PREA AUDIT REPORT ☐ **Interim** ☒ **Final**

ADULT PRISONS & JAILS

Date of report: April 24, 2017

Auditor Information			
Auditor name: Barbara Jo Denison			
Address: 3113 Clubhouse Drive, Edinburg, TX 78542			
Email: denisobj@sbcglobal.net			
Telephone number: 956-566-2578			
Date of facility visit: February 8-10, 2017			
Facility Information			
Facility name: Coastal Bend Detention Center			
Facility physical address: 4909 FM 2826, Robstown, TX 78380			
Facility mailing address: P.O. Box 1387 Robstown, TX 78380			
Facility telephone number: 361-767-3400			
The facility is:	☐ Federal	☐ State	☐ County
	☐ Military	☐ Municipal	☒ Private for profit
	☐ Private not for profit		
Facility type:	☐ Prison	☒ Jail	
Name of facility's Chief Executive Officer: George "Butch" Head, Warden			
Number of staff assigned to the facility in the last 12 months: 176			
Designed facility capacity: 1176			
Current population of facility: 818			
Facility security levels/inmate custody levels: Low-Medium			
Age range of the population: 20-69			
Name of PREA Compliance Manager: Shanna Swindle		**Title:** PREA Compliance Manager	
Email address: sswindle@geogroup.com		**Telephone number:** 361-455-3699	
Agency Information			
Name of agency: The GEO Group Inc.			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: One Park Place, Suite 700, 621 Northwest 53rd Street, Boca Raton, Florida 33487			
Mailing address: *(if different from above)* N/A			
Telephone number: 561-999-5827			
Agency Chief Executive Officer			
Name: George Zoley		**Title:** Chairman of the Board, CEO and Founder	
Email address: gzoley@geogroup.com		**Telephone number:** 561-893-0101	
Agency-Wide PREA Coordinator			
Name: Phebia L. Moreland		**Title:** Director, Contract Compliance, PREA	
Email address: pmoreland@geogroup.com		**Telephone number:** 561-999-5827	

AUDIT FINDINGS

NARRATIVE

The PREA on-site audit of the Coastal Bend Detention Center was conducted on February 8-10, 2017, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. For each standard, interviews, observations, and review of documentation provided verified that practices are consistent with agency and facility policies and practices.

On the first day of the audit, an entrance meeting was held followed by a tour of the facility with the following people in attendance: George Head, Warden, Armando Andrade, Assistant Warden, Stacy Galindo, Major, Shanna Swindle, PREA Compliance Manager, Gary Gomez, Central Region Director of Operations and Rob Walling, Manager Contract Compliance PREA.

During the tour, the location of cameras and mirrors, the physical layout of the facility including shower/toilet areas, adequacy of staff supervision and placement of PREA information was observed. PREA posters and reporting information in both English and Spanish were displayed in all housing units as well as other locations throughout the facility. Large boards with reporting information relevant to USMS, ICE and BOP and victim advocacy information are posted in all housing units and in numerous locations throughout the facility. In addition to the large information boards, other PREA information is provided by the detainee telephones in all housing units.

The facility has a Memorandum of Understanding (MOU) with the Women's Shelter of South Texas that was entered into on 9/21/16. The Sexual Abuse Manager/Counselor was contacted prior to the on-site visit to confirm and review the MOU. She shared that the agency works closely with the Doctor's Regional Hospital and the SANE providers from Driscoll Children's Hospital. When Doctor's Regional is notified of the need for a forensic examination, the shelter is called and a victim advocate is dispatched.

The Chaplain, who is the Volunteer Coordinator for the facility, is currently taking Sexual Assault Victim Advocacy classes at the Women's Shelter of South Texas to become a victim advocate. The class is four weeks of classroom training with a 10-hour home study component. Besides victim advocacy services, the MOU with the Women's Shelter of South Texas also provides peer counseling, support, information, referrals and individual counseling in both English and Spanish, either at the facility or at the Shelter. Contact was made with the Director of Emergency Services of Doctor's Regional Hospital who verified the process of forensic exams of detainee victims of sexual abuse and the process of ensuring a victim advocate be contacted to be present for a forensic exam.

I reviewed the training records of 20 employees, four contractors and three volunteers to determine compliance with training mandates. The same employee files, as well as the files of all contractors and volunteers, were reviewed to determine compliance to required criminal background checks.

The population on the first day of the audit totaled 818. This number included 424 USMS males, 30 USMS females, 356 ICE males, 4 BOP males and 4 ICE Houston detainees. A random selection of 40 detainees from various housing units were formally interviewed. This number included one detainee who I received correspondence from prior to the onsite visit, one detainee who had alleged sexual abuse,

four identified from initial screening to be potential victims, two identified from initial screening to be potential predators, one hard of hearing and could not read, one who self-disclosed being bisexual, two who self-disclosed being gay and one who self-disclosed being lesbian. There were no detainees housed at the facility that were blind, had low vision, deaf, had cognitive or other disabilities or who self-disclosed being transgender or intersex. Of the detainees interviewed, five were Spanish speaking, 15 were French speaking, one spoke Bangla, one spoke Somali and one spoke Mandarin Chinese. The Spanish-speaking detainees were interviewed with the Case Manager Coordinator providing translation. The French-speaking detainees were interviewed with an Intake Officer providing translation and other non-English speaking detainees were interviewed with translation provided by interpreters from Language Line Services.

It was learned through interviews, that non-English speaking detainees, with the exception of Spanish-speaking detainees, were not screened or given PREA information using the Language Line Services for interpretation. Four of the French-speaking detainees and one Somali-speaking detainee reported that other detainees that spoke their language were called upon to provide translation for them during intake. The facility began receiving ICE detainees on October 5, 2016 and the detainees were from several different countries with the majority non-English proficient. Due to the number of detainees who reported not being screened using an interpreter and not being able to understand the PREA video or written information given to them and the posted PREA information, the facility was found not to be in compliance with standards 115.16, 115.33 and 115.41, necessitating corrective actions for these standards. (See the narrative for each of these standards for details)

There were 22 random security staff interviewed. This number included one captain, one sergeant, one intake officer and eight line staff from each security shift. Thirteen specialized staff were interviewed and those that held multiple roles at the facility were asked multiple questions as they relate to those roles. One volunteer and four contractors were also interviewed. All interviewed were knowledgeable of their responsibilities of detecting, preventing, responding and reporting allegations of sexual abuse and sexual harassment. It was evident that all staff take the PREA program very seriously and understand the importance of the program for the safety of the detainees and for themselves.

