by reporting over the phone, in person, in writing, or anonymously, if desired. It further states that reports can be made to the Corporate PREA Officer directly by calling 561-999-5827. A review of the agency’s website confirms that third parties can report to the PREA Coordinator via phone, in writing or via email. Contact information and reporting direction are found at <https://www.geogroup.com/prea>.

Based on a review of the PAQ, 5.1.2.A-AUR, the PREA information document and the agency’s website this standard appears to be compliant.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

**Documents:**

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. Incident Reports

**Interviews:**

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

**Findings (By Provision):**

**115.61 (a):** The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 5.1.2.A-AUR, page 16 states that employees are required to immediately report any of the following; knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility, retaliation against inmates or employee who reported such an incident and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with thirteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. All thirteen staff stated they would immediately report the information to their supervisor (Lieutenant or Watch Commander).

**115.61 (b):** The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 5.1.2.A-AUR, page 17 states that apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone. Interviews with thirteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. All thirteen staff stated they would immediately report the information to their supervisor (Lieutenant or Watch Commander).

**115.61 (c):** 5.1.2.A-AUR, page 17 states that unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. The policy further states that practitioners shall inform inmates of the practitioner's duty to report and the limitations of confidentiality, at the initiation of services. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting and that they notify inmates on their limitations of confidentiality and their duty to report. One of the three staff interviewed indicated she had an inmate report an allegation directly to her and she notified security about the allegation.

**115.61 (d):** 5.1.2.A-AUR, page 17 states that unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. The policy further states that practitioners shall inform inmates of the practitioner's duty to report and the limitations of confidentiality, at the initiation of services. The interview with the PC indicated that unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse for alleged victims under the age of 18 or considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. The Warden stated the facility does not house anyone under eighteen or vulnerable adults and as such this would not apply.

**115.61 (e):** 5.1.2.A-AUR, page 17 states that the Aurora ICE Processing Center shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, the facility's designated investigators or outside agency responsible for investigating these types of incidents. The interview with the Warden confirmed that all allegations of sexual abuse or sexual harassment are reported to the designated investigator. A review of investigative reports indicate that two allegations were reported during the audit period, both of which were referred to the Aurora Police Department. The APD refused to investigate the sexual harassment allegation and as such the facility investigators was conducting an investigation.

Based on a review of the PAQ, 5.1.2.A-AUR, incident reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.

## Standard 115.62: Agency protection duties

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities

### Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

### Findings (By Provision):

**115.62 (a):** The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 5.1.2.A-AUR, page 17 states that when a facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. The policy further states that all allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. The PAQ stated that there have been zero inmates who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head Designee indicated that GEO takes immediate action protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc.). The Warden stated that the facility would get the committee together, they would meet with the detainee and discuss options, they would then discuss a plan on where and how to house the inmate safely. The Warden further stated that medical and mental health evaluations would be included in the review. The interviews with thirteen staff confirmed that all staff would immediately contact their supervisor. Most of the staff stated they would remove the inmate from the unit or area as well.

Based on a review of the PAQ, 5.1.2.A-AUR and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

### **Standard 115.63: Reporting to other confinement facilities**

#### **115.63 (a)**

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

#### **115.63 (b)**

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

#### **115.63 (c)**

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

#### **115.63 (d)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Documents:**

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. Incident Reports
4. Notification Letters

**Interviews:**

1. Interview with the Agency Head Designee
2. Interview with the Warden

**Findings (By Provision):**

**115.63 (a):** The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 5.1.2.A-AUR, page 20 states that in the event that an inmate alleges that sexual abuse occurred while confined at another facility, the facility shall document these allegations and the Warden or Assistant Warden where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. The PAQ indicated that during the previous twelve months, the facility had two inmates report that they were sexually abused while confined at another facility. A review of the two notification letters indicated that both were sent to the head of the facility where the alleged incident occurred.

**115.63 (b):** The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 5.1.2.A-AUR, page 20 states that in the event that an inmate alleges that sexual abuse occurred while confined at another facility, the facility shall document these allegations and the Warden or Assistant Warden where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. A review of the two notification letters indicated that both were sent to the head of the facility where the alleged incident occurred. One was reported on January 22, 2021 (Friday) and was provided to the Warden at the facility where it occurred on January 26, 2021 (Tuesday). The second was reported on April 27, 2021 and was provided to the facility where it occurred on April 28, 2021.

**115.63 (c):** The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 5.1.2.A-AUR, page 20 states that the Aurora ICE Processing Center shall maintain documentation that it has provided such notification and all actions taken regarding the incident. A review of the two notification letters indicated that both were sent to the head of the facility where the alleged incident occurred.

**115.63 (d):** The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 5.1.2.A-AUR, page 20 states that should the facility receive a notification of alleged abuse at the facility for another facility, the facility is required to ensure that the allegation is investigated in accordance with PREA Standards. The PAQ indicated there have been zero inmates who reported to another facility that they were abused while housed at Aurora ICE. A review of two allegations confirmed that both were reported at Aurora ICE. The interview with the Agency Head Designee indicated that PREA allegations should be reported to the Warden of the facility where the allegation is alleged to have occurred. He further stated that regardless of how one of our facilities receives a PREA allegation that abuse occurred in one of our facilities, the allegation will be referred to designated investigators (internal or external) for investigation. The PREA coordinator is also informed of all allegations of this type via email. The Agency Head Designee stated

that according to the PREA coordinator, GEO receives PREA notifications from other confinement facilities. Facilities are required to enter these allegations on their monthly PREA report submissions and into the PREA Database where they can be tracked. The interview with the Warden indicated that a full investigation would be completed and that they would work with the facility where the inmate reported in order to get all available information. He further stated that he thought they may have had one of these examples and that they had an example of one where they had notified the other facility.

