

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

Interim Final

Date of Interim Audit Report: September 20, 2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: April 5, 2021

Auditor Information

Name: Karen S. Dalton	Email: ksddrph@aol.com
Company Name: Dalton Consulting, LLC	
Mailing Address: P.O. Box 11481	City, State, Zip: Whittier, CA 90603
Telephone: 562.652.0179	Date of Facility Visit: July 8-10, 2020

Agency Information

Name of Agency: The GEO Group			
Governing Authority or Parent Agency (If Applicable): N/A			
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: Same as above		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.geogroup.com			

Agency Chief Executive Officer

Name: George C. Zoley	
Email: gzoley@geogroup.co	Telephone: 561.999.5875

Agency-Wide PREA Coordinator

Name: Ryan Seuradge	
Email: rseuradge@geogroup.com	Telephone: 561.999.5875
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator: 102 (44 prisons/jails; 36 reentry; 8 youth; 14 ICE)

Facility Information

Name of Facility: Coastal Bend Detention Center

Physical Address: 4909 RM 2826

City, State, Zip: Robstown, TX 78380

Mailing Address (if different from above):
Same as above

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.geogroup.com/prea>

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

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

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
GEO annual audits (internal) and PBNDS/ODO and US Marshals audits

Warden/Jail Administrator/Sheriff/Director

Name: George "Butch" Head

Email: bhead@geogroup.com

Telephone: 361.767.3400 ext. 227

Facility PREA Compliance Manager

Name: William Leib II

Email: wlieb@geogroup.com

Telephone: 361.767.3400 ext. 224

Facility Health Service Administrator N/A

Name: Leslie Dabbs

Email: ldabbs@geogroup.com

Telephone: 361.767.3400 ext. 239

Facility Characteristics

Designated Facility Capacity:

1224

Current Population of Facility:

706

Average daily population for the past 12 months:	987
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	19-65
Average length of stay or time under supervision:	90 Days
Facility security levels/inmate custody levels:	USMS: Medium; Ice: low, medium, medium-high, high
Number of inmates admitted to facility during the past 12 months:	14224
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	10685
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	3364
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	172
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	47
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	4
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	7
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	10

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	7
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	12
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	129
<p>Number of open bay/dorm housing units:</p>	66
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	13
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>4</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Coastal Bend Detention Center (CBDC) is located in Robstown, Texas, in the county of Nueces, the 14th most populous county in Texas. Spanning 13 miles, Robstown is considered a western suburb of Corpus Christi, which is located 17 miles east of Robstown. The facility, built in 2008 has Highway 77 running north and south, and Highway 44 running east and west. Traveling west off of Highway 77 on FM 2826, open land accompanies the road until arriving at 4909 FM 2826, the entrance to the CBDC. Farming of cattle, cotton and vegetables were early industries in Robstown. The railroad crossroads soon took over forming the Texas Mexican Railway, still in operation. The CBDC is operated by the GEO Group. The facility rated capacity is 1224, with an average daily population of 987 over the past 12 months. CBDC houses both male and female detainees between the ages of 19-65. The facility does not house youthful detainees. The facility houses U.S. Marshall Service (USMS), Federal Bureau of Prisons (BOP), and U.S. Immigration & Customs Enforcement (ICE) detainees. On the day of arrival for the on-site portion of the audit, there were 769 detainees; 711 male and 58 female.

Karen Dalton, a U.S. Department of Justice (USDOJ) Certified PREA Auditor for Adult Jails and Prisons, and a Doctor of Public Health conducted the Prison Rape Elimination Act (PREA) audit of the Coastal Bend Detention Center.

The GEO Group requested a bid from Dr. Dalton to audit the CBDC, A bid was submitted on February 9, 2020 and accepted by the GEO Group, The onsite portion of the audit was scheduled for June 29-July 1, 2020, however due to the COVID19 pandemic the onsite phase was rescheduled for July 8-10, 2020. The auditor wore a face covering throughout the onsite portion of the audit. Individuals who were interviewed for the purpose of this audit wore face coverings as well.

PRE-ONSITE AUDIT PHASE

On May 26, 2020 the auditor reached out via email to the facility PREA Compliance Manager (PCM) to introduce herself and request a time for a telephone call. The PCM responded and a phone call was set for June 3, 2020 and rescheduled at the auditor's request to June 5th. During the phone call the auditor and PCM discussed audit philosophy, expectations and travel plans for the onsite portion of the audit. The facility Warden was on the call as well. The PCM was energetic and enthusiastic about the upcoming audit. The PCM was prideful of the work that had been accomplished since assuming the role of PCM. During the call we talked about the COVID19 pandemic situation and discussed options for conducting the detainee interviews in a safe manner. On July 5, 2020 an email was sent from the auditor solidifying the schedule for the upcoming onsite visit.

The Coastal Bend Detention Center PAQ was received on June 19, 2020. The PAQ was complete and included all the supporting documentation. The auditor reviewed all documentation provided through the PAQ and supporting documents. The facility's previous audit report dated April 24, 2017 was reviewed. An internet search of the CBDC showed the facility received the American Correctional Association (ACA) accreditation in 2017 with a score of 100%. An internet search was conducted regarding any litigation, DOJ involvement, federal consent decrees, Bureau of Justice Statistics (BJS) data and news articles. No information of concern was revealed.

Audit notices were provided to the GEO Group by the auditor and subsequently to the facility on June 3, 2020. The notices were provided in English and Spanish. Instructions for displaying the notices was posting throughout the facility on bright colored paper, including areas frequented by staff, contractors, volunteers, inmates, visitors, and the public. The auditor was provided confirmation of the notices being hung on June 10, 2020. The confirmation was a color copy of the audit notice hanging inside the facility. Notices were provided in English and Spanish. During the inmate interviews several inmates were asked how long the notices had been displayed. Every inmate responded they had been posted for a while. The auditor received one letter from a detainee.

On June 19, 2020 the auditor sent an email to Just Detention International (JDI) requesting information on any correspondence received from the CBDC. JDI replied on June 22, 2020 that a review of their database indicated they had not received any information pertaining to the Coastal Bend Detention Center. On June 23 a preliminary audit schedule was sent to the CBDC PCM for the onsite phase of the audit. The PCM acknowledged the schedule immediately. The final audit schedule was sent to the PCM on July 5, 2020.

ON SITE AUDIT PHASE

On Wednesday, July 8, 2020 the auditor arrived at the Coastal Bend Detention Center at noon. The auditor spent two full days and six hours of a third day on site, conducting the out-brief on Friday, July 10, 2020. The hours on site were Wednesday July 8, 1200-2030 hours, Thursday, July 9, 0800-2100 hours, and Friday, July 10 from 0800 hours to 1400 hours.

Upon entering the facility, audit notices were displayed in full view. The entrance to the facility has a large public access area. The notices were displayed in several places. From the facility entrance, the auditor was escorted to the administrative offices. Audit notices were displayed in the administrative areas including staff break area, hallways, and in the conference room that was secured for the auditor to work, prepare and organize during the onsite phase of the audit. The conference room had a table with chairs, and a telephone, and all staff, contractor, and volunteer interviews were conducted in the conference room with full privacy. The auditor was greeted by the PREA Compliance Manager, Warden (Facility Administrator) and Assistant Warden (Assistant Facility Manager). The communication between the auditor and the Warden, Assistant Warden, and PCM was impeccable. The team exemplified a desire to learn from the audit process and was open to any discussions related to the audit.

During the initial in brief the auditor provided her auditing philosophy and methodology as being both inclusive and a partnership with the desire to showcase efforts of sexual safety within the facility. The PCM had outlined a proposal for conducting the detainee and staff interviews, and a review of the personnel, inmate, investigative, medical, staff, and training files and records. The Warden acknowledged the facility was fully open to the auditor and any information requested would be provided. The PCM indicated area "B" of the Housing 1 building was repurposed as cohort housing for individuals who were symptomatic or tested positive for the COVID19 virus, and therefore no interviews were conducted with individuals from that section. The excluded area contained 16, 2-person cells, making 32 individuals unavailable for interviews. The total detainee count on the day of arrival was 769; 711 male detainees and 58 female detainees. There were 703 USMS male detainees, and 58 USMS female detainees. Six male detainees were ICE, one Border Patrol and one BOP detainee.

After the in-brief the auditor and PCM met to discuss next steps, follow up on some questions related to the facility, and select random staff and random inmates to be interviewed. Staff lists by shift and RDOs (Regular Days Off) were available to the auditor as were the specialized staff names and titles. For the purpose of random staff interviews, as employees arrived for their shift or were ending their shift, the PCM had random individuals diverted to the conference room for interviewing. This allowed for efficiency in ensuring staff from both shifts were interviewed. The interview protocols for random staff and first responders were utilized for all staff interviews. All staff, volunteers and contractors working at the CBDC receive first responder duty training in their initial training. The auditor requested the following for inmate interviews:

- A roster of all inmates at the facility by housing location
- Identification of inmates classified into the following targeted categories:

- Disabled, physically, mentally, blind, deaf or hard of hearing
- LEP – Limited English Proficient
- Transgender or Intersex
- Gay or Bisexual
- Inmates housed in segregated housing for risk of sexual victimization
- Inmates who reported sexual abuse
- Inmates who disclosed sexual victimization during the risk screening

The PCM provided all requested information. Verification from the Health Services Administrator indicated there was one physically disabled who also identified as gay who was interviewed. There were zero cognitively impaired, blind, deaf, or hard of hearing detainees, and no detainees who identified as lesbian, bisexual, transgender or intersex. The auditor, through interviews with random staff and random detainees did make attempts to gain information on those targeted detainee groups not identified by the PCM or through medical and intake. The CBDC does not place detainees in segregated housing for risk of sexual victimization. One individual who reported previous sexual abuse and was screened for potential victim was interviewed. Two individuals who reported previous sexual abuse at intake were also interviewed. One detainee who made a PREA allegation was interviewed. One letter was received from a detainee and a request to interview the detainee revealed the individual was released five days prior to the arrival of the auditor.