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

Number Received	**Description of Compliant**	**Investigative Results**
2	Inmate-on-Inmate Sexual Abuse	1 - Unsubstantiated 1 - Ongoing
1	Willing Sexual Activity	1 - Substantiated
3	Staff-on Inmate Sexual Harassment	1 – Substantiated 1 – Unsubstantiated 1 - Ongoing
1	Inmate-on-Inmate Sexual Harassment	1 -Unsubstantiated

Investigative files were reviewed with the PREA Compliance Manager with Rob Walling, Manager, Contract Compliance PREA in attendance. PREA allegations were found to be investigated in accordance with the PREA standards. Two investigations remain open with the administrative investigations ongoing.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with George Head, Warden, Armando Andrade, Assistant Warden, Shanna Swindle, PREA Compliance Manager and Rob Walling, Manager, Contract Compliance PREA in attendance, with Phebia Moreland, Director, Contract Compliance PREA Coordinator in attendance via telephone. During the exit meeting, the facility was informed of the process that would follow the on-site visit including corrective measures for standards 115.16, 115.33 and 115.41. The team was thanked for their cooperation prior to the audit and during the on-site visit. They were complimented on the PREA program they have developed and on their willingness to achieve PREA compliance as a team.

Following the on-site audit, the facility entered into a 45-day corrective action period (2/14/17 – 3/31/17) to work towards compliance to standards 115.16, 115.33 and 115.41. See narrative for standards 115.16, 115.33 and 115.41 for details of the corrective action recommended to the facility to achieve compliance to these standards. During the corrective action period, the facility staff and the PREA Coordinator worked together on a plan of action.

Corrective Action Taken:

The facility first identified all detainees that were limited English proficient and identified which language they were proficient. The number of detainees identified was 152, which represented 20 different languages. The facility forwarded me a roster of the names of the 152 detainees, which included the language they spoke.

The facility immediately ceased the use of detainee interpreters for completing risk screenings and PREA education for detainees. Detainees will only be used in limited circumstances where an extended delay in obtaining an interpreter could compromise the detainee's safety, the performance of first-responder duties, or the investigation of the detainee's allegations.

115.16 And 115.33: The facility revised the *Comprehensive PREA Education* form that detainees sign when they receive PREA education to include a line to document the use of the Language Line Services and the interpreter's identification number. In addition, another line was added to document when a staff interpreter is utilized. The facility was able to obtain PREA education material translated into three of the most prevalent languages. The facility provided comprehensive PREA education to all identified limited English proficient detainees, with the exception of one, through use of staff interpreters, translated PREA education material or by the use of interpreters from Language Line Services. One detainee from Burkina Faso is proficient in the language of Moore. Language Line Services was unable to provide an interpreter for this language. The facility requested assistance through the embassy of Burkina Faso in Washington, DC, but they were unable to provide interpretation. The facility also reached out to the San Antonio Immigration and Custom Enforcement office, who were unable to provide an interpreter. With the consent of the detainee, PREA education was provided to him through the assistance of another detainee who spoke the Moore language.

Upon completion of PREA education, all detainees signed the revised *Comprehensive PREA Education* form. These forms were forwarded to me for my review. The facility was found compliant with standards 115.16 and 115.33 upon the completion of my review of documentation provided.

115.41: The facility completed the *PREA Risk Assessments* and the *PREA Vulnerability Questionnaires* on all identified limited English proficient detainees utilizing a staff interpreter for the French-speaking detainees and utilizing the services of interpreters from Language Line Services for all other languages. The detainee from Burkina Faso, who an interpreter could not be found, his reassessments were completed, with his consent, with the assistance of another detainee who spoke his language. The facility also completed another *Initial Custody Assessment* on each detainee. The facility forwarded to me the completed *PREA Risk Assessments,* the *PREA Vulnerability Questionnaires* and the *Initial Custody Assessments.* In review of the screening forms, the screeners documented the use of Language Line or the use of staff interpreters as appropriate and upon my review, I confirmed that the facility is compliant with standard 115.41.

DESCRIPTION OF FACILITY CHARACTERISTICS

Coastal Bend Detention Center was constructed in 2008 by LCS Corrections. In February 2015, the GEO Group, Inc. gained ownership of the facility because of the acquisition of LCS Corrections Inc. The Coastal Bend Detention Center is a 1176 bed facility that has space for expansion up to a total capacity of 2500 beds. Coastal Bend Detention Center serves as a primary facility in the region for ICE and U.S. Marshal Service.

The facility is a 213,151 square-feet private facility that sits on 55 acres and is located six miles south of Robstown, Texas off Farm Road 2826. The facility is surrounded by 10 feet of double fence with barb wire over the top. Between the double fences is a camera monitoring system that is linked into the main control room. These cameras are observed by security staff on a continuous basis and can be monitored in the offices of the Warden, Assistant Warden and Major.

Coastal Bend Detention Center is comprised of six buildings inside of a secure perimeter: an administration building, two support buildings and three detainee housing buildings. The administration building includes the medical department, intake and release, visitation, commissary, food service and laundry. Located in one of the support buildings is the training department and the supply office. In the second support buildings is the library, chapel, grievance office and gang intelligence office. The maintenance department is a standalone building located outside of the secure perimeter.

Housing units 1, 2 and 3 are for general population detainees. One hallway in building 1 is the restricted housing unit for high risk detainees. All of the three housing buildings are identical and have two 48-man dorms, sixteen 8-man dorms, two 16-man dorms and 64 two-man cells. The 64 two-man cells have a narrow window cutout on the doors and have a toilet, sink and shower with a shower curtain in each cell. All other dorms have large windows across the front of the dorm. The 48-man dorm restrooms have 6 sinks, 6 toilets and 4 showers with shower curtains. A metal enclosure with frosted glass behind it affords the detainees privacy while toileting. Shower curtains provide privacy while showering. The medical unit has four medical holding cells with cameras that are monitored from the nurses' station. A secure fence separates the female hallway from the male housing units.