Based on a review of the PAQ, 5.1.2.A.AUR, incident reports, notification letters and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

## Standard 115.64: Staff first responder duties

### 115.64 (a)

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

### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire

2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. First Responder Card
4. Incident Reports

**Interviews:**

1. Interview with First Responders
2. Interviews with Random Staff

**Findings (By Provision):**

**115.64 (a):** The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 5.1.2.A-AUR, page 17 states that upon receipt of a report that an inmate was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall: separate the alleged victim and abuse; immediate notify the on duty or on call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking and eating. A review of the First Responder Card confirms that first responder duties are outlined for staff reference. The PAQ indicated that during the previous twelve months, there have been zero allegations of sexual abuse and a such none required the separation of alleged victim and abuser or the preservation of the crime scene or evidence. A review of the two incident reports indicated that one was sexual abuse. The inmate was separated from the alleged abuser through a housing change. The allegation did not involve the collection of physical evidence or a crime scene.. Interviews with first responders indicated that security staff would remove the inmates from the unit, contact their supervisor, make sure the inmates are separated, make sure the area is secured, not let the inmates change clothes, go to the bathroom, etc. and take the inmates to medical. The non-security first responder stated she would separate the inmates and notify the security officer immediately. There were no inmates who reported sexual abuse identified during the on-site portion of the audit and as such on interviews were conducted.

**115.64 (b):** The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 5.1.2.A-AUR, page 17 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, remain with the alleged victim and notify security staff. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse and as such there were none that involved a non-security first responder. A review of the two incident reports indicated that one was sexual abuse and it did not involve a non-security first responder. Interviews with first responders indicated that security staff would remove the inmates from the unit, contact their supervisor, make sure the inmates are separated, make sure the area is secured, not let the inmates change clothes, go to the bathroom, etc. and take the inmates to medical. The non-security first responder stated she would separate the inmates and notify the security officer immediately. Interviews with thirteen random staff indicated staff were knowledgeable on their first responder duties.

All staff stated they would separate the alleged victim and perpetrator and immediately contact their supervisor. Twelve stated they would also preserve a crime scene and evidence.

Based on a review of the PAQ, 5.1.2.A-AUR, the First Responder Card, incident reports and interviews with random staff and staff first responders, this standard appears to be compliant.

## Standard 115.65: Coordinated response

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. Aurora ICE Processing Center Sexual Abuse Response Team Protocol

### Interviews:

1. Interview with the Warden

### Findings (By Provision):

**115.65 (a):** The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the Aurora ICE Processing Center Sexual Abuse Response Team Protocol confirms that the plan has sections outlining duties for first responders, shift supervisors, facility investigators, the PREA Compliance Manager, medical staff and mental health care staff. Additionally, the plan describes crime scene preservation, required notifications and evidence protocols. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, the Aurora ICE Processing Center Sexual Abuse Response Team Protocol and the interview with the Warden, this standard appears to be compliant.

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

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.66 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. Collective Bargaining Agreement with the United States Security Officers of America International Union, and its Local #840 (UGSOA)

#### Interviews:

1. Interview with the Agency Head Designee

#### Findings (By Provision):

**115.66 (a):** The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. A review of the Collective Bargaining Agreement with UGSOA, page 9 confirms that any rules, regulations or directives which are not in effect, or which may be later imposed upon the company by its client, or any other governmental agency having jurisdiction will apply with equal force and effect to the officers hereunder. Officers are also required to adhere to company rules and regulations. Additionally, page 19 states that except where otherwise prohibited in this agreement, where appropriate, the company will adhere to concepts of progressive discipline, which it defines as the corrective process of applying penalties short of dismissal where conduct is of a less serious nature. The nature of discipline should be appropriate to the conduct and need not begin with the least serious disciplinary action. Acceptance of the principle discipline does not limit the company's authority to immediately dismiss for serious offense that cannot be condoned. The interview with the Agency Head Designee indicated that GEO has a small number of facilities that have collective bargaining agreements. He further stated none of the collective bargaining agreements prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.

**115.66 (b):** The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and the interview with the Agency Head Designee, this standard appears to be compliant.

## Standard 115.67: Agency protection against retaliation

### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. Incident Reports
4. Monitoring Documentation

#### Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

#### Findings (By Provision):

**115.67 (a):** The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 5.1.2.A-AUR, page 21 states that the Aurora ICE Processing Center shall implement procedures to protect inmates and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other inmates or

employees. The facility PREA Compliance Manager or mental health personnel shall be responsible for monitoring for retaliation. The PAQ indicated that the facility PREA Compliance Manager is responsible for monitoring for retaliation.

**115.67 (b):** 5.1.2.A-AUR, page 21 states that the facility has multiple protection measures, such as housing changes or transfers for victims or abusers, removal of the alleged staff or abusers from contact with victims and emotional support services or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The policy further states a mental health staff member or the PREA Compliance Manager shall meet weekly with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers (staff or inmate) and emotional support services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a monthly for at least 90 days. The interview with the Warden indicated that possible protective measures include transferring one of the inmates, moving an inmate's housing assignments and/or removing a staff member from contact or from a certain position. The staff responsible for monitoring indicated that he meets with the detainee weekly to check to see if there are any housing or disciplinary changes. He stated he would ensure there have been no staff or other inmate retaliation and possible protective measures could include housing changes, facility transfers, no contact orders for staff or staff position changes. There were no inmates identified during the on-site portion of the audit that reported sexual abuse and as such no interviews were completed.