There were 13 detainees who were LEP; 12 identifying Spanish as their first language and one Chinese. The Language Line Solutions was used to conduct all Spanish interviews with the exception of two. A staff member translated for the two. The CBDC had recently begun a tablet pilot and the language line could be accessed via the tablet. Inmate interviews were being conducted in the inmate visiting area, however the WIFI connection to the tablet was weak in the visitation area, so the interviews were moved to a remote room in the medical/intake area, where the remainder of the interviews took place. The CBDC recently invested in Pocketalk, a compact pocket-translator with 74 languages at hand. Pocketalk is able to translate long sentences, therefore making it suitable for face-to-face conversations. Due to the dual noise-canceling microphones and speakers, outdoor translations are possible even in a loud environment. This device was used for communication between staff and detainees when languages other than Spanish and or English were primary languages. What made the Pocketalk so innovative and powerful in enhancing sexual safety at CBDC was it's easy to use and quickly accessible – especially for imminent danger and first responders, as the tablet requires additional steps and sometimes a short delay when attempting to connect to a translator.

While onsite, 14 random and 20 targeted totaling 34 detainees were interviewed. The detainee interviews included four random females and 30 random males. These interviewed included 18 targeted male and two targeted female detainees. Detainee interviews were conducted in the inmate visiting area, and a “pop up” court room (due to COVID19). Twenty-eight specialized staff and 15 random staff totaling 43 staff were interviewed. Of the random staff, nine were from the 1st shift and six were from the 2nd shift. Ten male staff and five female random staff were interviewed. In all, a total of 77 interviews were conducted.

The auditor requested time to meet with the Facility Administrator (Warden), PCM, Assistant Facility Administrator (Assistant Warden), Contract Administrator, Health Services Administrator, Human Resource Manager, Investigative Staff, Volunteers and Contractors. It was also requested to meet with staff who perform risk screening, incident review team members, intake staff, classification staff, staff who supervise inmates in the RHU (Restrictive Housing Unit), those who monitor retaliation, the training administrator, mailroom and food service staff, and maintenance staff who supervise inmates. It became evident during the course of identifying specialized staff that the position of case manager at the CBDC wears many hats pertinent to the specialized staff roles identified for PREA compliance. The following specialized staff interview protocols were utilized for the various interviews at the CBDC:

- Facility Administrator (Warden)
- PREA Compliance Manager
- Chief of Security
- Agency Contract Administrator
- Intermediate or Higher-Level Facility Staff responsible for conducting unannounced rounds

- Intake Staff
- Classification Staff
- Facility Chaplain
- Investigative Staff
- Staff who conduct Screening for Risk of Victimization/Abusiveness
- Staff who supervise inmates in RHU
- After Action (Incident Review) Team Staff
- Staff who monitor retaliation
- First Responders (security and non-security)
- Human Resource Staff
- Contract Compliance
- Training Administrator
- Food Service Staff
- Grievance Staff
- Health Services Administrator
- Inmate Disciplinary Hearing Staff
- Case Manager

In addition, written statements following the interview protocol for PREA Coordinator and Agency Head were obtained from The GEO Group, Inc.

Programming services were being provided on a limited basis, and the Chaplain from the CBDC was available on site to meet with detainees one-on-one. No group classes were being provided. The CBDC had recently upgraded their outdoor recreation yards and while the outdoor recreation scheduled had been restructured to allow physical distancing, the detainees were provided regular outdoor recreation time.

After the in-brief and meeting with the CBDC executive staff, a facility tour was conducted. The PCM, Warden, Assistant Warden and Captain accompanied the auditor on the tour. The tour including all housing units, (three buildings), commissary, laundry and kitchen, central control, building control centers, classification, intake, medical and visitation. The lobby area, chapel and library were toured as well. The auditor checked doors and locks and found no instances of unlocked doors, or security breaches.

A total of three identical buildings are used for the housing of detainees at the CBDC, all located inside secure perimeter fencing with layered concertina wire. There is one main walkway that is utilized to access every building, and housing unit located within the facility. CBDC has one main control, and each building has an individual control center. The auditor looked at all facility cameras and identified where cameras and mirrors were used to mitigate blind spots. No blind spots were observed during the tour. The kitchen food storage areas were well organized with careful attention to how high product was stacked, and the kitchen manager acknowledged the effort made to mitigate blind spots in the kitchen area.

Audit notices were displayed throughout the facility, in all housing areas, medical, kitchen, laundry, intake, and classification locations. The notices were also posted throughout the administrative building. In addition, within every housing area were large laminated PREA posters providing information on the CBDC's zero tolerance for sexual abuse and sexual harassment, how to report and how to access emotional support services. The poster was very clear and thorough, providing information on reporting to the Department of Homeland Security, internal reporting, and external reporting.

Near every inmate telephone was information and phone numbers for reporting and a smaller poster for "The Purple Door", a rape crisis center, accessible by dialing *6 from any detainee telephone. The Purple Door information was provided in English and Spanish. Two telephone numbers were also provided; 1-800-580-4878 and 361-881-8888. The auditor attempted to make calls to these numbers from the detainee telephone and they did not work. The Warden informed the auditor those numbers were listed as a reference for the detainee to call once they were released. The CBDC executive staff and auditor discussed adding a sentence to the flyer that said "You may contact The Purple Door after your release by utilizing the

following number. Before the day's end, the flyer was revised and the next day being posted throughout the facility.

In addition, the auditor recognized the *6 number was also on the poster (not the Purple Door flyer) as a means for outside reporting of sexual abuse and sexual harassment. In looking at the poster and other information it was apparent the CBDC had reporting mechanisms for inmates meeting the requirements for standard 115.51 but were utilizing The Purple Door as a reporting mechanism for the detainees. Once the tour ended, the PCM and auditor made a call to The Purple Door and spoke with their contract manager. The manager indicated the agency did receive VAWA funding. After a healthy discussion about the use of a RCC for a reporting entity, the CBDC began strategizing how to provide the information to the staff and detainees that the *6 number and The Purple Door were for confidential, emotional support services for any detainee who had been a victim of sexual abuse, regardless of when it happened.

During the tour the toilet and shower areas were examined by the auditor and found to provide adequate privacy to the detainees. When entering any building, staff made announcements in both English and Spanish that a female or male staff member were entering the building. The announcements were always made by the staff member, but if a control booth officer observed staff approaching the building, they would make the announcement prior to the staff member entering the building. It was clear the executive team was no stranger to the detainee population. Several detainees approached the team (Warden, Assistant Warden, and PREA Compliance Manager) to ask questions, or report a light not working or to request cleaning supplies. All detainee requests were handled on the spot. The Assistant Warden had a "thumbs up" means of communication with the detainee population. He would show a thumbs up and ask "Everything good? ", and the detainees would show a thumbs up response, or ask to speak with him. Any detainee not showing a thumbs up would be further asked about what they needed. The team was also observed asking staff if things were good or what they needed.

After the tour concluded, and the phone call was made to The Purple Door, the auditor conducted the staff and detainee interviews. Shortly thereafter, a documentation review was conducted. All documentation requested by the auditor was provided. The auditor requested documentation of those detainees who had been referred for a mental health follow up based on the risk assessment, retaliation monitoring reports, all documentation related to the use of information from the PREA risk assessment, training records for staff, volunteers, contractors, and detainees. The auditor was provided the latest ACA audit, strip search logs, pat search logs, documentation of camera placement throughout the facility, PREA tracking logs that included referrals, and MOUs with the Texas Women's Shelter (dba The Purple Door). Training records and curriculum for in-service, briefings, and annual training were reviewed for staff, volunteers and contractors, and the variety of inmate education for PREA was reviewed. The CBDC Detainee Handbook was reviewed. The auditor reviewed the following files:

- 14 detainee files
- 3 detainee medical records
- 1 medical staff file
- 10 staff personnel files, including five promotional files
- 17 employee training files (in addition to aggregated training records)
- 5 investigative files

After the facility tour, interviews, and documentation review an out briefing was conducted. The Warden, PREA Compliance Manager, Assistant Warden, and a GEO representative (via telephone) were present. The auditor outlined several attributes where reliable operational excellence was executed throughout the facility. This included the relationship between the executive team and staff, the executive team and detainees, and the high level of morale throughout the facility. Additionally, the administrators maintained impeccable records, and the PREA Compliance Manager was responsive and knowledgeable, establishing oversight of all things PREA. The Warden took ownership of the facility and was engaged at every level. The facility was also complimented on their innovative approach such as the implementation of Pocketalk. It was a pleasure to work with a team so dedicated to their work and the safety of their staff and detainees.

The CBDC and the auditor entered into corrective action for standard 115.51. It should be noted that before the auditor completed the onsite portion of the audit, the PCM with the support of the Warden and Assistant Warden had already begun the necessary changes related to 115.51.

During the corrective action period the auditor and CBDC PCM communicated regularly. The CBDC PCM provided verification of the corrective action in the form of an employee pre-service document which provides very clear information regarding the difference between reporting sexual abuse and sexual harassment and obtaining victim advocacy and support services (see below).

Reporting and Victim Advocacy

- There is a difference between **Reporting** and **Victim Advocacy, Counseling and Support Services**.
- Detainees are provided with numerous options to **REPORT** PREA related incidents:
 - PREA (Internal-CBDC) Reporting Line by dialing *2
 - ICE Detention and Reporting Information (External) 1-888-351-4024 or *4
 - USMS Reporting line (External) 1-800-869-4499 or *5
 - DHS Office of the Inspector General USMS (External) 1-800-323-8603 or *7.

CBDC provides **Victim Advocacy, Counseling and Support Services** for detainees:

The Purple Door
P.O. Box 3368
Corpus Christi, TX 78404
361-881-8888 (External) or *6 (External)



Additionally, to further confirm the recommendations made by the auditor, the PCM provided a new arrival handout in both English and Spanish that provides clear distinction on how to report externally, internally, and how to access emotional support services. The handout also specifies the access to The Purple Door for emotional support services is not a reporting line. The detainee handbook and PREA posters have been updated with the reporting and victim advocacy information, and a script, signed by both The Purple Door and the CBDC PCM was submitted. This script created for The Purple Door provides recommendations on how to navigate a phone call where a detainee is clearly trying to make a report. The language supportive and assistive ensuring the importance of making a report of sexual abuse properly.