The housing units have pay telephones with PREA information readily accessible to detainees and large eye-catching information boards with reporting information specific to each client. The *Speaking Up: Discussing Prison Sexual Assault* video is played every day from 11 a.m. – 1 p.m. in all general population housing units and continuously in the three holding cells located in the intake area. All housing units have an intercom system that is answered by security staff in the control center. Opposite gender announcements are made at the beginning of each shift and documented in log books. Signs on the doors of the housing hallways remind staff to make opposite gender announcements.

The facility has eight large recreation areas for its general population detainees and individual outdoor recreation cells for restricted housing detainees. Medical services are contracted through Correctional Care Solutions (CCS) and commissary services are contracted through Brothers Commissary.

The facility has eight counts in a 24-hour period; three on the day shift and five on the evening shift. Housing rounds are made at a minimum of every 30 minutes. Housing rounds are documented in log books located in the restricted housing unit hallway, in female hallways and in the control rooms. Rounds in the Restricted Housing Units are conducted using the pipe system. Unannounced PREA rounds are conducted on a weekly basis by supervisors. Detainee movement is coordinated and supervised by utility officers and shift supervisors.

Coastal Bend Detention Center's Mission Statement:
"The facility pledges loyalty to the staff employed and will do everything to ensure all arrive to work safely, work in a safe and secure environment and leave work safely each and every day. CBDC demands all staff adhere to policies and procedures, sound correctional practice, adhere to training that has been afforded to you, respect to your coworkers and the detainee population entrusted in our care.

- We will provide safe, secure, humane and constitutional environment for pre-trail and sentenced detainees committed to our custody.
- We will provide a safe and professional working environment for staff, to include principled leadership, training, policy and procedural guidance, and the resources necessary to effectively meet our responsibilities.
- Provide quality services to our clients and stakeholders such as; USMS, BOP, ICE, CBP, Federal Courts, Federal Probation, AUSA, Public Defenders, our gracious Volunteers, detainee families and most of all, our US taxpayers.
- We are obligated as employees to maintain the physical plant, efficiently manage our resources and adhere to the highest standards of professionalism and ethical standards.

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

SUMMARY OF AUDIT FINDINGS

The initial on-site audit of Coastal Bend Detention Center revealed the facility was not compliant with standards 115.16, 115.33 and 115.41 and the facility entered into a corrective action period for 45 days. An interim report was submitted to the PREA Coordinator on March 6, 2017. The facility completed their corrective action measures at the conclusion of the corrective action period and provided documentation for my review. Upon my review of documentation provided, the facility was found compliant with these standards. The following is a summary of the final audit findings:

Number of standards exceeded: 6

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors (pages 3-5, section II-B). Coastal Bend Detention Center's policy 1300.05 is their policy that outlines their approach to the prevention of sexual abuse of detainees. The policy also includes definitions of prohibited behaviors on pages 3-5, section II-B. GEO's policy 5.1.2-A and the Coastal Bend Detention Center's policy 1300.05 both are comprehensive and provide a thorough description of the agency's approach to reduce and prevent sexual abuse and sexual harassment of detainees, exceeding in the requirement of this standard.

GEO policy 5.1.2-A, pages 6 & 7, section III-B, 1-3, and facility policy 1300.05, pages 7 & 8, section IV-B outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency employs an upper-level agency-wide PREA Coordinator and a facility PREA Compliance manager as required by this standard. In interview with the PREA Coordinator and the PREA Compliance Manager during the on-site visit, they both stated they have sufficient time and authority to manage their PREA-related responsibilities.

Standard 115.12 Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☒ Not Applicable

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Standard 115.13 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 1300.05, page 7, section C-1, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect detainees against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse and the resources the facility has available to ensure adequate staffing levels in the development of the facility's staffing plan. The facility adheres to the established staffing plan as required by the United States Marshal Service and ICE. The Major oversees the staffing plan and reports to the Warden. Mandated positions are entered into an automated Telestaff program and staffing rosters are developed from this automated system. The facility is staffed for all shifts utilizing overtime as necessary.

A *PREA Annual Facility Assessment* is completed annually by the PREA Compliance Manager, along with other administrative team members, and forwarded to the PREA Coordinator and the Corporate Divisional Vice President for review and signature. The *PREA Annual Facility Assessments* completed 2015 and 2016 noted no deviations from the staffing plan and no recommendations for any changes to the current staffing levels. In interview with the Warden, he stated that in the past 12 months, there have been no deviations to the staffing plan.

GEO policy 5.1.2-A, page 7, section C-1-f & g, and facility policy 1300.05, page 7, section C-1-e & f, state that high level supervisors will conduct and document unannounced rounds to deter employee sexual abuse and sexual harassment. These rounds are to be completed on all three shifts and documented on the *PREA Unannounced Round Questionnaire* and on the housing log book. While making rounds, department heads and Shift Supervisors are required to observe for cross-gender viewing, gender announcements, staff-detainee communication and ensuring that PREA signs are posted in housing areas and holding rooms. The facility prohibits staff from alerting other staff of the conduct of such rounds.

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

Standard 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☒ Not Applicable

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Coastal Bend Detention Center does not house youthful detainees; therefore, this standard in not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of GEO policy 5.1.2-A, pages 15 & 16, section I and facility policy 1300.05, page 19, section H, cross gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances. Facility policy prohibits cross-gender pat-down searches of female detainees, except in exigent circumstances.

The facility does not restrict female detainees' access to regularly available programming or other outside opportunities in order to comply with this provision. The facility will document and justify all cross-gender strip searches and cross-gender visual body cavity searches of detainees. All searches are documented on the *Daily Intake Strip Log* electronically.

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

In addition to general training provided to all employees, security staff receives training on how to conduct cross-gender pat-down searches and searches of transgender and intersex detainees. GEO's training curriculum, *Guidance in Cross-Gender and Transgender Pat Searches* was provided for review. Staff signs a *Cross Gender Pat Searches & Searches of Transgender and Intersex* acknowledgement form upon completion of this training and completion of this training

is recorded electronically on the individual's *User Transcript Report*. Receipt of this training was verified through review of staff training records and confirmed by staff interviews of staff who reported receiving this training. A *Statement of Search/Shower/Pronoun Preference Form* is completed at intake for all detainees who self-identify as transgender. The form allows them to choose if they prefer to be pat searched by a male or female staff person.