**115.67 (c):** The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 5.1.2.A-AUR, pages 21-22 indicate for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded. Items to be monitored for inmates include disciplinary reports and housing or program changes. For at least 90 days following a report of staff sexual misconduct by another employee, the facility human resource staff or facility investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others and shall act promptly to remedy such retaliation. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The Warden indicated that if an allegation of retaliation was reported or suspected that they would fully pursue an investigation and discipline if warranted, up to and including termination for employees. The staff responsible for monitoring stated that he monitors for a minimum of 90 days but would monitor for as long as necessary. He stated that he

monitors job changes, increased aggression, housing changes, disciplinary reports, staff post changes, changes in demeanor, etc.

**115.67 (d):** 5.1.2.A-AUR, pages 21-22 indicate for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy such retaliation. A review of monitoring documentation indicated that one inmate was transferred three days after the allegation and as such no monitoring was conducted. The sexual harassment allegation included five weeks of monitoring, including status checks. The monitoring staff stated he meets with the inmate weekly for status checks.

**115.67 (e):** 5.1.2.A-AUR, page 22 states that if any other inmate or staff members express a fear of retaliation, the facility shall take appropriate measures to protect that inmate or staff member as well. The interview with the Agency Head Designee indicated that designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a month for at least 90 days. The Warden indicated that possible protective measures include transferring one of the inmates, moving an inmate's housing assignments and/or removing a staff member from contact or from a certain position. He further stated that if an allegation of retaliation was reported or suspected that they would fully pursue an investigation and discipline if warranted, up to and including termination for employees.

**115.67 (f):** Auditor not required to audit this provision.

Based on a review of the PAQ, 5.1.2.A-AUR, incident reports, monitoring documents and interviews with the Agency Head Designee, Warden and staff responsible for monitoring for retaliation, this standard appears to be compliant.

## Standard 115.68: Post-allegation protective custody

### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### Documents:

- Pre-Audit Questionnaire
- 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
- Inmate Victim Housing Documents

**Interviews:**

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interview with Inmates in Segregated Housing

**Site Review Observations:**

1. Observations of the Special Housing Unit

**Findings (By Provision):**

**115.68 (a):** The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated there were zero inmates who reported sexual abuse who were involuntarily segregated. 5.1.2.A-AUR, pages 14-15 state that 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 individual in a GEO facility or program. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. The facility shall utilize the "Sexual Assault/Abuse Alternatives Assessment" form to document the assessment. If segregated housing is used, the individuals shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. Involuntary segregated housing shall not ordinarily exceed a period of 30 days. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the TCC shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed. During the tour, it was observed that there were no inmates placed in involuntary segregation due to an allegation of sexual abuse. A review of two allegations indicated that both inmates were initially placed in involuntary segregation. One inmate was placed there until he was able to be transferred to a different facility, which was over 30 days from the reported allegation. A review of documentation indicated there are only two housing units for USMS inmates and as such the inmate was placed in the RHU, however he was not treated like a segregation inmate. Staff indicated he was able to move around the unit freely at specific times. The second inmate was placed in the RHU as he indicated he was being bullied by other inmates in the one housing unit. As indicated previously there are only two housing units so the inmate was moved to the RHU based on the bullying. The inmate was subsequently transferred three days after being placed in the RHU. The Warden confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. He stated that they would only place an inmate in involuntary segregated housing if they absolutely had to and that they would typically all put their heads together to come up with alternatives. The Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated the facility would get the committee together, meet with the detainee, discuss housing options and then determine the safest place to house the inmate. He further stated that the inmate would only remain in involuntary segregated housing until they could find an alternative, such as a different unit or a facility transfer. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate were placed in involuntary segregated housing due to an allegation of sexual abuse would, by policy, receive recreation time, television time, access to the library, law library, medical, showers, etc. The staff member stated they would staff further stated that the facility would only place inmates who reported sexual abuse in involuntary segregated housing if there were no other alternatives. He stated that they would first try to place the inmate in medical. The staff member stated that the maximum amount of time an inmate would

be involuntarily segregated would be a few days. He further indicated that any inmate that was involuntarily segregated would be reviewed every week and that the review includes talking about each of the inmates and their status. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed. There were no inmates who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, 5.1.2.A-AUR, housing assignments for inmate victims of sexual abuse and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

**Documents:**

1. Pre-Audit Questionnaire
2. 5.1.2.E-AUR – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Memorandum of Understanding with the Aurora Police Department
4. Investigator Training Records
5. Incident Reports

**Interviews:**

1. Interview with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.71 (a):** The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 5.1.2.E-AUR, page 4 states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse at GEO facilities. The Facility Administrator and contracting agencies shall be notified prior to investigation all allegations of sexual abuse. Page 5 further states that when the facility conducts its own investigations into allegations of sexual abuse, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. A review of the two incident reports indicated that one allegation of sexual abuse was reported during the audit period and the investigation was still open. The interview with the facility investigator confirmed that an investigation is initiated immediately upon notification of an allegation of sexual abuse. He stated that all allegations are investigated thoroughly, regardless of how they are reported.

**115.71 (b):** 5.1.2.A-AUR, page 11 states that investigators shall be trained in conducting investigations on sexual abuse in confinement settings. The training is conducted utilizing the PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings. A review of documentation indicated that the facility investigator is documented with the specialized training as well as with training through The Reid Technique of Investigative Interviewing and Advanced Interrogation. The interview with the facility investigator indicated he received specialized training in conducting sexual abuse investigation in a confinement setting. He stated that the training covered scenarios, interviewing techniques, report writing, required notifications and the steps to take. The investigator also stated he attended a John Reid class for interviewing and interrogation.