It should be noted that shortly before the interim report was submitted to the GEO group the auditor was diagnosed with breast cancer. The GEO Group, CBDC PCM and auditor worked together during the corrective action period, however due to side effects from cancer treatment, the submission of the final

report was delayed. The auditor is thankful for the cooperation and understanding of both the GEO Group and the Coastal Bend Detention Center.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Coastal Bend Detention Center is a private, for profit prison operating under the GEO Group. The mission of the GEO Group is to develop innovative public-private partnerships with government agencies around the globe that delivery high quality, cost-efficient correctional, detention, and 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. The Warden of the institution has provided the following mission statement:

As the Warden of this Institution, I pledge Loyalty to the staff under my management and will do everything in my power to ensure all arrive to work safely, work in a safe and secure environment and leave work safely each and every day. I demand 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-trial 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 U.S. 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.

The CBDC was built in 2008. The facility has a rated capacity is 1224, with an average daily population of 987 over the past 12 months. CBDC houses both male and female detainees between the ages of 19-65. The facility does not house youthful detainees. The facility houses U.S. Marshall Service (USMS), Federal Bureau of Prisons (BOP), and U.S. Immigration & Customs Enforcement (ICE) detainees. On the day of arrival for the on-site portion of the audit, there were 769 detainees; 711 male and 58 females. There were 703 USMS male detainees, and 58 USMS female detainees. Six male detainees were ICE, one Border Patrol and one BOP detainee. Ages of the detainees ranged from 19-65.

The facility has a current staffing plan of 179. This includes eight executive staff, nine business support staff, nine maintenance staff, and eight food service staff. Additionally, there are 13 program staff, 16 medical staff, 14 security supervisors, 92 security officers and 10 transportation staff members.

Two of the three housing units (Housing 2 & 3) hold 406 detainees and one housing unit (Housing 1) holds 404. Housing 1 houses the female and ICE detainees and the Restrictive Housing Unit (RHU). The RHU has 66 beds, all double bunked, and the female area has 104 beds; 12 two person cells, four eight person cells and one 44-person dorm. The ICE area included 66 beds, and 96 beds in Housing 1 were being utilized as the COVID19 area where symptomatic and COVID positive detainees were housed.

The detainees are fed in their housing areas three times per day. Meals are served beginning at 0530, 1130, and 1630 hours. Religious and educational programming take place both in the housing areas and in a Chapel located outside of Housing 2. All detainees have access to programming and religious services. Additionally, each building is assigned a case manager accessible to all the detainees in their respective housing units. The recreation yards have recently been upgraded and utilized regularly by the detainees.

However, due to the COVID19 pandemic, the recreation yards are utilized with safety precautions in place by allowing a lesser number of detainees in the recreation yard at any given time. Detainees have access to the law library and general library services, barbering services, and medical, dental and psychological services at no cost. Visitation runs Thursday, Saturday and Sunday from 0800 to 1400, and Friday from 0800-1700 hours. All visits are non-contact. Count is conducted eight times daily beginning at 0001, 0200, 0430, 0630, 0930, 1430, 1830, and 2230 hours. Dayroom activities such as checkers and other board games are available.

There is a total of 155 cameras at the CBDC. Twenty-seven are in each of the Housing Units (81), three cameras along the walkway, 12 in the intake area, 11 in facility administration, 12 along the perimeter/kitchen, and four in the medical holding cells. Additionally, there are 40 exterior cameras.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 4

List of Standards Exceeded: 115.16, 115.17, 115.31, 115.41

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Website for Mission Statement

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)

GEO Corporate PREA Organizational Chart

CBDC Organizational Chart

Interviews:

PREA Coordinator

PREA Compliance Manager

Findings:

(a) Page 6, Section B (1) of the GEO Group Corporate Policy 5.1.2-A states that each facility is required to have a current policy mandating zero tolerance towards all forms of Sexual Abuse and Sexual Harassment and outlining GEO's approach to preventing, detecting, and responding to such conduct. CBDC Policy 1300.05, page 1, section II outlines the objectives including information that immigration facilities and Department of Homeland Security shall adhere to the National Standards to prevent, detect, and respond to prison rape. Further, the policy mandates a zero tolerance towards all forms of sexual abuse and sexual harassment (page 5, section A1a).

(b) Policy 5.1.2-A, Page 6, Section B.1 – "PREA Coordinator" states GEO shall designate a PREA Coordinator, at the corporate level with sufficient time and authority to develop, implement and oversee the Company's efforts to comply with the PREA standards in all of its required facilities, and the PREA Coordinator indicated sufficient time and authority to conduct delegated duties. The organizational chart shows the PREA Coordinator in an upper level position within the organization. Policy 1300.05 outlines the duties of the PREA Coordinator on page 7, section B1.

(c) On Page 6, Section B.2, Policy 5.1.2-A notes that each Facility Administrator shall appoint a local PREA Compliance Manager for each U.S. Corrections and Detention Facility with Sufficient time and authority to coordinate the Facility's efforts to comply with the PREA standards. CBDC policy 1300.05, page 7, section 2 outlines the appointment of the local PREA Compliance Manager. The PCM indicated sufficient time and authority to conduct the job, and the organizational chart of the CBDC shows the position as an upper level management position.

Conclusion:

Review of the documentation provided, and interviews conducted with the PREA Coordinator and PREA Compliance Manager sufficient time and authority are provided to ensure a sexually safe environment. The PCM works closely with the Warden, Assistant Warden and the GEO Corporate offices to align policy and practice for sexual safety. The facility's zero tolerance policy is provided to staff, contractors, volunteers, detainees, and the public. Interviews with staff and detainees indicated there is an institutional knowledge that the facility has zero tolerance for sexual abuse and sexual harassment. Provisions (a)(b)(c) were documented in policy, document review, and through interviews. Based on the analysis of all available evidence, the CBDC is found in compliance with standard 115.11.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
U.S. Department of Justice (DOJ) United States Marshals Service (USMS) Intergovernmental Agreement 79-12-0013

Interviews:

Warden
PREA Compliance Manager

Findings:

(a) Page 6, Section 5 of Policy 5.1.2-A states that GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards. It further says contractors providing services who have direct contact with individuals in GEO facility or program shall be obligated to comply with the applicable PREA standards and shall be monitored to ensure compliance with these PREA standards. Pages 6 & 7 of the CBDC Policy 1300.05, sections a & b ensures that all contracts with other entities for the confinement of individuals shall include in any new contracts or contract renewals the entities obligation to adopt and comply with the PREA standards.

(b) The Intergovernmental Agreement (79-12-0013) with the USMS was included and reviewed. A 2019 modification of the agreement states “The Facility must post the Prisoner Rape Elimination Act brochure/bulletin in each housing unit of the facility. The Facility must abide by all relevant PREA regulations.”

Conclusion:

The CBDC PCM and Warden discussed the contract with the USMS and the agreement for all contractors to adhere to the PREA standards. Based on the information provided and interview with the PCM, the CBDC is found in compliance with provisions (a)(b) of standard 115.12.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes. No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The composition of the inmate population? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 CBDC Staffing Plan
 PREA Unannounced Rounds Questionnaire
 PREA Annual Facility Assessment
 Daily Shift Turn Out Rosters
 CBDC Camera Locations

Interviews:

Warden
 PREA Compliance Manager
 Intermediate or Higher-Level Staff – Captain

Findings:

(a) The staffing plan was discussed with the Warden and the PCM. The PCM indicated the required 11 elements required for the development of the staffing plan, coupled with communications with the GEO Corporate staffing recommendations ultimately making up the CBDC staffing plan. The Warden indicated a good working relationship with the GEO Corporate Offices and that during his tenure he has been able to present the need for additional staff to the corporate office and been fully supported. GEO policy 5.1.2-A outlines the requirements for a staffing plan on page 7, section C, and the CBDC policy 1300.05, pages 8 & 9 follow suit. A review of the staffing plan revealed that the 11 elements required for the development of the staffing plan were contained and included the following: (1) generally accepted detention and correctional practices, (2) any judicial findings of inadequacy of which there were none, (3) any findings of inadequacy from Federal investigative agencies (none), (4) any findings of inadequacy from internal or external oversight bodies (none), (5) all components of the facility’s physical plant (including “blind-spots” or areas where staff or detainees may be isolated, (6) the composition of the detainee population, (7) the number and placement of supervisory staff, (8) Institution programs occurring on all shifts, (9) any applicable State or local laws, regulations, or

standards, (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and (11) any other relevant factors. The PREA Coordinator indicated the Annual Facility Assessments are forwarded to him by the facility. Any recommendations for equipment, cameras, or additional staffing are reviewed and discussed with appropriate divisional leadership.

(b) A 2018 & 2019 Annual PREA Facility Assessment – Adult Prisons & Jails showed no deviations to the staffing plan. The assessments were completed by the Facility Administrator and submitted to the GEO Regional Vice President with a copy emailed to the Facility PREA Compliance Manager, Regional PREA Coordinator and Corporate PREA Coordinator.

(c) The Facility Assessments, which include a review of the staffing plan deviations and justifications and confirmed by the PCM, indicates the PCM in collaboration with the Warden and the GEO PREA Coordinator discuss the staffing plan, deployment of camera systems, and facility resources allocated to comply with the staffing plan. The facility camera report was included documenting the placement of the 155 cameras deployed throughout the facility.