The agency has policies and procedures in place that enable detainees to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breast, buttocks or genitalia. Staff of the opposite gender announce their presence when reporting to duty or when entering a housing unit or any areas where detainees are likely to be showering, preforming bodily functions or changing clothes. Opposite gender announcements made when opposite gender staff report to duty in a housing unit are documented in the housing log books. Staff are reminded to make opposite gender announcements by signs on the entry of all housing hallways.

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency takes appropriate steps to ensure that detainees with disabilities and detainees that are limited English proficient, as well as those who are deaf, hard of hearing, blind, have low vision, limited reading skills or cognitive disabilities, have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO's policy 5.1.2-A, pages 10 & 11, section E and facility policy 1300.05, page 12, section E address the agency/facility responsibilities to provide PREA education to detainees ensuring their understanding of the education they receive.

Detainees receive a *Detainee Handbook* and an ICE *Sexual Abuse Awareness Program* available in both English and Spanish. Posted information is posted in both English and Spanish. Staff members who are fluent in both the English and Spanish Language and are available to provide interpretation for Spanish-speaking detainees. There is one staff member who is fluent in French and can provide translation of that language. A contract with Language Line Services, Inc. provides translation of any other languages. Staff are instructed to dial 212-264-6831 during business hours and 917-853-6616 after hours to access the Language Line Services. The

Speaking Up: Discussing Prison Sexual Assault video is available in both English and Spanish. TTY available for the use of deaf detainees.

It was learned through interviews, that non-English speaking detainees, with the exception of Spanish-speaking detainees, were not screened or given PREA information using the Language Line Services for interpretation. The facility began receiving ICE detainees on October 5, 2016 and the detainees were from several different countries with the majority non-English proficient. Due to the number of detainees who reported not being able to understand the PREA video or written information given to them and posted throughout the facility, the facility was found not to be in compliance with subsection 115.16 (b) of this standard.

The agency prohibits the use of detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances. Four of the French-speaking detainees interviewed and one Somali-speaking detainee reported that other detainees that spoke their language were called upon to provide translation for them during intake. The facility was found not to be in compliance with subsection 115.16 (c) of this standard.

Due to information gained through detainee interviews, the facility went into a corrective action period for 45 days beginning on 2/14/17 and ending on 3/31/17. The recommended corrective action was as follows:

Recommended Corrective Action:

In order for the facility to bring this standard into compliance, they must first identify all detainees that are limited English proficient and identify what language they are proficient in. The facility has several staff that are fluent in Spanish and one staff member who is fluent in French who can be used in the translation of those two languages. The identified detainees who speak any other language would need PREA information presented to them in the language they are proficient in, either through translation of written PREA information in those languages or through the use of interpreters available through Language Line Services. Staff interpreters and the use of Language Line Services for interpretation needs to be documented when used. The facility will need to forward translated PREA education materials and proof of completion of PREA education for limited English proficient detainees to the PREA Coordinator who will in turn forward this documentation to me.

Standard 115.17 Hiring and promotion decisions

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

The agency requires that all applicants, employees, contractors and volunteers who may have contact with detainees have a criminal background check prior to having contact with detainees and every five years thereafter. Criminal background checks before 1/30/17 were performed by Accurate Backgrounds, Inc., a contract now held by Aurico. Annual NCIC criminal background checks are also conducted annually by the Nueces County Sheriff's Department. Annual criminal background checks of employees, contractors and volunteers were completed in August 2016.

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

Agency policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

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

Employee, volunteer and contractor personnel files for a total of 26 files were randomly reviewed and found to be well organized and complete with annual background checks completed on all new employees and those considered for promotions and transfers and annually on all employees, volunteers and contractors. The facility does not perform criminal background checks every five years as required by the agency and this standard, but annually, exceeding in the requirements of this standard.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, page 8, section C-3 and facility policy 1300.05, page 10, section C-3, state that the facility takes into consideration the effect that any new design, acquisition, expansion or modifications of the physical plant or monitoring technology might have on the facility's ability to protect individuals in a GEO facility or program from sexual abuse. The Coastal Bend Detention Center has not acquired any new facility or had any substantial expansion or modification of the existing facility since August 20, 2012.

When installing or updating video monitoring systems, electronic surveillance systems or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect inmates from sexual abuse. Coastal Bend Detention Center reported in their 2016 *Annual PREA Facility Assessment* the need for additional cameras to be installed this year in areas that require better camera coverage.

In interview with Vice President, Risk Management (agency designee), he explained that any facility planning modifications, necessary assessment procedures are followed with the PREA operations staff involved. He further stated that when facilities are adding or improving camera coverage, staff meet with vendors to discuss options and work closely with the PREA operations team.

Standard 115.21 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to GEO policy 5.1.2-E, pages 6 -10, sections III-D-J and facility policy 1300.05, pages 28 & 29, section 10, the facility follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. Subsection 115.21 (b) is not applicable to this facility as the facility does not house youth.

Forensic exams are not performed at the facility. Through a written agreement with Doctor's Regional Hospital, Corpus Christi, TX victims of sexual abuse are referred for SANE exams at no cost to the inmate. The Forensic Nurse Examiner from Driscoll Children's Hospital will be notified to perform a SANE exam. In the past 12 months, there was one SANE exam conducted.

The facility has an MOU with The Women's Shelter of South Texas. The terms of the MOU provide inmates with emotional support services and advocates will coordinate all services needed by the victim, at no cost to them. Inmates are informed that they can contact The Women's Shelter of South Texas by accessing voice prompt #2 on a detainee pay phone.

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-E, page 4, section III, A-1 and facility policy 1300.05, page 5, section IV-A-2, outline the agency's policy and procedure for investigating and documenting incidents of sexual abuse. The Coastal Bend Detention Center ensures that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. A *Monthly PREA Incident Tracking Log* is used to track all incidents that occur at the facility.

The facility has four trained facility investigators who are responsible for conducting administrative investigations. The Nueces County Sheriff's Department is responsible for criminal investigations of sexual abuse.

During the past 12 months, there were seven PREA allegations reported. One allegation of inmate-on-inmate sexual abuse was referred to the Nueces County Sheriff's Department for criminal investigation, but returned to the facility for administrative investigation.