**115.71 (c):** 5.1.2.E-AUR, page 5 states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of the two incident reports indicated that one allegation of sexual abuse was reported during the audit period and the investigation was still open. The interview with the facility investigator indicated that upon notification of an allegation he would interview the victim and determine what happened. He stated he would contact

the local Police Department, ensure the inmate victim was seen by medical and mental health, get the reports from the initial responders and complete the appropriate paperwork. The investigator further stated that he would then interview the victim, witnesses and the subject, gather any evidence, review video, piece together the information and come up with a conclusion.

**115.71 (d):** 5.1.2.E-AUR, page 9 states that when the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of the two incident reports indicated that one allegation of sexual abuse was reported during the audit period and the investigation was still open. The interview with the facility investigator indicated that he does not conduct compelled interviews. He stated he would contact local law enforcement and they would advise him on what to do.

**115.71 (e):** 5.1.2.E-AUR, page 5 states that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a detainee or staff. Policy further states that no agency shall require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The interview with the investigator confirmed that he would not require an inmate victim to take a polygraph or truth telling device test. He further stated that credibility is based off of the "smell test". He stated this means, does the evidence corroborate what is being said, what is the motivation and does it all add up and make sense. There were no inmates identified during the on-site portion of the audit that reported sexual abuse and as such no interviews were completed.

**115.71 (f):** 5.1.2.E-AUR, pages 5-6 state that an investigative report shall be written for all investigations of allegations of sexual abuse. The Aurora ICE Processing Center shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. The policy further states that administrative investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigative facts and findings. The interview with the facility investigator confirmed that administrative investigations would be documented in written reports and include a summary, an executive digest, description of evidence and exhibits, including reports, statements, video, etc., findings, a conclusion and any recommendation. The facility investigator further confirmed that all investigations include a review to determine if staff actions or failure to act contributed to the allegation. He stated that he reviews video to make sure that staff follow policy and procedure.

**115.71 (g):** 5.1.2.E-AUR, pages 5-6 state that an investigative report shall be written for all investigations of allegations of sexual abuse. There have been no criminal investigations completed related to sexual abuse within the previous twelve months, however there was one allegation referred to the APD for investigation. The interview with the facility investigator confirmed that all criminal investigations are documented in a written report and they try to obtain a copy of the report once completed.

**115.71 (h):** The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 5.1.2.E-AUR, page 5 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ indicated that there were no allegations referred for prosecution since the last PREA audit. A review of documentation indicated that they had zero substantiated allegations during the audit period. The interview with the facility investigator indicated that they do not refer for prosecution, rather they refer the allegation to the local police who refer it for criminal prosecution, if applicable.

**115.71 (i):** The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is

incarcerated or employed by the agency, plus five years. 5.1.2.E-AUR, page 6 indicates that the Aurora ICE Processing Center shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**115.71 (j):** 5.1.2.E-AUR, page 5 states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The facility investigator stated that an investigation would be completed whether the inmate or staff member departed the facility/agency's custody/employment.

**115.71 (k):** The auditor is not required to audit this provision.

**115.71 (l):** 5.1.2.E-AUR, page 5 states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports. The facility has an MOU with the Aurora Police Department indicating they conduct criminal investigations for the facility. The PC stated that facilities are instructed to request an update from the outside law enforcement entity at least once a month in order to track the status of the investigation. The investigation outcome affects monitoring for retaliation, inmate notices of outcomes and after-action reviews. The interview with the Warden indicated that the facility would coordinate with getting the report numbers from the Police Department and make follow-up contact related to the progress. The interview with the PCM indicated that they ensure the outside investigative agency has the facility contact information and that they get the officer or investigator's card to make frequent contact to check on the status of the investigation. The facility investigator stated that he would be responsible for coordinating any actions with the local police department.

Based on a review of the PAQ, 5.1.2.E-AUR, MOU with the Aurora PD, investigator training records, incident reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager and the facility investigator, this standard appears to be compliant.

## Standard 115.72: Evidentiary standard for administrative investigations

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.E-AUR – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

### 3. Incident Reports

#### Interviews:

1. Interview with Investigative Staff

#### Findings (By Provision):

**115.72 (a):** The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 5.1.2.E-AUR, page 6 states that the Aurora ICE Processing Center shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. A review of the two incident reports indicated that one allegation of sexual abuse was reported during the audit period and the investigation was still open. The interview with the facility investigator indicated that he requires a preponderance of evidence in order to substantiate an administrative investigation.

Based on a review of the PAQ, 5.1.2.E-AUR, incident reports and information from the interview with the facility investigator indicates that this standard appears to be compliant.

### Standard 115.73: Reporting to inmates

#### 115.73 (a)

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

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.E-AUR – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Notification of Outcome of Allegation Form
4. Incident Reports

#### Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff

#### Findings (By Provision):

**115.73 (a):** The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as

to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 5.1.2.E-AUR, page 10 states that at the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated by the Facility Administrator shall inform the detainee victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded. The PAQ indicated that there were no investigations completed within the previous twelve months and as such no notifications were required. A review of the two incident reports indicated that one allegation of sexual abuse was reported during the audit period and the investigation was still open. The interviews with the Warden and the facility investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. There were no inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

**115.73 (b):** The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. 5.1.2.E-AUR, page 10 states that if the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the detainee. The PAQ indicated that there were no investigations completed within the previous twelve months and as such no notifications were required. A review of the two incident reports indicated that one allegation of sexual abuse was reported during the audit period and the investigation was still open.