(d) On page 8, section C2e of policy 1300.05, the CBDC ensures the Shift Supervisors or designee is conducting weekly rounds and documenting unannounced rounds. While conducting these rounds the supervisors will be looking at cross gender viewing, gender announcement, staff-detainee communication, and ensuring PREA signs are posted in housing areas and holding rooms. Staff are prohibited from alerting others of the rounds. Page 7, section C(2)(f) requires a local policy specific to unannounced rounds indicating employees are prohibited from alerting other employees that supervisory rounds are occurring. The CBDC provided two pages from their module book for 2019 and two pages from 2020 that each show unannounced rounds. While onsite, the auditor observed current unannounced round logs. Additionally, a blank copy of the Coastal Bend Detention Center Unannounced PREA Rounds was provided. The form requires each department head to complete the form weekly. Looking for the elements described above, the department head is instructed to denote the area, date and time, and list any general comments/concerns, staff comments/concerns, detainee comments and concerns and then sign, date and provide the title of the individual completing the form

Conclusion:

A review of policy, documentation and interviews with staff related to provisions (a)(b)(c)(d), coupled with the implementation of the unannounced rounds process, related to standard 115.13 finds the CBDC in compliance with standard 115.13.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 Statement of Fact

Interviews:

Warden
 PREA Compliance Manager

Findings:

GEO Corporate Policy 5.1.2-A, page 18, section 2(a) indicates Youthful inmates shall be placed in housing units that have sight, sound, and physical contact separation from adult inmates/detainees. The CBDC Policy 1300.05 discusses youthful detainees on page 10, section 2 (I) outlining that in the event the CBDC receives a youthful detainee or a detainee is determined to be a juvenile during the

intake process, the detainee will not be placed in a housing unit with adults. The detainee will be placed in medical and ensure the detainee does not have sight, sound or physical contact with an adult detainee. The facility will notify the client so the youthful detainee can be transported to an appropriate facility. A statement of fact indicates the Coastal Bend Detention Center does not house youthful detainees.

Conclusion:

A review of policy, interviews and documentation indicate provisions (a)(b)(c) do not apply to the facility and the CBDC is found in compliance with standard 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
PREA Transgender Training

Cross Gender LMS training/Acknowledgement
Opposite Gender Announcement
GEO Statement of Search/Shower/Pronoun Preference Form
2019 In-Service Training Records
Daily Intake Strip Search Log
PREA Unannounced Round Questionnaire

Interviews:
Intake staff
Random staff
Random detainees

Findings:

(a) Page 17, Section I of The GEO Corporate Policy & Procedure Manual outlines searches and observation. There are nine elements outlined, and they include the following: 1. Cross gender strip searches are prohibited except in exigent circumstances, 2. Cross gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners, 3. Facilities shall not permit cross gender pat down searches of female individuals in a GEO facility or program, absent exigent circumstances, 4. Facilities shall not restrict female individuals in a GEO facility of program access to regularly available programming or other outside opportunities in order to comply with this provision, 5. Facilities shall document and justify all cross gender pat down searches of female individuals in a GEO facility or program, 6. Facilities shall document and justify all cross gender strip searches and cross gender visual body cavity searches of individuals in a GEO facility or program, 7, Each facility shall implement policies and procedures which allow individuals in a GEO facility or program to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks, 8. Facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any areas where individuals in a GEO facility or program are likely to be showering, performing bodily functions, or changing clothes, and 9. In U.S. Corrections and Detention Facilities, individuals who are placed on constant observation status by Mental Health Providers shall be provided visual supervision by a security staff member of the same gender.

The CBDC policy, pages 17 & 18, section H (1-10) further details the requirements for cross gender strip, visual body cavity, and pat search of female, transgender and intersex detainees. The policy prohibits these types of searches except in exigent circumstances and requires documentation and justification of all cross-gender searches. Intake personnel indicated there would not be an urgent situation where any type of cross gender search would occur as there is ample male and female staff members on duty both shifts. There were no cross-gender strip searches or exigent circumstances requiring a cross gender strip search in the past 12 months at CBDC

The CBDC provided completed Statement of Search/Shower/Pronoun Preference forms for two transgender individuals who had since been released from their custody.

(b) The CBDC does not permit cross-gender pat down searches of female inmates based on pages 17 & 18, section H of the CBDC policy. This is also covered in the "Limits to Cross Gender Viewing and Searches training for employees.

(c) Four days of strip search logs were reviewed. The logs included a supervisor's signature, the date and time of the search, the detainee name, number, gender and the name, initials, gender of the officer conducting the search and the reason for the search. Random male staff indicated they would not conduct a cross gender search of any type on a female detainee. Female staff indicated they could search a male detainee. Female detainees indicated they are always searched by a female and have

not experienced being held back from participating in any program or service because there was not a female staff member available to conduct a search.

(d) The CBDC policy 1300.05 page 18, section (8) outlines the allowance of the detainees to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them. Both staff and detainees indicated they have privacy with respect to using the shower and toilet. During the facility tour the showers had curtains that were opaque at the top and bottom, indicating privacy, and toilets had adequate privacy walls. Section 9 discusses the requirements for opposite gender announcements and section 10 further states that detainees who are placed on constant observation status by Mental Health Providers shall be provided visual supervision by an officer of the same gender. This was observed in practice while touring the facility. Cross-gender announcements are conducted in both English and Spanish. Detainees noted that staff consistently announce themselves when they enter the housing units and it was observed in the male housing units when a female entered the control booth officer would announce as well. The announcements are made in the central corridor of the housing units, which worked well for smaller housing units as staff entered. The PCM and auditor discussed incorporating additional cross-gender announcements when staff walk through larger housing units ensuring the detainees whose bed assignments are near the rear of the unit hear the announcement. The PREA Unannounced Rounds Questionnaire includes instruction to review for opposite gender announcing, and the logbook included documentation of unannounced rounds. The department head signs the form, the supervisor signs the logbook.

(e) Section (6), page 5 of the CBDC policy prohibits the searching or physically examining a transgender or intersex detainee for the sole purpose of determining gender. Staff were aware of the policy set forth and indicated if needed, medical or a supervisor would be consulted. There were no transgender or intersex detainees available to interview during the onsite portion of the audit.

(f) The CBDC uses The GEO Group "Limits to Cross-Gender Viewing and Searches" training. The curriculum is thorough and covers all elements required in this standard. Staff training records were reviewed for 17 employees and their training was confirmed.

Conclusion:

The evidence presented as part of the PAQ, coupled with the practice of documenting all strip searches, responses during interviews by both staff and detainees, provisions (a)(b)(c)(d)(e)(f) were met. The CBDC is found compliant with standard 115.15.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

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

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 Language Line Services Verification
 Written PREA materials in large print
 GEO PREA Training Curriculum – Vulnerable Persons Statutes
 Pocketalk Device
 Texas Commission on Jail Standards – Technical Assistance Memorandum – Video Relay Services for Deaf Inmates – November 26, 2018
 TTY machine verification
 Staff interpreter list
 Statement of Fact

Interviews:

GEO Agency Head
 Warden
 PREA Compliance Manager
 Random Staff
 Targeted Detainees - LEP

Findings:

(a)The GEO Corporate Policy, 5.1.2-A, Page 12, Section E 1, states that a) facilities shall ensure that individuals in a GEO facility or program with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to Sexual Abuse and Sexual

Harassment. Page 12, section 1(a) of the CBDC Policy 1300.05 is consistent with the GEO Corporate Policy 5.1.2-A.

The CBDC Provided a Technical Assistance Memorandum from the Texas Commission on Jail Standards (TCJS), dated November 26, 2018 discussing a Video Relay Service (VRS) for Deaf Inmates. The TCJS informs all Sheriff's and Jail Administrators that according to FCC, VRS enables persons with hearing disabilities who use American Sign Language to communicate with voice telephone users through video equipment rather than through typed text. CBDC utilized the VRS and was able to show how this solution was used for those individuals speaking ASL (American Sign Language).

(b) Section E 1(b) of the GEO Corporate Policy states GEO shall ensure that all of its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that ensure effective communication with individual with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Page 12, section 1(b) of the CBDC policy is consistent with the GEO Corporate Policy. In addition, the CBDC contracts for translator services through Language Line Solutions. These services are available for any detainee unable to communicate effectively in English or Spanish. The language line was used for 13 of the detainee interviews.

PREA posters, flyers, the detainee handbook, and notices of the sexual abuse awareness program were provided in both English and Spanish. LEP detainees indicated they received PREA information in Spanish and did not find it difficult to converse with staff. The CBDC verified it is in possession of a TTY machine, however there were no deaf or hard of hearing detainees to interview during the onsite portion of the audit.

The CBDC maintains a list of individuals who are certified to be used as interpreters. Additionally, understanding that detainees who speak languages other than English or Spanish, may have immediate needs, or wish to converse after hours when the language line services are curtailed (Language Line Solutions is available after hours on a limited basis). CBDC purchased a device called Pocketalk. This device is a two-way voice translator that communicates in over 100 languages. Devices are readily available to all staff with many staff carrying them on their person during their shift.

(c) The GEO Corporate Policy, Section E 1(c) states individuals in a GEO facility or program shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-response duties in Section M(2) of the policy, or the investigation of the individual's allegations. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. The CBDC policy mirrors the corporate policy and includes information about the TTY machine, language line services that can be accessed in the event the facility is not able to provide a translator. The GEO Group, Inc. PREA basic training was reviewed and includes information that detainee interpreters, detainee readers or other types of detainee assistants may not be used.

Conclusion:

Based on the documentation reviewed, policy and practice of the CBDC, and the investment the facility has made to ensure non-English speakers and those who are deaf or hard of hearing, have equal opportunity to participate in the PREA prevention, detection and response protocols, provisions (a)(b)(c) are met and the facility is found to exceed compliance with standard 115.16.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)

PREA Application (criminal background check)

Volunteer files

PREA Annual Disclosure and Authorization Form – Annual Performance Evaluation

Personnel files of staff who were promoted within the past 12-months

Personnel files of staff who were hired within the past 12-months

Human Resource PREA Check Requirement Matrix

Interviews:

Human Resource Director

PREA Compliance Manager

Findings:

(a) GEO Corporate Policy 5.1.2-A on page 8, section 2(a) mandates that GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community. The GEO employment background asks PREA related questions of the applicant.

(b) Section 2(b) of the GEO Corporate Policy states facilities shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO Facility or Program. A “Promotion/Transfer Packet” checklist was provided that is utilized for processing promotions and or transfers. Requirements of this process include an employee application, background release consent form, background from CBES (Career Builder Employment Service) to include PREA check, PREA promotion disclosure form, offer letter, personal action form, and the job description.

(c) Corporate Policy, Section 2(c) directs that each Facility shall conduct criminal background checks and make its best efforts to contact prior employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. The policy further states background checks shall be repeated for all Employees at least every five years. The CBDC mirrors the GEO Corporate policy on pages 8 & 9, section 3 (a-e). A review of new hire personnel records indicates that through Career Builders, an employment screening process is conducted called “Employment-PREA” The web-based Career Builders system accounts for all stages in the background process, requiring clearance from one step to move to the next.