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

Standard 115.31 Employee training

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action

recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO employees receive training on the agency's zero-tolerance policy for sexual abuse and sexual harassment at pre-service and annually as part of in-service training. GEO policy 5.1.2-A, pages 11 & 12, section F-1 and facility policy 1300.05, pages 14-16, section E, address the agency's training requirements. All employees, contractors and volunteers receive annual PREA refresher training.

The training curriculum was reviewed and found to contain all of the requirements of 115.31 (a)- of this standard. In the past 12 months, 176 employees have received PREA training. Upon completion of this training, employees, contractors and volunteers sign a *PREA Basic Training Acknowledgement* form and records of completion are maintained electronically in the *User Transcript Report*.

Pre-service PREA training consists of four hours of classroom training, which includes one hour of training on searches. Annual PREA refresher trainings are completed online through the *Learning Module System* (LMS*).* In addition to general PREA training, all staff receive training on the Limits of Cross Gender Searches and sign a *Cross Gender Pat Searches & Searches of Transgender and Intersex*.

In review of the training records of employees, it was confirmed that staff are receiving the mandated training and acknowledging receiving and understanding the training by their signature on the *PREA Basic Training Acknowledgement* form and on the *Cross Gender Pat Searches & Searches of Transgender and Intersex* form as well as documentation of this training in the employee's *User Transcript Report.*

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

All staff interviewed acknowledged receiving PREA training and were knowledgeable of the zero tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment. They acknowledged receiving training on cross-gender pat searches that included searches of transgender and intersex detainees and were able to respond appropriately to questions asked of them. The facility is maintaining excellent records of employee training and the knowledge of staff interviewed showed that the facility is exceeding in the requirements of this standard.

Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations

must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with detainees are trained and have annual refreshers on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, page 13, section G-1 for volunteers and page 14, section H for contractors and in facility policy 1300.05, page 16, section F for volunteers and pages 17 & 18, section G for contractors.

The PREA training for volunteers is part of an *8-Hour Volunteer Orientation Academy.* One hour of PREA training is included in the 8-hour volunteer training curriculum. Volunteers sign a *PREA Basic Training Acknowledgement* form upon completion of this training and sign another acknowledgment form acknowledging completion of the 8-hour orientation training. The Chaplain maintains volunteer records for the facilities 12 volunteers.

Contractors receive the same PREA training that employees receive, in addition to receiving CCS PREA training.

Five contractors and one volunteer interviewed confirmed receiving annual PREA training and were knowledgeable of the agency/facility's zero-tolerance policy and their responsibilities if sexual abuse or sexual harassment allegations are reported to them.

Standard 115.33 Inmate education

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The agency takes appropriate steps to ensure that detainees with disabilities and detainees that are limited English proficient, as well as those who are deaf, hard of hearing, blind, have low vision, limited reading skills or cognitive disabilities, have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO's policy 5.1.2-A, pages 10 & 11, section E and facility policy 1300.05, page 12, section E address the agency/facility responsibilities to provide PREA education to detainees ensuring their understanding of the education they receive.

During the intake process, detainees receive a *Detainee Handbook* and a *Sexual Abuse Awareness Program* brochure that are available in both English and Spanish. Intake staff show the *Speaking Up: Discussing Prison Sexual Assault* video, available in both English and Spanish. In addition, ICE detainees receive a copy of the *U.S. Immigration Customs Enforcement Office of Detention and Removal Operations National Detainee Handbook.* Detainees sign a *Intake Department Detainee Orientation Sign-In Sheet* acknowledging viewing the video and receiving the *Detainee Handbook* and for ICE detainees, acknowledging receiving a copy of the *U.S. Immigration Customs Enforcement Office of Detention and Removal Operations National Detainee Handbook.* They also sign an additional acknowledgment form acknowledging receipt of the *Detainee Handbook.*

Staff members who are proficient in both the English and Spanish Language and are available to provide translation for Spanish-speaking detainees. One intake officer is fluent in French and can provide translation of that language. A contract with Language Line Services, Inc. provides translation of any other languages. Staff are instructed to dial 212-264-6831 during business hours and 917-853-6616 after hours to access the Language Line Services. A TTY is available for deaf detainees.

It was learned through detainee interviews, that limited-English proficient detainees, with the exception of Spanish-speaking detainees, were not provided PREA information in the languages they could understand. The facility began receiving ICE detainees on October 5, 2016 and the detainees were from several different countries with the majority limited-English proficient. Due to the number of detainees who reported not being able to understand the PREA video or written information given to them as well posted information, the facility was found to not comply with this standard. Due to information gained through detainee interviews, the facility went into a corrective action period for 45 days beginning on 2/14/17. The recommended corrective action was as follows:

Recommended Corrective Action:

In order for the facility to bring this standard into compliance, they must first identify all detainees that are limited English proficient and identify what language they are proficient in. The facility has several staff that are fluent in Spanish and one staff member who is fluent in French who can be used in the translation of those two languages. The identified detainees who speak any other languages would need PREA information presented to them in the language they are proficient in, either through translation of written PREA information in those languages or through the use of interpreters available through Language Line Services. Staff interpreters and the use of Language Line Services for interpretation needs to be documented when used. The facility will need to forward documentation of proof of PREA education to all detainees who are limited English proficient to the PREA Coordinator who in turn will forward this proof of completion of PREA education for limited English proficient detainees to me. The corrective action period is for 45 days to begin on 2/14/17 and end on 3/31/17.

Standard 115.34 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 13, section F-3 and facility policy 1300.05, page 15, section 3, investigators receive specialized training in addition to the general education provided to all employees. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

The agency has 85 trained investigators agency wide. Coastal Bend Detention Center has four trained facility investigators who completed *PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings* and received a certificate of completion that is maintained by the facility and completion of this training is documented electronically.

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

Standard 115.35 Specialized training: Medical and mental health care

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, pages 12, and 13, section 2 and facility policy 1300.05, page 15 section 2, states that each facility will train all full-time and part-time medical and mental health staff to detect signs of sexual abuse and sexual harassment, preserving physical evidence and responding effectively and professionally to victims of sexual abuse and sexual harassment. GEO's *Specialized Medical and Mental Health PREA Training* was provided for review. The training includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. The CCS PREA training curriculum was also provided for review and found to contain this information as well.