**115.73 (c):** The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 5.1.2.E-AUR, page 10 states that the detainee will be provided an updated notification at the conclusion of a criminal proceeding, if the detainee is still in custody at the facility. A review of the Notification of Outcome of Allegation form confirmed that a section exists on the form for the four requirements under this provision. The PAQ indicated that there have been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. Additionally, the PAQ indicated that the agency informs inmates of the required components under this provision if applicable. A review of the two incident reports indicated that one allegation of sexual abuse was reported during the audit period and the investigation was still open. The staff member was placed on no contact from the inmate during the investigation and the inmate was verbally notified of the no contact by the PCM. There were no inmates identified who report sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

**115.73 (d):** The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 5.1.2.E-AUR, page 10 states that the detainee will be provided an updated notification at the conclusion of a criminal proceeding, if the detainee is still in custody at the facility. A review of the Notification of Outcome of Allegation form confirmed that a section exists on the form for the two requirements under this provision. A review of the two incident reports indicated that one allegation of sexual abuse was reported during the audit period and the investigation was still open. There were no inmates identified who report sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

**115.73 (e):** The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 5.1.2.E-AUR, page 10 states that at the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated by the Facility Administrator shall inform the detainee victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded. The detainee shall receive the original completed Notification of Outcome of Allegation form in a timely manner and a copy of the form shall be retained as part of the investigative file. The PAQ stated that there were zero notifications made pursuant to this standard. A review of the two incident reports indicated that one allegation of sexual abuse was reported during the audit period and the investigation was still open.

**115.73 (f):** This provision is not required to be audited.

Based on a review of the PAQ, 5.1.2.E-AUR, incident reports, the Notification of Outcome of Allegation form and information from interviews with the Warden and facility investigator, this standard appears to be compliant.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. 5.1.2.E-AUR – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Incident Reports

**Findings (By Provision):**

**115.76 (a):** The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 5.1.2.E-AUR, page 10 states that staff shall be subject to disciplinary or adverse actions up to and including removal from their position and the Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies.

**115.76 (b):** The PAQ indicated there was one staff member who violated the sexual abuse and sexual harassment policies and one staff member who was terminated for violating the sexual abuse or sexual harassment policies. 5.1.2.E-AUR, page 11 states that removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by an employee, contractor or volunteer.

**115.76 (c):** The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 5.1.2.E-AUR, page 10 states that staff shall be subject to disciplinary or adverse actions up to and including removal from their position and the Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The PAQ indicated there were no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of incident reports indicated there was one staff-on-inmate allegation, however the investigation was still open.

**115.76 (d):** The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 5.1.2.E-AUR, page 11 states that the Aurora ICE Processing Center shall report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies, to the extent known. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and no staff member were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, 5.1.2.E-AUR and incident reports, indicates that this standard appears to be compliant.

**Standard 115.77: Corrective action for contractors and volunteers**

### 115.77 (a)

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.E-AUR – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Incident Reports

### Interviews:

1. Interview with the Warden

### Findings (By Provision):

**115.77 (a):** The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 5.1.2.E-AUR, page 11 states that any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. Each facility shall make reasonable efforts to report to any relevant licensing body, to the extent know, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. The PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of the two reported allegations indicated neither involved a contractor or volunteer.

**115.77 (b):** The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 5.1.2.E-AUR, page 11 indicates that the Aurora ICE Processing Center shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse, but have violated other provisions within these standards. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in the individual being prohibited from contact with inmates by removal of their facility clearance. The Warden confirmed that there have not been any contractors or volunteers who violated the sexual abuse or sexual harassment policies over the audit period.

Based on a review of the PAQ, 5.1.2.E-AUR, incident reports and information from the interview with the Warden, this standard appears to be compliant.

## **Standard 115.78: Disciplinary sanctions for inmates**

### **115.78 (a)**

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

### **115.78 (b)**

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

### **115.78 (c)**

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

### **115.78 (d)**

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

### **115.78 (e)**

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

### **115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.E-AUR – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshall's Detention Facilities
4. Incident Reports

### Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

### Findings (By Provision):

**115.78 (a):** The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 5.1.2.E-AUR, page 11 indicates that the Aurora ICE Processing Center shall subject a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. The PAQ indicated there has been zero administrative and criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of the two incident reports indicated that one allegation of inmate-on-inmate sexual abuse was reported during the audit period and the investigation was still open.

**115.78 (b):** 5.1.2.E-AUR, page 11 states that at all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. The interview with the Warden indicated that discipline could involve outside criminal prosecution or internally would involve the disciplinary process and could involve disciplinary time. He indicated that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates.

**115.78 (c):** 5.1.2.E-AUR, page 11 states that the disciplinary process shall consider whether a detainee's mental disability or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Warden confirmed that an inmates' mental disability or mental illness would be considered in the disciplinary process.

**115.78 (d):** The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying reasons or motivations for committing sexual abuse. The staff stated that inmates can refuse counseling and it is all voluntary.

**115.78 (e):** 5.1.2.E-AUR, page 11 indicates that the Aurora ICE Processing Center shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

**115.78 (f):** The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 5.1.2.E-AUR, page 11 indicates that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**115.78 (g):** The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 5.1.2.A-AUR, page 4 states that sexual activity between two or more inmates in the facility is prohibited.