(d) Both the GEO Corporate and CBDC policies outline the background requirements for contractors and volunteers. A review of 17 personnel files of both new hires and promotees were reviewed and confirmed background checks were conducted through Career Builders.

(e) Although both the GEO Corporate and CBDC policies indicate background checks are required every five years, the CBDC conducts an NCIC – National Crime Information Center, and Motor Vehicles Records Check annually for all employees, volunteers, and contractors. They are also required, on an annual basis, to complete the GEO Group Prison Rape Elimination Act (PREA) Disclosure and Authorization Form.

(f) The GEO Corporate Policy 5.1.2-A, page 8, section 2(d), and CBDC, page 9, section 2(d) imposes upon Employees a continuing affirmative duty to disclose an such conduct. All employees, volunteers, and contractors are presented with the GEO Group Prison Rape Elimination Act (PREA) Disclosure and Authorization Form, Annual Performance Evaluation. This form discusses the PREA standards

pertinent to standard 115.17 and affirmatively asks; 1. Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, 2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse, 3. Have you ever been civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse. This two-page document is signed by the employee with a witness signatory.

(g) Material omission regarding such conduct, or the provision of materially false information is grounds for termination by both the CBDC and The GEO Group as outlined in their policies.

(h) Per policies outlined above, contained on page 8, section 2(f) for the corporate policy and page 9, section 2(e) for the CBDC policy, facilities shall provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former Employee upon receiving a request from an institutional employer for who such Employee has applied to work. The GEO Prison Rape Elimination Act Questionnaire Internal Form is used to reach out to former employers regarding PREA matters.

A review of personnel files indicated the full background check, annual NCIC and DMV checks are conducted. Further, The GEO Group and the CBDC require employees, contractors, and volunteers to acknowledge any PREA related incidents prior to employment, and confirmation is obtained from previous employers, and annually as part of their personnel profile.

Conclusion:

Based on the interview with the Human Resource Manager and PCM, a review of multiple personnel files, and documentation of the requirements for provisions (a)(b)(c)(d)(e)(f)(g)(h) are met and exceeded. CBDC exceeds compliance in standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Review:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
Statement of Fact

Interviews:

Agency Head
Warden
Assistant Warden
PREA Compliance Manager

Findings:

(a)(b) Although no facility upgrades have been made since the last PREA audit, The Agency Head for GEO acknowledged GEO as the world leader in providing sound and effective security measures in the facilities it manages and operates. The Agency Head further states that GEO routinely uses new technology to assist in better monitoring of the staff and inmates within its facilities. An example of this is the tablet system being phased in to the CBDC. Scheduled to be rolled out in all detainee housing areas within the next few months, the tablets were being utilized by staff for the language services.

The Warden provided a statement of fact indicating there have been no facility modification, expansions, or renovations for the audit cycle.

Conclusion:

Provisions (a) and (b) are not applicable as of this writing, however both the GEO Group and the CBDC have taken a proactive approach to seeking and implementing more efficient and effective ways to bolster safety and security in its facilities. CBDC is found in compliance with standard 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)

MOU Between CBDC and Women’s Shelter of South Texas, dba The Purple Door

MOU Between CBDC and Driscoll Children’s Hospital SAFE/SANE

MOU for Forensic Nurse Examiner Service between the Bay Area Healthcare Group and the Corpus Christi Medical Center (Hospital) through the SANE Program and GEO Group Coastal Bend.

Letter of Agreement from Nueces County Sheriff’s Office

Interviews:

Random Staff

PREA Compliance Manager

Driscoll Children’s Hospital

Women’s Shelter of South Texas

Findings:

(a) The GEO Corporate Policy 5.1.2-E, page 7, section D, and page 27 of the CBDC policy 1300.05 outlines uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All staff interviewed were aware of uniform evidence protocol and acknowledged receiving specific training on evidence protocol and forensic medical examinations.

(b) The uniform evidence protocol utilized for staff training is consistent with the U.S. Department of Justice’s Office on Violence Against Women publication “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. Medical staff indicated they have not been trained in SAFE or SANE exams, and that any allegation requiring such an examination would require a transport to Driscoll Children’s Hospital. The MOU between CBDC and Driscoll Children’s Hospital was reviewed, and it was confirmed the hospital is a qualified SAFE/SANE examination provider.

(c) A review of the MOU, the Driscoll Children’s Hospital and telephonic information from the hospital confirms the hospital is a SANE receiving facility for any patient who walks in their doors or is brought to the facility. The process is upon gaining knowledge of an outcry of sexual assault/abuse and where medically and evidentiary suitable, the agency will contact the emergency department at 361.694.5100 and request to have the Forensic Nurse call GEO Coastal Bend to give authorization for the Medical Forensic Examination and the estimated time of transport to the hospital located at 3533 South Alameda, Corpus Christi, TX. Driscoll Children’s Hospital will maintain custody of all evidence collected until it is released to the investigating law enforcement agency. In the past 12 months, as documented by the statement of fact, there have been zero detainees who have required a SANE exam.

(d)(e) GEO Corporate Policy 5.1.2-E page 7, section d(5) and CBDC policy, page 27, section (d) respectively require a victim advocate shall/will be made available to accompany the victim through examinations and investigatory interviews. The CBDC will attempt to secure the services from a rape crisis center that is not part of the criminal justice system. The MOU with the Women’s Shelter of South Texas, dba The Purple Door indicates they will abide by the terms and conditions of the MOU. The Purple Door agrees to 1) Send a sexual assault advocate to the unit(s) designated in the MOU or to a neighboring hospital to accompany and support the Client through the forensic medical examination process and provide emotional support, crisis intervention, information, and referrals upon request by the client; 2) Send an advocate at the frequency agreed upon by the unit administration and The Purple Door, depending upon demand, to provide face-to-face crisis counseling with Clients of sexual violence at the designated units; 3) Work with the designated GEO Group Coastal Bend officials to obtain security clearances as appropriate for The Purple Door personnel and follow all institutional guidelines for safety and security identified in the GEO Group Coastal Bend Volunteer Services Plan; 4) Maintain confidentiality, however confidentiality is exclusive to the sexual assault. Any other information provided by the Client is not considered confidential. Threats of harm to self or others will be reported to the appropriate GEO Group Coastal Bend contact; 5) Provide awareness training for unit administrative

staff regarding advocacy functions of The Purple Door; 6) Communicate any questions or concerns with the appropriate unit administration and or GEO Group Coastal Bend Safe Prisons Program representative.

(f) The CBDC has a Letter of Agreement with the Nueces County Sheriff's Office for assistance with criminal allegations related to PREA and other emergency services.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f) were documented in policy. Interviews with staff, outside medical providers, and a review of documentation corroborate the policy. Based upon the review of and analysis of the documentation the CBDC is found in compliance with standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Review:

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
Mutual Agreement between the CBDC and the Nueces County Sheriff's Office
CBDC PREA Annual Facility Assessment
GEO website
Corporate Referrals
Investigative Files
Protection from Retaliation Log
PREA After Action Review Report
Notification of Outcome of Allegation

Interviews:

Agency Head
Investigative Staff
PREA Compliance Manager

Findings:

(a)(b) The GEO Corporate Policy 5.1.2-E, page 4, section III, A1 and CBDC Policy 1300.05, page 5, section IV A(2) outlines the assurance of referrals of allegations for investigations. The GEO Agency Head indicated GEO has designated staff at each facility that have received PREA Specialized Investigations training. Regardless of who conducts the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior. In 2020 CBDC had one inmate on inmate sexual assault allegation. In 2019 the CBDC had four PREA allegations. Two were inmate on inmate sexual abuse, one was inmate on inmate sexual harassment, and one was staff on inmate sexual harassment. None were referred for criminal investigation. All investigations were reported to GEO corporate offices. The CBDC maintains allegation tracking in GEOTrack, which includes the name, incarceration status, gender, race, date of birth, housing and tracks all updates and the individual making the updates.

(c) The CBDC and the Nueces County Sheriff's Department have a mutual assistance agreement on file that states the Nueces County Sheriff's Office will be able to assist the CBDC with any PREA related issues. The GEO website provides the agency's information on the referral of PREA allegations.

Conclusion:

Provisions (a)(b)(c) were documented in policy, through staff interviews and by reviewing investigative files. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)

Sample of Training Records (LMS)
Sample of Employee Files
Review of Training Curriculum

Interviews:

Random Staff
Assistant Training Administrator
Human Resource Director
PREA Compliance Manager

Findings:

(a) The GEO policy 5.1.2-A, Page 14, Section 1(a) acknowledges that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Section G of the policy is specific to Volunteers and section H pertains to Contractors. The CBDC policy 1300.05, pages 13 & 14 outlines the facility's response to employee training. Specifically section E1(b) denotes employees who may have contact with detainees will be trained on: (1) its zero-tolerance policy for sexual abuse and sexual harassment; (2) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) inmates' right to be free from sexual abuse and sexual harassment; (4) the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) the dynamics of sexual abuse and sexual harassment victims; (how to detect and respond to signs of threatened and actual sexual abuse; (8) how to avoid inappropriate relationships with inmates; (9) how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The pre-service training was reviewed and complies with all these elements. Random staff interviews confirmed their knowledge and understanding of the CBDC zero tolerance for sexual abuse and sexual harassment policy and acknowledged receiving training via the CBDC "PREA Acknowledgement Form" that is signed by the employee.

(b) Both the GEO Corporate policies require that training be tailored to the gender of the detainees assigned to the BCBDC, and employees shall receive additional training if transferring between facilities that house detainees of different genders. Web based training on cross gender pat search and proper searching of transgender and intersex individual is provided to all staff. The CBDC has each employee also sign a "Cross Gender Pat Searches & Searches of Transgender & Intersex" form acknowledging training and understanding of PREA Searches. The signed forms are maintained in the employee training files.

(c) Documentation was provided showing all staff employed by the CBDC had received the training specific to provision (a), as well as the gender specific training. A formal refresher class is provided annually, and both the PCM and the Assistant Training Administrator acknowledged periodic shift briefings that includes elements from provision (a).