All medical and mental health staff receive specialized training in addition to general PREA training provided to all staff, as well as PREA training provided by CCS. The facility has 28 contracted Correct Care Solutions (CCS) staff who have completed GEO *Specialized Medical and Mental Health PREA Training* and received a certificate of completion. Documentation of this training is maintained by the facility and documented electronically in the contractor's *User Transcript Report.*

Medical staff do not perform SANE exams. SANE exams are performed by referral to Doctor's Regional in Corpus Christi, TX.

Medical and mental health staff interviewed verified receiving specialized training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve the physical evidence. Medical and mental health staff receive GEO's specialized training in addition to training provided by CCS, exceeding in the requirements of this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 1300.05, pages 10 & 11, section D-1, all detainees are assessed during intake within 12 hours for risk of being sexually abused by other detainees or sexually abusive toward other detainees. Upon intake to the facility, detainees are screened by a Case Manager using the *PREA Risk Assessment* form. The form was reviewed and found to contain all requirements of 115.241 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. Detainees may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to the screening form, a thorough review of any available records that can assist in determining risk assessment is completed. In August 2016 during a review of detainee files, it was discovered that the wrong *PREA Risk Assessment* form was being used. All detainees housed at the facility at that time were rescreened using the revised *PREA Risk Assessment* form.

Within a set time, not to exceed 30 days of the detainee's arrival to the facility, detainees are reassessed by their Case Manager using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38) for their risk for victimization and abusiveness. The 30-day reassessment dates are tracked Classification Supervisor who informs Case Managers when 30-day reassessments are due. A detainee's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

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

Due to the number of limited-English proficient detainees who reported during interview of not being asked or not understanding the questions asked of them on the *PREA Risk Assessment* form, the facility went into a corrective action period for 45 days beginning on 2/14/17 and ending on 3/31/17. The recommended corrective action was as follows:

Recommended Corrective Action:

In order for the facility to bring this standard into compliance, the facility must first identify all detainees that are limited English proficient and identify what language they are proficient in. The facility has several staff that are fluent in Spanish and one staff member who is fluent in French who can be used for the translation of those two languages. The identified detainees who speak any other languages would need to be rescreened, both initial and 30-day reassessments, in the language they are proficient in, either through the use of staff interpreters or through the use of interpreters available through Language Line Services. Staff interpreters and the use of Language Line Services for interpretation needs to be documented when used. The facility will need to forward rescreening forms of initial and 30-day reassessment screenings completed for all detainees identified to be limited English proficient to the PREA Coordinator who in turn will forward this documentation to me. The corrective action period is for 45 days to begin on 2/14/17 and end on 3/31/17.

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency/facility uses information from the risk screening to make housing, bed, work, education and program assignments to keep detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. GEO policy 5.1.2-A, page 10, section 3 and facility policy 1300.05, pages 12 & 13, section 4, explains the use of the PREA screening information.

Detainees identified from screenings to be potential victims or potential predators and transgender detainees are tracked on a *PREA Referral Tracking Log* ensuring that potential predators and potential victims are housed separately and that transgender detainees are housed appropriately for their safety. A Transgender Care Committee (TCC) has been established at the facility to make appropriate housing determinations for transgender and intersex detainees within 72 hours of their arrival to the facility to discuss their placement. Until the TCC meets,

transgender and intersex detainees will be housed in a medical holding cell. Members of the TCC include the Warden, the Assistant Warden, the Major, the Classification Supervisor, the PREA Compliance Manager and the Mental Health Professional or a medical representative.

Guidelines on housing and program assignments and for the management of transgender and intersex detainees are outlined in GEO policy 5.1.2-A, page 10, section 3-d. Transgender and intersex detainees are reassessed at least twice per year to review any threats to safety experienced by the detainee as required by this standard and takes into consideration their own views regarding their own safety. Transgender and intersex detainees are given the opportunity to shower alone.

The agency does not place lesbian, gay, bisexual, transgender or intersex detainees in housing units solely based on their sexual orientation. When interviewed, two gay and one bisexual detainee reported that they were not housed based on their sexual orientation and shared that they felt safe at this facility.

Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to GEO policy 5.1.1-A, page 16, section J-1 and facility policy 1300.05, page 27, section 6, involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the detainee. If an assessment cannot be made immediately, the detainee may be placed in involuntary segregated housing for no more than 24 hours.

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

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

On interview with the Warden and documentation provided for review, confirmed that in the

past 12 months there was one detainee held in involuntary segregated housing. An alert was received from a transgender detainees' unit of transfer (another GEO detention facility) that the detainee required restricted housing due to fighting, trafficking, trading and failure to abide by rules. The detainee remained in restricted housing from his date of arrival, 7/21/16 until 8/29/16 when the detainees request to be removed from restricted housing and be placed in general population housing was honored. The detainee was restricted from privileges and programming opportunities because of his prior disciplinary history at the sending facility.

Standard 115.51 Inmate reporting

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, page 17, section K-1 and facility policy 1300.05, page 20, section I-1, outline reporting methods available to detainees to report allegations of sexual abuse and sexual harassment. The agency/facility provides multiple ways for detainees to privately report sexual abuse and sexual harassment and retaliation by other detainees or staff for reporting. Detainees are instructed that they can verbally report to the PREA Compliance Manager or any staff member, report in writing, by telephone, submit a grievance or sick call or by third party report. Reporting information is posted on large boards in all housing units by client and in all common areas.

The facility provides detainees with one way for detainees to report abuse or harassment to a public or private entity or office by giving them the addresses and phone numbers of the Office of the Inspector General and GEO's PREA Coordinator. They can also contact ICE, USMS or BOP. They also are informed that they can call the Women's Shelter of South Texas. This information is posted in the housing units in both English and Spanish and is also contained in the *Detainee Handbook* on pages 6 & 7.

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

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

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

The facility exceeds in the requirements of this standard. They provide detainees with multiple of reporting.

Standard 115.52 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Detainees have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. If a third party files a grievance on a detainee's behalf, the alleged victim must agree to have the grievance filed on his behalf. Emergency grievances may be filed if a detainee feels he is at substantial risk of imminent sexual abuse.