Based on a review of the PAQ, 5.1.2.E-AUR, 5.1.2.A-AUR, incident reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

## MEDICAL AND MENTAL CARE

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

#### 115.81 (a)

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

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. Medical/Mental Health Documents

#### Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff
3. Inmates who Disclosed Prior Victimization During the Risk Screening

#### Site Review Observations:

1. Observations of Risk Screening Area

#### Findings (By Provision):

**115.81 (a):** The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health

practitioners within fourteen days of the intake screening. 5.1.2.A-AUR, page 8 states that any inmate who is identified (pursuant to the screening conducted in Section D) who has previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the initial intake screening. The policy further states that if during the intake assessment, persons tasked with screening determine that an inmate is at risk for either sexual victimization or abusiveness, the individual shall be referred to mental health for further evaluation. The PAQ indicated that 100% of the inmates who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The PCM provided the auditor a list of inmates who disclosed prior victimization, but upon review it was determined that none disclosed prior victimization during the risk screening. The inmates were determined to have disclosed the prior sexual abuse to the mental health staff member during a mental health screening/evaluation. A review of medical and mental health documents for the five inmates that were identified to have disclosed prior sexual victimization during the mental health screening/evaluation indicated that they were all offered additional follow-up services with the mental health staff. The interview with staff responsible for the risk screening indicated that if an inmate discloses prior sexual victimization during the risk screening they are placed on the at risk list and a notification is made to mental health that same day. The staff member stated that the mental health staff member typically sees the inmate that same day, or the next day she is at the facility. The interview with the inmate who disclosed prior victimization indicated he told the staff it occurred when he was younger and he did not need any follow-up services.

**115.81 (b):** The PAQ indicated all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2.A-AUR, page 8 states that any inmate who is identified (pursuant to the screening conducted in Section D) who has previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the initial intake screening. The policy further states that if during the intake assessment, persons tasked with screening determine that an inmate is at risk for either sexual victimization or abusiveness, the individual shall be referred to mental health for further evaluation. The PAQ indicated that 100% of those inmates who were identified to have prior sexual abusiveness were seen within fourteen days by medical or mental health staff. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Three inmates were identified with a history of sexual abusiveness. A review of medical and mental health documentation indicated that all three were offered a follow-up with mental health within fourteen days. The interview with staff responsible for the risk screening indicated that if an inmate is identified with prior sexual abusiveness they are placed on the at risk list and a notification is made to mental health that same day. The staff member stated that the mental health staff member typically sees the inmate that same day, or the next day she is at the facility.

**115.81 (c):** The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2.A-AUR, page 8 states that any inmate who is identified (pursuant to the screening conducted in Section D) who has previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the initial intake screening. The policy further states that if during the intake assessment, persons tasked with screening determine that an inmate is at risk for either sexual victimization or abusiveness, the individual shall be referred to mental health for further evaluation. The PAQ indicated that 100% of the inmates who reported prior victimization were offered a follow-up with medical and/or

mental health within fourteen days. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The PCM provided the auditor a list of inmates who disclosed prior victimization, but upon review it was determined that none disclosed prior victimization during the risk screening. The inmates were determined to have disclosed the prior sexual abuse to the mental health staff member during a mental health screening/evaluation. A review of medical and mental health documents for the five inmates that were identified to have disclosed prior sexual victimization during the mental health screening/evaluation indicated that they were all offered additional follow-up services with the mental health staff. The interview with staff responsible for the risk screening indicated that if an inmate discloses prior sexual victimization during the risk screening they are placed on the at risk list and a notification is made to mental health that same day. The staff member stated that the mental health staff member typically sees the inmate that same day, or the next day she is at the facility. The interview with the inmate who disclosed prior victimization indicated he told the staff it occurred when he was younger and he did not need any follow-up services.

**115.81 (d):** The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, but rather with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. 5.1.2.A-AUR, page 8 indicates that 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 treatment plans, security and management decisions or otherwise required by Federal, State or local law. During the tour it was noted by the auditor that inmate medical files are maintained electronically and the inmate risk screening files are maintained in behind two locked doors with limited access.

**15.81 (e):** 5.1.2.A-AUR, page 8 states that medical and mental health practitioners are required to obtain informed consent from individuals in a GEO facility or program before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the individual is under the age of eighteen). Interviews with medical and mental health staff indicate that they would obtain informed consent prior to reporting any prior sexual victimization that did not occur in an institutional setting. The staff stated that they do not house inmates under the age of eighteen and as such have not dealt with that situation.

Based on a review of the PAQ, 5.1.2.A-AUR, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

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

### **115.82 (a)**

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

### **115.82 (b)**

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

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

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. Medical and Mental Health Documents

#### Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with First Responders

#### Site Review Observations:

1. Observations of Medical and Mental Health Areas

#### Findings (By Provision):

**115.82 (a):** The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 5.1.2.A-AUR, page 20 states victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. The facility shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. During the tour the auditor noted that the medical area contains an emergency room, exam rooms, an x-ray room and waiting area with tables and stools. The exam rooms had doors with frosted windows for privacy. All medical records are electronically maintained. The mental health area consisted of offices with doors with security windows. A review of medical and mental health documentation for the two inmate victims of the reported allegations confirmed that both were offered

medical and mental health services. One inmate refused services and the other was seen the same day of the reported allegation. Interviews with medical and mental health care staff confirm that inmates receive timely unimpeded access to emergency medical treatment and crisis intervention services. Medical staff stated they are on-site 24 hours and inmates would receive services immediately upon notification. The mental health staff member stated that she is only on-site 20 hours a week and thus inmates would receive services upon her arrival or get services outside of the facility, if necessary. There were no inmates identified on-site that reported sexual abuse and as such no interviews were conducted.

**115.82 (b):** Aurora ICE has a Health Services Department that is staffed 24 hours a day, seven days a week. Inmate are treated at the facility unless they are required to be transported to a local hospital. Interviews with first responders indicated that security staff would remove the inmates from the unit, contact their supervisor, make sure the inmates are separated, make sure the area is secured, not let the inmates change clothes, go to the bathroom, etc. and take the inmates to medical. The non-security first responder stated she would separate the inmates and notify the security officer immediately.