(d) It was verified through a review of 17 employee training records that in addition to an electronic acknowledgement of receipt of training, each employee is required to sign the Prison Rape Elimination Act (PREA) Basic Training Acknowledgement form which covers the employee's understanding of the zero tolerance policy, and the statutory obligation and affirmative duty to report ALL forms of sexual abuse and sexual harassment whether in a GEO facility or not, and the PREA search training and understanding form.

The Assistant Training Administrator presented the methodology to the CBDC training process. At the start of each year every employee is assigned courses to be completed online, as well as instructor led. The assignment goes out via email indicating they have been assigned the training. Each week the training staff review completions and send out periodic reminders. If the employee has fallen behind on their training the training staff will go to them personally after providing electronic reminders. If the

training appears to be incomplete at the second quarter of the year, the individual employee's supervisor will be contacted. The Assistant Training Administrator indicated the system works very well and there is little non-compliance with the training directives.

Conclusion:

A review of employee personnel files, training records and curriculum, coupled with interviews and a review of additional documents shows the CBDC exceeds provisions (a)(b)(c)(d). The efforts to go above and beyond and seek opportunities to incorporate training in a variety of ways shows the CBDC exceeds standard 115.31.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
Roster of CBDC Volunteers and Contractors
GEO PREA Training Curriculum
Volunteer and Contractor PREA Acknowledgement

Interviews:

Volunteer
Contractor
Assistant Training Administrator
Human Resource Manager

Findings:

(a) The GEO policy 5.1.2-A, Page 14, Section 1(a) acknowledges that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Page 15 & 16, sections F1(a) and G1(a) respectively, also states that all employees, contractors, and volunteers shall receive training at the Coastal Bend Detention Center on Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Ten volunteers and contractors have been cleared for services at the CBDC. All 10 have completed the 8-hour volunteer orientation, which includes a segment on PREA. The Human Resource Manager gave an overview of the volunteer files showing the training confirmation and PREA acknowledgement forms. The CBDC checklist is completed annually, and shows all elements of training, PREA included. The volunteer and the training confirm completion through a signature. The form also includes current personal information as well.

(b) The curriculum is the GEO Group Prison Rape Elimination Act – In Service. The training covers the CBDC zero tolerance policy regarding sexual abuse and sexual harassment and a learning objective is to be informed on how to report PREA related incidents.

(c) GEO Corporate Policy 5.1.2-A page 14 and 15 respectively states that the verification of training shall be through the PREA Basic Training Acknowledgement Form. All volunteers completed the Prison Rape Elimination Act "Acknowledgement of Completion", which acknowledges the volunteers reviewed the rules, policies, procedures, and guidelines related to PREA, they meet the performance objectives of the PREA education program.

Conclusion:

A review of the evidence provided, including curriculum, training acknowledgements, policy and through interviews, compliance with provisions (a)(b)(c) is met. Therefore, CBDC is found to be in compliance with standard 115.32.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 CBDC PREA Posters
 CBDC Intake Department Detainee Orientation
 CBDC Detainee Intake Orientation Video, Handbook, PREA acknowledgements
 CBDC Comprehensive PREA Education Acknowledgement
 GEO Sexual Assault Awareness Program Pamphlet
 CBDC PREA and Detainee Lesson Plan

Interviews:

Intake and Classification Staff
 Intake Supervisor
 Case Manager
 Random Detainees

Findings:

(a) GEO Corporate policy, Page 12, Section 2(c) outlines the requirements for education for individuals in a GEO facility or program. For individuals who arrive at Secure Services Facilities, within 24 of arrival shall provide each individual in a GEO facility or program with written information (i.e., handbooks, pamphlets, etc) on the Company's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. CBDC Policy 1300.05, page 12, section (a) acknowledges that classification staff shall provide each detainee with the written PREA information, their right to be free from sexual abuse and sexual harassment, and how to report such incidents. The auditor observed the intake process while onsite, and all three

detainees were provided information on the CBDC zero tolerance policy and how to report any incident of sexual abuse or sexual harassment. Every detainee who was interviewed acknowledged receiving the information at intake.

(b) The GEO Corporate policy, Section 2(d) further states that within 30 days of intake the facility shall provide a comprehensive education to all individuals in a GEO facility or program, either in person or through video. Section 2(f) outlines the comprehensive education to include information on individual's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. Once the intake process is completed the detainees are then provided with the Coastal Bend Processing Center Detainee Handbook. The handbook which provides a very comprehensive overview of the detainee's rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents. Every detainee interviewed stated they watched the video, received the detainee handbook and were able to tell me how they would report an incident of sexual abuse or sexual harassment. The PREA comprehensive education is provided through a PREA orientation video which is shown during the orientation process and once weekly in all housing units. The detainees are provided an opportunity to ask questions about any concerns. Detainees sign an acknowledgement of receiving the information. Additionally, the CBDC provides comprehensive PREA education in writing. The CBDC staff providing the information makes an introduction and goes over the information with the detainee. This information is generally provided by the case manager. The written document provides information on the detainee rights to be free from retaliation for reporting incidents and the CBDC procedures for responding to reported incidents.

(c) A random sample of detainee files via GEOtrack 3.0 indicated the detainees received PREA education, the detainee handbook and orientation packet, and the PREA Comprehensive Education. All acknowledgements were signed by the detainee. By following the CBDC intake process through the housing and follow up with the detainees and comparing it to detainee files (15 random files), it appears unlikely that detainees would miss an opportunity to receive the necessary information.

(d) Page 13 of the GEO Corporate Policy 5.1.2-A, section (g) states that in all GEO facilities, education shall be provided in formats accessible to all individuals in a GEO facility or program, including those with disabilities and those who are limited English proficient. On page 13 of the CBDC policy 1300.05, section (e) contains similar language. One physically disabled detainee, and all LEP detainees who were interviewed acknowledged receiving information in Spanish. One detainee who spoke Chinese acknowledged receiving information via the language line and stated communication with staff was not difficult. Throughout the facility tour all PREA education materials and the detainee handbook were available in all housing units in both English and Spanish.

(e) Both the GEO corporate policy (page 13, section (g)), and the CBDC policy (page 13, section (f)) cover detainee signatures for receiving the PREA information. A review of detainee files indicates documentation of participation in and receipt of the CBDC PREA materials.

(f) During the facility tour key PREA information was readily available in all housing units, the lobby area and throughout common areas within the facility. Collectively, detainees stated they would report to staff or call the PREA hotline, noting the information is on both the PREA poster and in the detainee handbook. The PREA Compliance Manager revealed newly designed PREA posters that drew attention to them by the size (oversized) and color structure (primary colors).

Conclusion:

Based on the evidence provided, documentation reviewed, interviews with staff and detainees, and a review of detainee files, and the facility tour provisions (a)(b)(c)(d)(e)(f) are confirmed, making the CBDC compliant with standard 115.33.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)

Investigator Specialized Training Curricula

List of Facility PREA Investigators

Certificate of Completion of Specialized Investigator Training

Verification via LMS of Specialized Investigator Training

Interviews:

Facility Investigator

PREA Compliance Manager

Findings:

(a)GEO Corporate policy 5.1.2-A, Page 14, Section 3(a), mandates investigators shall be trained in conducting investigations of sexual abuse in confinement settings. This training is provided in addition to the training mandated in Section F(1) – Employee training of the policy. Page 15, section 3 (a-c) of the CBDC policy 1300.05 covers specialized training for investigators. It states the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The CBDC currently has three investigators who have received the specialized training for investigators.

(b)Section 3(a) further states the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(c)Section 3(c) of the corporate policy states where the facility does not conduct sexual abuse investigations and an outside agency is responsible for investigating these type incidents, the facility shall request documentation from the agency that it has provided such training to its investigators who conduct such investigations, and the training documentation shall be kept on file at the facility. The completion certificate for Specialized Training: Investigating Sexual Abuse in Correctional Settings was provided and verified, and a record of the training was included in the LMS system as well as the investigator's personnel file. Interviews with two PREA investigators indicated they were well versed in the elements and sensitivities of conducting sexual abuse investigations in a confinement setting. They acknowledged the need for prompt, thorough and objective investigations, and how to process evidence.

Conclusion:

Based on the information reviewed (training records), review of the investigator training curriculum, and interviews with investigative staff, the CBDC is in compliance with provisions (a)(b)(c) of this standard therefore in full compliance with standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 Roster of Medical and Mental Health PREA Acknowledgements
 Random Medical and Mental Health Training Files
 Medical and Mental Health Staff PREA General and Specialized Training Completion (LMS)
 Medical and Mental Health PREA Training Curricula
 Statement of Fact

Interviews:

Warden
 PREA Compliance Manager
 Medical Staff
 Assistant Training Administrator

Findings:

(a)GEO Corporate policy 5.1.2-A, Page 14, and CBDC policy 1300.05 page 14 outline the specialized training for medical and mental health staff noting the requirements of the training are (1) how to detect and assess signs of sexual abuse and sexual harassment; (2) how to preserve physical evidence of sexual abuse; (3) how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. CBDC policy 1300.05, page 1, section (a) mirrors the corporate policy. Medical staff indicated they had received both general training on PREA, as well as specialized training for medical and mental health providers. Training is provided through the training administrator (assistant training administrator while the training administrator is on military leave), who sends an email to staff informing them they have been enrolled in training, the type of training, and the deadline to complete the training.

(b) CBDC policy 1300.05, page 15, section (d), acknowledges forensic exams are not performed at the Coastal Bend Detention Center. Detainees who allege sexual abuse are transported to a medical facility that is SANE certified for forensic exams. The Warden and the PCM acknowledged the Coastal Bend Detention Center medical staff do not conduct sexual assault forensic exams. This was provided verbally as well as through a statement of fact. Therefore, this provision is not applicable.

(c) The CBDC policy 1300.05 mandates that the facility maintain documentation of the specialized training. This can be found on page 15, section (e). A review of random medical and mental health files showed documentation of the specialized training being assigned and completed annually for both the medical and mental health staff at the CBDC.

(d) It was verified through a review of training records of medical and mental health staff that they have received the general PREA training mandated for employees under standard 115.13.