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

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

The agency may discipline a detainee for filing a grievance related to alleged sexual abuse if the

agency determines that the detainee filed the grievance with malicious intent.

The PREA Compliance Manager receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. In the past 12 months, Coastal Bend Detention Center has not received any grievances alleging sexual abuse.

Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As stated in GEO policy 5.1.2-A, pages 23 & 24, section 8 and facility policy 1300.05, page 29, section 9, detainees are provided with access to outside victim advocates for emotional support. The facility entered into a Memorandum of Understanding (MOU) with the Women's Shelter of South Texas. The terms of the MOU provide victims of sexual abuse with emotional support services as well as a 24-hour hotline. Detainees are instructed that they may call the Women's Shelter of South Texas by calling 1-800-580-4878 or 361-881-8888.

Detainees are made aware of the outside confidential support services available to them through posters displayed throughout the facility and information provided in the *Detainee Handbook.* Also posted in each housing unit is contact information for detainees detained solely for civil immigration purposes for consular officials and officials at the Department of Homeland Security. Detainees are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Standard 115.54 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 18, section 3 and facility policy 1300.05, page 21, section 3, the agency has a method to receive third party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect a detainee has been sexually abused, sexually harassed, or requires protection. Information on third party reporting is available on the GEO website at www.geogroup.com and on posters throughout the facility.

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

Standard 115.61 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

GEO policy 5.1.2-A, page 13, section G-2, and facility policy 1300.05, pages 17 & 18, section G-1, outline the responsibilities of volunteers to report and GEO policy 5.1.2-A, page 14, section H-2 and facility policy 1300.05, page 17, section G-2, the responsibilities of contractors to report.

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

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

Standard 115.62 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

When an agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the detainee. GEO policy 5.1.2-A, page 19, section L-1, and facility policy 1300.05, pages 22 & 23, section K-1 address the procedures related to the agency and facility's efforts to protect detainees who may be at risk for sexual abuse.

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

Standard 115.63 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, pages 22 and 23, section 5 and facility policy 1300.05, pages 23 & 24, section 5 were used to verify that there is a procedure in place if an allegation is received that a detainee was sexually abused while confined at another facility. Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the Warden or the Assistant Warden will notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification should be made as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation is then forwarded to the PREA Compliance Manager, the PREA Coordinator and ICE AFOD or designee, if the incident involved an ICE detainee.

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

In interview with the Warden and documentation provided for review, in the past 12 months the facility received one allegation that a detainee was abused while confined at another facility. Proper notification was made to the Warden of that facility and that documentation was provided for review. In the past 12 months, there were no allegations of sexual abuse received from other facility that were alleged to have occurred at the Coastal Bend Detention Center.

Standard 115.64 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, pages 19 & 20, section III, L-2 and facility policy 1300.05, pages 23-25, section H-2, were used to verify compliance to this standard. Upon learning that a detainee was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and the abuser, preserve and protect the crime scene, not let the victim and abuser take any actions that could destroy physical evidence and not reveal any information related to the incident to anyone other than staff involved with investigating the alleged incident. Immediately notify the Warden or the on-call supervisor, the PREA Compliance Manager, the facility investigator and the corporate PREA Coordinator. The USMS is notified and if the incident involves an ICE detainee, the ICE AFOD or designee must be notified. If the allegation involves a staff member, GEO's OPR is notified.

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

Security and non-security staff interviewed were knowledgeable of the policy and the practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and the physical evidence.

In the past 12 months, there was one allegation of sexual abuse reported that required implementing first responder duties by security staff.

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, pages 5 & 6, section III-A-4 and facility policy 1300.05, pages 6 & 7, section 4, verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The facility's Coordinated Response plan was provided for review, it clearly defines the roles and responsibilities of each person involved, and the procedures to be followed in detail as well as notifications required to be made. The PREA Compliance Manager is required to participate and the PREA Coordinator may be consulted as part of the coordinated response.

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

Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to take in response to an allegation of sexual abuse or sexual harassment

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 5, section A-3, and facility policy 1300.05, page 6, section IV-A-3, GEO and the Coastal Bend Detention Center shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged employee sexual abusers from contact with detainees of GEO facilities or program pending the outcome an investigation.

A Collective Bargaining Agreement entered into between LCS Corrections Services, Inc. and the National Federation of Federal Employees, Federal District 1, IAMAW, ALF-CIO, effective 5/1/14 thru 8/31/18. Page 31, section 9 of that agreement states that during an investigation of

any misconduct, the employee shall be placed on unpaid administrative leave. The employer will have seven days to either suspend or terminate, or notify the employee that no discipline will be taken.

In interview with the Vice President, Risk Management on 1/27/17, he stated that there are no collective bargaining agreements in any of the agency's facilities that would prohibit removal of an alleged staff sexual abuser from contact with inmates pending an investigation.

Documentation provided for review showed that at Coast Bend Detention Center in the past 12 months there was one incident where an officer was reassigned from one post to another post following an allegation of sexual abuse made by a detainee about the officer.

Standard 115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, pages 24 & 25, section 2 and facility policy 1300.05, pages 24-25, section M-2 were used to verify compliance to this standard. Detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation from other detainees and staff. Housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims and emotional support services for detainees who fear retaliation will be protection measures used as per agency and facility policies.

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

In the past 12 months, there was one incident of retaliation that occurred and the *Protection from Retaliation Logs* were provided for review. In interview with the PREA Compliance Manager, she was knowledgeable of the procedure for monitoring and in review of investigative files, verified this process is being followed.

Standard 115.68 Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

Standard 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An investigation is completed for all allegations of sexual abuse and sexual harassment at the Coastal Bend Detention Center, including third party and anonymous reports.

The agency's policy governing administrative and criminal investigation of sexual abuse is outlined in GEO policy 5.1.2-E, pages 4-6, section III-B and in facility policy 1300.05, page 33, section M.

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

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with the Nueces County Sheriff's Department. All

administrative and criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

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

In the past 12 months, there was one allegation of inmate-on-inmate sexual abuse that was referred to the Nueces County Sheriff's Department for criminal investigation.