**115.82 (c):** The PAQ states that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 5.1.2.A-AUR, page 20 indicates that this access includes offering timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, when medically appropriate. There were zero sexual abuse allegations involving penetration reported during the audit period and as such there was not documentation available under this provision. Interviews with medical and mental health staff indicated that inmate victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. There were no inmates identified on-site that reported sexual abuse and as such no interviews were conducted.

**115.82 (d):** 5.1.2.A-AUR, page 20 states that all services shall be provided without financial costs to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, 5.1.2.A-AUR, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and first responders, the facility appears to meet this standard.

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

### **115.83 (a)**

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

### **115.83 (b)**

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

### **115.83 (c)**

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

#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire

2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. Medical and Mental Health Documents

**Interviews:**

1. Interview with Medical and Mental Health Staff

**Site Review Observations:**

1. Observations of Medical Treatment Areas

**Findings (By Provision):**

**115.83 (a):** The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 5.1.2.A-AUR, page 21 indicates that the Aurora ICE Processing Center shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse that occurs in any prison, jail, lockup or juvenile facility. During the tour the auditor noted that the medical area contains an emergency room, exam rooms, an x-ray room and waiting area with tables and stools. The exam rooms had doors with frosted windows for privacy. All medical records are electronically maintained. The mental health area consisted of offices with doors with security windows. Aurora ICE has a Health Services Department that is staffed 24 hours a day, seven days a week. Inmate are treated at the facility unless they are required to be transported to a local hospital.

**115.83 (b):** 5.1.2.A-AUR, page 21 states that the evaluation and treatment should include follow-up services, treatment plans and (when necessary) referrals for continued care following a transfer or release. A review of medical and mental health documentation for the two inmate victims of the reported allegations confirmed that both were offered medical and mental health services. One inmate refused services and the other was seen the same day of the reported allegation. Interviews with medical and mental health care staff confirmed that inmates are offered follow-up services. A few of the services include mental health counseling, laboratory testing, a hospital examination, if required, self-harm and self-worth assessments and mental health treatment plans. There were no inmates identified on-site that reported sexual abuse and as such no interviews were conducted.

**115.83 (c):** 5.1.2.A-AUR, page 21 states that services shall be provided in a manner that is consistent with the level of care the inmate would receive in the community and include pregnancy test and all lawful pregnancy related medical services where applicable. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation for the two inmates who reported sexual abuse indicated that both inmates had immediate access to medical care and timely access to mental health services. Interviews with medical and mental health care staff confirm that medical and mental health services are consistent with the community level of care. The mental health care staff member stated that in terms of time and frequency it is sometimes difficult based on caseload.

**115.83 (d):** 5.1.2.A-AUR, page 21 states that services shall be provided in a manner that is consistent with the level of care the inmate would receive in the community and include pregnancy test and all lawful pregnancy related medical services where applicable. The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. While the facility holds male and female detainees, the USMS side, which is the current audited side, does not house female inmates and as such this part of the provision does not apply.

**115.83 (e):** 5.1.2.A-AUR, page 21 states that services shall be provided in a manner that is consistent with the level of care the inmate would receive in the community and include pregnancy test and all lawful

pregnancy related medical services where applicable. The PAQ indicated that If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services While the facility holds male and female detainees, the USMS side, which is the current audited side, does not house female inmates and as such this part of the provision does not apply.

**115.83 (f):** The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 5.1.2.A-AUR, page 21 states that victim shall also be offered tests for sexually transmitted infections as medically appropriate. There were zero sexual abuse allegations involving penetration reported during the audit period and as such there was not documentation available under this provision. There were no inmates identified on-site that reported sexual abuse and as such no interviews were conducted.

**115.83 (g):** The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 5.1.2.A-AUR, page 20 states that all services shall be provided without financial costs to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were no inmates identified on-site that reported sexual abuse and as such no interviews were conducted.

**115.83 (h):** The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 5.1.2.A-AUR, page 21 states that the facility shall attempt to conduct a mental health evaluation on all known inmate abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners. One inmate-on-inmate allegations was made in the previous twelve months and is still open. Thus there were no known inmate-on-inmate abusers that were required to be evaluated by mental health. Interviews with medical and mental health staff indicate that they would conduct an evaluation on all known inmate-on-inmate abusers within 24 hours of receiving the information.

Based on a review of the PAQ, 5.1.2.A-AUR, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to be compliant.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities

#### Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

## Findings (By Provision):

**115.86 (a):** The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 5.1.2.A-AUR, page 22 indicates that the Aurora ICE Processing Center is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. The PAQ indicated that zero reviews were completed within the previous twelve months. A review of incident reports indicated that there was one allegation of sexual abuse, however the investigation was still open. Thus there was no documentation to review during the on-site portion of the audit related to this standard.

**115.86 (b):** The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 5.1.2.A-AUR, page 22 indicates that such reviews shall occur within 30 days of the conclusion of the investigation. The PAQ indicated that zero reviews were completed within the previous twelve months. A review of incident reports indicated that there was one allegation of sexual abuse, however the investigation was still open. Thus there was no documentation to review during the on-site portion of the audit related to this standard.

**115.86 (c):** The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 5.1.2.A-AUR, page 22 states that the review team shall consist of upper level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and medical and mental health practitioners. The Corporate PREA Coordinator may be consulted as part of the team. A review of incident reports indicated that there was one allegation of sexual abuse, however the investigation was still open. Thus there was no documentation to review during the on-site portion of the audit related to this standard. The interview with the Warden confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials, line supervisors, investigators and medical and mental health care staff.