Conclusion:

A thorough review of documentation of training records, policy, and interviews with the Assistant Training Administrator, facility staff, mental health and medical staff show that the CBDC is in compliance with standard 115.35. Provisions (a)(b)(c)(d) were verified and fulfilled.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
GEO PREA Risk Assessment Tool
PREA Vulnerability Reassessment Questionnaire
Detainee files

Interviews:

Staff responsible for risk screening (Intake Staff)
Random Detainees
Case Manager
PREA Compliance Manager

Findings:

(a) Section D 1(a), pages 8 & 9 of the GEO Corporate policy 5.1.2-A and pages 9 & 10 of the CBDC policy 1300.05 indicate all individuals in a GEO facility or program, and detainees at CBDC shall be assessed during intake and upon transfer for their risk of being sexually abused by another individual in a GEO facility or program, or being sexually abusive towards another individual in a GEO facility or program. Intake officers and medical personnel will conduct the screenings. The auditor observed detainees during the intake process. The GEO risk assessment described here was administered to each detainee.

(b) Both the corporate policy and CBDC policy mandate the risk screening be conducted within 24 hours of arrival at the facility. The GEO Risk Assessment Tool is used for the risk screening. Due to COVID19, the facility did not anticipate any intakes during the onsite phase. The PCM maintained daily communication with the intake officers to ensure that if any detainees arrived, the intake process would be observed. On the second day of the onsite phase detainees arrived and the intake process was observed by the auditor

(c) The GEO PREA Risk Assessment Tool is an objective screening instrument. CBDC policy 1300.05, Page 10, Section D(1)(b) outlines the elements that make up the risk assessment. This includes 1) Mental, physical, developmental disability; age; physical build; previous incarceration; if criminal history exclusively nonviolent; prior convictions for sex offense against an adult or child; if perceived to be LGBTI or Gender Nonconforming; if previously experienced sexual victimization; his or her own perception of vulnerability; and the Coastal Bend shall also assess whether he or she is detained solely for immigration purposes. The completed tool is maintained in the detainee files. A review of random detainee files showed the risk assessment was administered properly.

(d) The GEO Group created the PREA Risk Assessment Tool asks 11 questions pertaining to risk of victimization. These include 1. Have you ever been approached for sex/threatened with sexual assault while incarcerated, 2. Have you ever been the victim of sexual assault, 3. Do you have any reason to fear placement in general population; 4. Younger or elderly detainee (<=21 or >=65); 5. Small physical stature (men: <5'6" and <120 lbs; women: <5'0" and <118 lbs); 6. Does the detainee have a developmental/mental/physical disability; 7. Do you wish to identify as Lesbian, Gay, Bisexual, Transgender, Intersex, or Gender nonconforming & Is the detainee perceived to be gender nonconforming; 8. First time offender; 9. Criminal history of sex with adult or child victims; 10. Criminal history is exclusively nonviolent; and 11. History of prior sexual victimization while incarcerated. A score of 4 or more on the above items is a determination of "at risk of victimization".

(e) For risk of abusiveness the assessment asks the following; 12. Convicted sex offender with adult or child victims; 13. History of domestic violence as a perpetrator; 14. Prior crimes of violence (excluding sex offenses, domestic violence); 15. Incident reports for violent offenses while incarcerated (excluding sexual misconduct); 16. Incident reports for sexual misconduct while incarcerated; and 17. History of prior sexual abuse/perpetration while incarcerated. A score of 3 or more on items 12-17 is a determination of "at risk of abusiveness". Additionally, if questions 2, 9, 11, 12, or 17 receives a "yes"

response, a referral to Mental Health is required. Finally, if question 2 or 11 receive a “yes” response, a referral to Mental Health is required. The form is signed by the case manager, the detainee, and includes a space to affirm if a referral to mental health is necessary.

(f) CBDC policy 1300.05, page 10, section (d) states that within a set time period not to exceed 30 days from arrival at the facility, staff shall reassess the individual’s risk level for victimization or abusiveness based upon any additional, relevant information receive by the facility since the intake screening. The “GEO PREA Vulnerability Reassessment Questionnaire” is used to conduct the reassessment. A review of the detainee files showed reassessments were completed within 30-days of intake. The reassessment is completed by the case manager. Interviews with case managers and a review of the reassessment process with the case manager indicated a file system that indicates at 25 days the need for the reassessment.

(g) GEO Corporate policy 5.1.2-A, page 9, Section 1(j) specifies that at any point after the initial intake screening, and individual in a GEO facility or program may be reassessed for risk of victimization or abusiveness. The case managers at the CBDC confirmed that any detainee can request a reassessment, a staff member can request a reassessment, and any information provided to them that indicates a change in the detainee’s risk status would prompt a reassessment. The case managers were observed during the facility tour following up with detainees on a variety of issues.

(h) Both the GEO Corporate, page 9 section (g) and CBDC, page 10, section (e) policies acknowledge that disciplining individuals in a GEO facility or program for refusing to answer or not providing complete information in response to certain screening questions is prohibited.

(i) Geo Corporate policy 5.1.2-A, page 9, Section 1(i) states that sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. The PREA Coordinator indicated only those who need to know to make housing, work assignments and programming/education decisions will have access to the sensitive information.

Conclusion:

A review of policies and forms, interviews and observations, provisions (a)(b)(c)(d)(e)(f)(g)(h)(i) were met. The utilization of the PREA Risk Assessment, PREA Vulnerability Reassessment Questionnaire, the maintenance of the confidentiality of the files, the timeliness and continual follow up shows the CBDC exceeds standard 115.41.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 Statement of Fact
 CBDC Referral Tracking Log

Interviews:

PREA Compliance Manager

Staff Responsible for Risk Screening (Intake)

Findings:

- (a) Page 10, Section 3(a) of policy 5.1.2-A, outlines that screening information from standard 115.41 shall be used to determine housing, bed, work, education and programming assignments within the facility in order to keep potential victims away from potential abusers. The CBDC policy 1300.05, page 11, Section 3(a) is consistent with the corporate policy. CBDC further monitors and counsels detainees identified as being at risk for sexual victimization. The CBDC PREA Referral Tracking log shows those individuals who are being monitored, when they arrived at the facility, and shows the detainee is housed in the least restrictive housing that is available and appropriate. The PREA Compliance Manager maintains the log and ensures appropriate follow up is being conducted. All detainees affirmed they felt safe in their current housing. A statement of fact indicated the Coastal Bend Detention Center has not had a transgender/intersex detainee that was in the facility for 6 months to allow for re-assessment of risk. The PCM and case managers indicated that at any time an individual had a change in status, requested a reassessment, or a staff member requested a reassessment, the information from the risk assessment and any previous reassessment and new information would be considered in the requested reassessment.
- (b) The CBDC policy 1300.05 page 11, section 3 (a&b) uses information from the intake and classification process, the risk assessment, and any information provided by the detainee, staff, volunteers or contractors to assess the housing in the safest way possible for each detainee.
- (c) Policy 5.1.2-A 3(c) states that in making housing and programming assignments for transgender or intersex individual in a GEO facility or program, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. CBDC policy 1300.05, page 11, section 4(b) acknowledges that in making housing and programming assignments for transgender and intersex individuals the facility considers on a case by case basis whether placement would present a management or security problem.
- (d) Section 5(e) of the corporate policy mandates that in all facilities, housing and programming assignments for each transgender and intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. The PCM maintains a Referral Tracking Log that shows the detainee name, how they identify, their current housing and their arrival date. As confirmed by a medical data search, through interviews with the PCM, there were no self-identified transgender or intersex individuals at CBDC during the audit.
- (e) The corporate policy further states serious consideration shall be given to the individual's own views with respect to his/her own safety, and the CBDC policy affirms this on page 11, section 3(c). The GEO PREA Vulnerability Reassessment Questionnaire is used to conduct the six-month reassessment. The questionnaire, which is conducted with the detainee and the case manager asks about housing and whether the detainee has been threatened physically or sexually. The detainee signs the questionnaire and it is placed in the detainee file. Reviewed detainee files showed the PREA Vulnerability Reassessment Questionnaire was completed and included in the respective files.
- (f) Section 5(g) mandates that transgender and intersex individuals in a GEO facility or program shall be given an opportunity to shower separately from other individuals. The CBDC utilizes a Statement of Search/Shower/Pronoun preference form completed by the intake or classification (case management) staff in conjunction with the detainee. The form requires the signature of both the detainee and staff, along with a witness.
- (g) Section 5(f) of the corporate policy and section 4(f) on Page 11 of the CBDC policy indicates transgender and intersex individuals in a GEO facility or program shall not be placed in housing units solely based on their identification as transgender or intersex individuals. The CBDC further states that this is unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such detainee, which the facility does not have.

Conclusion:

A review of the evidence provided, coupled with policy, documentation, and interviews, provisions (a)(b)(c)(d)(e)(f)(g) and are compliant, giving an overall rating of meets standard for 115.42.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

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

115.43 (b)

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

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No

- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
CBDC Detainee Alert
CBDC Care Committee Assessment
PREA Risk Assessment
CBDC Detainee Statement
CBDC Activity Log

Interviews:

Warden
PREA Compliance Manager
Staff who supervise detainees in RHU housing

Case Manager

Findings:

(a)(b)(c) The GEO Corporate policy 5.1.2-A pages 17 & 18, indicate that detainees who score at high risk for sexual victimization based on the GEO PREA Risk Assessment are not placed in involuntary segregation or segregated housing. CBDC policy 1300.05, does not contain language pertaining to protective custody utilization, however, their practice and documentation follows corporate policy 5.1.2-A. The Restrictive Housing Unit (RHU) at the CBDC is utilized for detainees who require protective custody, or those who are on discipline. For those requiring protective custody, interviews with staff indicate they still have access to programming and other offerings the facility provides. The auditor followed a detainee who arrived at the facility on 07/07/19, identified as a transgender woman and requested to be placed in the RHU for protection. The CBDC held a Transgender Care Committee meeting where the detainee request was reviewed and approved. The committee included the Health Services Authority, PCM, and Classification Supervisor. The PREA Risk Assessment was reviewed and the individual assessed for risk of victimization. The detainee also wrote a statement on a CBDC "Inter-Office Communication" form requesting to be housed in protective custody for her safety. A "Detainee Activity Log" was initiated and showed the detainee meal service, activities, appointments with medical and or case management. Additionally, on each day of the week the 1st Officer, 2nd Officer, 1st Lieutenant, 2nd Lieutenant, 1st Captain and 2nd Captain provided signatures. The individual did not remain in the custody of CBDC for longer than 30 days requiring a reassessment.