The facility has four trained investigators. When interviewed investigators were knowledgeable of their responsibilities in the conduct of administrative investigations of sexual abuse and sexual harassment and knew that substantiated allegations of conduct that appears to be criminal are required to be referred to prosecution. Investigative files reviewed showed all allegations received are being investigated in accordance with the PREA standard.

Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to GEO policy 5.1.2-E, page 6, section E and facility policy 1300.05, page 31, section M-2, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the

auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-E, pages 10 & 11, section K and facility policy 1300.05, page 31, section 4, the facility ensures that proper notification be given to detainees as to the outcome of the investigation of sexual abuse and sexual harassment allegations if the outcome of the investigation proved to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager provides a *Notification of Outcome of Investigation* (5.1.2-F) to detainees at the conclusion of every investigation of sexual abuse and a copy of the form is forwarded to the PREA Coordinator for review. If the incident involves an ICE detainee, the ICE AFOD or designee also receives a copy.

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

In interview with the PREA Compliance Manager and in the review of investigative files, this process is in place and notifications are being made as required by policy.

Standard 115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review GEO policy 5.1.2-A, page 11, section L and facility policy 1300.05, page 32, section L-1, staff shall be subject to disciplinary sanctions up to and including termination for violating the agency/facility sexual abuse policies. Staff is made aware of the zero-tolerance policy and the penalties for violating that policy in the *2016 Employee Handbook*, section 1, page 18. All terminations and resignations for sexual misconduct are reported to the Nueces County Sheriff's Department and licensing agencies, unless the activity was clearly not criminal.

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

Standard 115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-E, page 12, section 3, and facility policy 1300.05, pages 16 &17, section 3 for volunteers and page 18, section 3 for contractors, state that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

In interview with the Warden and documentation provided for review, in the past 12 months, there were no contractors or volunteers that were disciplined for violating the agency/facility's zero-tolerance policy.

Standard 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As per GEO policy 5.1.2-E, pages 11 & 12, section L-2 and facility policy 1300.05, page 33, section L-2, detainees found guilty of engaging in sexual abuse involving other detainees shall be subject to formal disciplinary sanctions. Disciplining a detainee for engaging in sexual activity with an employee is prohibited unless the employee did not consent to the contact.

The disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Sanctions will be commensurate with the nature and circumstances of the abuse, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other

detainees with similar histories.

Detainees are informed of the disciplinary process in the *Detainee Handbook*, on pages 30-36, including the prohibited acts and the sanctions that will be imposed for violations to the agency/facility's policy on sexual misconduct.

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Upon intake, mental health staff will see any detainee who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse. GEO policy 5.1.2-A, page 9, section D-2 and facility policy 1300.05, pages 11 & 12, section 3, outline the requirements of referrals to mental health for further evaluation.

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

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

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

In the past 12 months, 141 detainees disclosed prior victimization during screening and were offered a follow-up meeting with Mental Health Professional. The Mental Health Professional provides mental health services to the Coastal Bend Detention Center two days a week. The Mental Health Professional upon interview stated that detainees referred from initial screening for mental health evaluations are seen the day of arrival or the following day.

Standard 115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, page 23, section 7 and facility policy 1300.05, pages 27 & 28, section 8 were used to verify compliance to this standard. Policies mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention as directed by medical and mental health practitioners. The evaluation and treatment should include follow-up services, treatment plans and, if necessary, referrals for continued care following a transfer or release.

SANE exams will be performed at Doctor's Regional Hospital in Corpus Christi, TX. The Women's Shelter of South Texas works closely with the Doctor's Regional Hospital and the SANE providers from Driscoll Children's Hospital. When Doctor's Regional is notified of the need for a forensic examination, the Women's Shelter of South Texas is notified and a victim advocate is dispatched to Doctor's Regional Hospital to be present for the SANE exam. Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. All services are provided without cost to the victim. All refusals of medical services will be documented.

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

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

GEO policy 5.1.2-A, page 24, section M-1 and facility policy 1300.05, pages 29 & 30, section 11, mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. The evaluation and treatment offered includes follow-up services, treatment plans, and referrals for continued care following a transfer or release if necessary.

Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. Female victims are provided pregnancy tests and all lawful pregnancy-related medical services. SANE exams will be performed by referral to Doctor's Regional Hospital, Corpus Christi, TX. All services are provided without cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall attempt to conduct a mental health evaluation on all known detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. All refusals of services will be documented.

In interview with the Health Services Administrator and the Mental Health Professional, they confirmed compliance with the requirements of this standard. In the past 12 months, there was one detainee who reported a history of sexual abuse who was seen for a mental health evaluation and a treatment plan was developed to provide her with ongoing mental health treatment.

Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 25, section M-3 and facility policy 1300.05, page 31, section 3, the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation within 30 days in which the allegation has been determined to be substantiated or unsubstantiated.

The Incident Review Team consists of the Warden, the Assistant Warden, the PREA Compliance Manager, the HSA, two investigators and the Chief of Security, with the PREA Coordinator sometimes attending via telephone or in person. The Incident Review Team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

A *PREA After-Action Review Report* is used to document the incident review and upon

completion is forwarded to the PREA Coordinator no later than 10 working days after the review. The PREA Compliance Manager maintains copies of all completed *PREA After-Action Review Reports* and a copy is maintained in the corresponding investigative file. If the incident involved an ICE detainee, the ICE AFOD or designee is provided with a copy.

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

In interview with members of the Incident Review Team, they knew their responsibilities as a member of the Incident Review Team.

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Information on data collection is found on page 25, section N-1 of GEO policy 5.1.2-A and on page 34, section N-1 of facility policy 1300.05. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control. The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). The findings are presented to the Field Office Director and ICE/ERO headquarters for use in determining whether changes are needed to existing policies and practices to further the goal of eliminating sexual abuse.

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

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

Standard 115.88 Data review for corrective action

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 25 & 26, section N-2 and facility policy 1300.05, page 34, section 2, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities, exceeding in this standard.

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

Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to GEO policy 5.1.2-A, page 36, section N-3 and facility policy 1300.05, page 34, section N-3, the agency ensures that the data collected is securely retained for at least 10 years according to the Texas State Records Retention Schedule.

GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at www.geogroup.com. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted

AUDITOR CERTIFICATION
I certify that:

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

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

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

Barbara Jo Denison April 24, 2017

Auditor Signature Date