**115.86 (d):** The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 5.1.2.A-AUR, page 22 states that a PREA After Action Review Report of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review. A review of incident reports indicated that there was one allegation of sexual abuse, however the investigation was still open. Thus there was no documentation to review during the on-site portion of the audit related to this standard. Interviews with the Warden, PCM and incident review team member confirmed that these the facility conducts sexual abuse incident reviews and they include the required elements under this standard. The Warden stated that the information is utilized in to house detainees, support the detainee victim through mental health and advocacy services and it is utilized to determine if there is a need for change in policy, procedure or training. The PCM indicated that he reviews these reports and has not noticed any trends. He further stated that after the report is submitted it is uploaded to the PREA portal and he would look at any recommendations to determine if they need to be implemented.

**115.86 (e):** The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 5.1.2.A-AUR, page 22 states that the facility shall implement the recommendations for improvement or document its reasons for not doing so. A review of incident reports indicated that there was one allegation of sexual abuse, however the investigation was still open. Thus there was no documentation to review during the on-site portion of the audit related to this standard.

Based on a review of the PAQ, 5.1.2.A-AUR and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

## Standard 115.87: Data collection

### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

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

### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire

2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. PREA Annual Report

**Findings (By Provision):**

**115.87 (a):** The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2.A-AUR, page 22 states that the Aurora Ice Processing Center will collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

**115.87 (b):** The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 5.1.2.A-AUR, page 22 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of the GEO Group Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

**115.87 (c):** The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2.A-AUR, page 22 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

**115.87 (d):** The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 5.1.2.A-AUR, page 22 states that the Aurora Ice Processing Center will collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator.

**115.87 (e):** The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency does not contract for the confinement of its inmates. The agency is a private for profit agency and houses other agency inmates

**115.87 (f):** The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 5.1.2.A-AUR, page 22 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

Based on a review of the PAQ, 5.1.2.A-AUR and the GEO Group Annual PREA Reports, this standard appears to be compliant.

## Standard 115.88: Data review for corrective action

### 115.88 (a)

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

### 115.88 (b)

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

### 115.88 (c)

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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Documents:

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities
3. PREA Annual Report

**Interviews:**

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.88 (a):** The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 5.1.2.A-AUR, page 23 states that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including by: identifying problems areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. The policy further states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract. A review of annual reports indicates that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions and program enhancements. The report compares the data from the current year with the previous year. The interview with the Agency Head Designee indicated that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated that all of our clients, except USMS, include GEO PREA data in their annual PREA reports as well. The PC stated all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to him for review. He further confirmed that GEO publishes a PREA report annually and that it is available on GEO's website. The PCM stated that the facility data is a component of the agency data and that it provides a snapshot of the facility. He stated that it assists with identifying trends, shortcomings and best practices.

**115.88 (b):** The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 5.1.2.A-AUR, page 23 states that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions and program enhancements. The report compares the data from the current year with the previous year.

**115.88 (c):** The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 5.1.2.A-AUR, page 23 states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. The interview with the Agency Head Designee confirmed that the annual PREA report is approved by the appropriate divisional authority for Secure Services, Reentry Youth Service and the CEO. The report is published online at <https://www.geogroup.com/prea>.

**115.88 (d):** The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 5.1.2.A-AUR, page 23 states that GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of the annual report confirms that no personal identifying information is included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that GEO only reports numbers and incident types; personally, identifiable information is omitted for confidentiality purposes.

Based on a review of the PAQ, 5.1.2-A-AUR, the GEO Group Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

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

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. 5.1.2.A-AUR – PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal’s Detention Facilities
3. PREA Annual Report

**Interviews:**

1. Interview with the PREA Coordinator

**Findings (By Provision):**

**115.89 (a):** The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 5.1.2.A-AUR, page 23 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The interview with the PREA Coordinator indicated that all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all our PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. These recommended improvements are submitted to the appropriate divisional authority (Secure Services, Reentry and Youth Services) annually for review and approval.

**115.89 (b):** The PAQ states that the agency will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public, at least annually, through its website or through other means. A review of the website: <https://www.geogroup.com/prea> confirmed that the current annual report, which includes aggregated data for all GEO facilities, is available to the public online.

**115.89 (c):** 5.1.2.A-AUR, page 23 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

**115.89 (d):** 5.1.2.A-AUR, page 23 and the PAQ indicate that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, 5.1.2.A-AUR, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

# AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

### 115.401 (b)

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

### 115.401 (h)

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

### 115.401 (i)

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

### 115.401 (m)

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

### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

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

#### Findings (By Provision):

**115.401 (a):** The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year.

**115.401 (b):** The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year. The facility is being audited in the second year of the three-year cycle.

**115.401 (h) – (m):** The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

### Standard 115.403: Audit contents and findings

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Findings (By Provision):

**115.403 (a):** The facility was previously audited on June 26-28 2018. The final audit report is publicly available via the agency website.

## AUDITOR CERTIFICATION

I certify that:

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

Kendra Prisk

October 3, 2021

**Auditor Signature**

**Date**

---

<sup>i</sup> The facility also houses Immigration and Customs Enforcement (ICE) inmates; however the auditor was not auditing this portion of the facility. ICE facilities have a separate PREA audit that is conducted. The auditor was only conducting the audit for the Department of Justice United States Marshall Service portion of the facility.

<sup>ii</sup> The facility holds males and females, however the USMS portion of the audit is male inmates only. The females are ICE detainees.

<sup>iii</sup> Agency, company and department are utilized interchangeably within this document.

<sup>iv</sup> Inmate and detainee are used interchangeably within this document.