(d)(e) There were no cases of detainees at risk of sexual victimization housed in the RHU during the onsite phase of the audit nor had any detainee be placed in involuntary segregation pursuant to a PREA Risk Screening assessment, as provided during interviews with facility, intake, and medical staff.

Conclusion:

Based on documented corporate policy, staff interviews, and a review of CBDC documentation related to the use of RHU housing for protection, provisions (a)(b)(c)(d)(e) are met. CBDC is found in compliance with standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 Mutual Agreement (MOU) with Nueces County Sheriff's Department
 CBDC Detainee Handbook

GEO Website
Sexual Assault Service Hotline 7
MOU – Women’s Shelter of South Texas
Detainee Telephone Use

Interviews:
Warden
Random Detainees
PREA Compliance Manager
Random Staff
Staff at the Women’s Shelter of South Texas

Findings:

(a) GEO Corporate policy 5.1.2-A, Page 19, Section I(1)(a) outlines the reporting options in a GEO facility. Specifically the policy mandates that each facility shall provide multiple ways for individuals in a GEO facility of program to privately report sexual abuse and sexual harassment, retaliation by other individuals in a GEO facility or program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Page 18 & 19, section I1(a) of the CBDC policy 1300.05 indicates there are multiple ways for detainees in the facility to privately report sexual abuse and sexual harassment, report retaliation by other detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Detainees who were interviewed acknowledged receiving information about reporting during intake and referenced the posters and the detainee handbook as including information about reporting incidents of sexual abuse and sexual harassment. The auditor used a detainee telephone to call the numbers listed. The telephone numbers were connected without having to enter a PIN or any other personal identifying information.

(b) Policy 5.1.2-A, Section I(1)(c) states facilities shall provide individuals in a GEO facility or program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE, USMS, BOP, etc.) and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request. The CBDC policy on page 22, section K1(b) indicates the facility provides contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE, USMS, BOP, etc.). , and the information is posted in the Detainee Handbook that is issued to each detainee. The handbook includes information to call the Office of Inspector General and provides an 888 number for the Inspector General. The handbook also provides the Women’s Shelter of South Texas phone number as a reporting entity by dialing *6 or 361-884-2900. A review of materials presented shows the CBDC uses the Women’s Shelter of South Texas as both a reporting mechanism and for obtaining emotional support services for victims of sexual abuse. The detainee handbook, PREA posters, and a newly created employee handout and detainee new arrival handout have been updated or created to establish The Purple Door as a victim advocacy entity and not a reporting entity.

(c) Section I(1)(e) of the corporate policy mandates that employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. Section I(1)(f) of the CBDC policy acknowledges staff accept reports made verbally, in writing, anonymously, and from third parties promptly document any verbal reports. Staff noted they would accept reports in any form provided and would immediately notify a supervisor. The incident would be documented and reported to the PREA Compliance Manager as well.

(d) A GEO Corporate phone number is provided to staff to report privately any sexual abuse or sexual harassment of detainees. The GEO website provides the following information: GEO Employees may report Sexual Abuse or Sexual Harassment information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment

directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the Internet at www.reportlineweb.com/geogroup or at the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator directly at (561) 999-5827.

Conclusion:

The CBDC entered into a 60-day corrective action period for standard 115.51. It should be noted that the CBDC PCM took immediate notation of the deficiency (differentiating between a reporting entity and a victim advocacy agency) and began working on solutions before the onsite phase of the audit concluded. The auditor praised this in the out briefing and complimented the Warden on their commitment to streamline the information.

The CBDC PCM provided evidence and verification via follow up telephone calls, submission of modifications of the detainee handbook and poster, and the creation of an employee training document and a new detainee arrival handout that clearly defines the difference between a reporting entity and an agency that provides victim advocacy. Additionally, a script was created by the CBDC PCM, on how to professionally provide guidance if a detainee calls The Purple Door to make a report to ensure a report is made.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).

Yes No NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
CBDC Detainee Handbook

Interviews:

PREA Compliance Manager
CBDC Grievance Coordinator

Findings:

(a)(b)(c)(d)(f) The Coastal Bend Detention Center is not exempt from this standard. The GEO Corporate Policy 5.1.2-A outlines the requirements for a facility grievance procedure regarding sexual abuse. The CBDC policy 1300.05, pages 19 & 20 follows the directive of the corporate policy ensuring that no time limit will be set when a detainee may submit a grievance regarding an allegation of sexual abuse. Detainees have the right to submit grievances alleging sexual abuse to someone other than the alleged abuser. Such grievance is not referred to the staff member who is subject of the complaint. The alleged victim must agree to have the request filed on his or her behalf, however they are not required to personally pursue any subsequent steps in the administrative remedy process. If the detainee declines to have the request processed on his or her behalf, the CBDC will document the detainee's decision. No informal grievance process or attempt to resolve an alleged incident of sexual abuse with a staff member is required, and a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The emergency grievance process is outlined on page 20 of the CBDC policy 1300.05. The grievance procedures of the CBDC were recently updated in the Detainee Handbook on pages 45 & 46.

(e) Page 6 of the CBDC Detainee Handbook also outlines that third parties (e.g., fellow detainees, employees, family members, attorneys and outside advocates) may assist individual detainees in filing requests for administrative remedies relating to allegations of sexual abuse and may file such requests on behalf of the alleged victim.

(g) Both the GEO Corporate policy (page 19), and the CBDC policy (page 20) outline that detainees may receive a disciplinary report for filing a grievance relating to sexual abuse in bad faith.

The CBDC reports zero grievances, general or emergency had been filed in the past 12 months. This was confirmed during interviews with the PCM and the Grievance Coordinator.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f)(g) were documented by policy, staff and detainee interviews. The grievance process was explained in detail and the "Request for Administrative Remedy" form provided. Based on the review and analysis of all available evidence, CBDC is found in compliance with standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
CBDC Detainee Handbook
MOU with the Women's Shelter of South Texas

Interviews:

Random Detainees

Findings:

(a) The GEO Corporate policy, 5.1.2-A Page 25, Section 8 (a)&(b), and CBDC policy 1300.05, Page 26, outline the responsibility of the GEO programs and facilities to provide access to outside victim

advocates and provide, post, or otherwise made accessible specific contact information for victim advocacy. Policy also advocates to enabling reasonable communication between individuals in a GEO facility or program and the victim advocacy groups. Detainees who were interviewed understood the phone number on the CBDC zero tolerance poster to be for reporting incidents of sexual abuse and were not clear that the number was for emotional support services.

(b) Section 8 (b) of the corporate policy, and page 31, section 9(b) of the CBDC policy further states that the facilities are to inform detainees prior to giving them access to the victim advocacy the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Language on the detainee PREA education materials, the Detainee Handbook and signage (posters) articulate confidentiality laws applicable to reporting.

(c) Section 8 (c)&(d), and section 9(c) of the CBDC policy address the requirement to maintain or attempt to obtain an MOU with a victim advocacy group and maintain a copy of the agreement on file. A copy of the MOU with the Women's Shelter of South Texas was reviewed by the auditor.

Conclusion:

Information supporting compliance for provisions (a)(b)(c) was provided via policy, documentation, and interviews with staff and detainees. The CBDC is compliant with standard 115.53.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
GEO Website
GEO Third Party Reporting Poster

Interviews:
Random Staff
Random Detainees

Findings:
GEO Corporate policy specifies on Page 20 that GEO shall post publicly, third party reporting procedures on its public website to show its method of receiving third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. The GEO website does include this information. The policy further requires that third-party reporting posters shall be posted on its public website. During the audit tour, information on third party reporting was seen displayed on bulletin boards. Staff and detainee interviews showed their understanding of how to receive and make a third-party notification. All detainees stated they would not hesitate to tell a family member or friend about incidents of sexual abuse.

Conclusion:
This standard was documented with staff and detainee interviews and verification of information available on the website. Based on the review and analysis of all available evidence, the CBDC is in compliance with standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 Texas Mandatory Reporting Laws
 Statement of Fact

Interviews:

Random Staff

PREA Compliance Manager
Warden
Medical Staff

Findings:

(a)(b)(c)(d)(e) - GEO Corporate policy 5.1.2-A, Pages 20 & 21, and CBDC policy 1300.05, pages 15-21, section F for volunteers, section G for contractors, and, section 4 for employees mandates any staff member, volunteers and contractors who receives any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not part of the agency, any retaliation against detainees or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, to report the information immediately. The Texas State mandates from the NIC/WCL 50 State Survey of Vulnerable Persons Statutes were reviewed. The mandatory reporting laws outlines procedures for reporting suspected abuse, neglect, sexual assault, verbal abuse or exploitation of a vulnerable adult. Reported information to the CBDC PCM is reviewed and the allegation will then be assigned to an investigator. This includes third-party and anonymous reports of sexual abuse or sexual harassment. Staff interviews indicated a high level of awareness for reporting immediately any information they receive of sexual abuse, sexual harassment or retaliation for reporting sexual abuse and sexual harassment. Although the facility does not house individuals under the age of 18, the policy, the Texas reporting laws confirm that reports related to vulnerable individuals will require reporting to the state. Medical staff, contractors and volunteers acknowledged their duty to report, indicating they would reach out to either an immediate supervisor, or the CBDC PCM, Associate Warden or Warden. Staff also indicated if a report were made to them their first responder protocol would begin and the victim and perpetrator would be separated to ensure the safety of the victim. Then an immediate notification to a supervisor would follow. A statement of fact was submitted noting that there have been no PREA incidents involving vulnerable persons which required mandatory reporting to the State entity.

Conclusion:

Provisions (a)(b)(c)(d)(e) were documented in policy and confirmed by staff, contractor, volunteer, medical and mental health interviews Based upon the documentation provided, review and analysis of all available evidence, CBDC is found in compliance with standard 115.61.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
Transgender Care Committee Report
CBDC Inter-Office Memo (Request)

Interviews:

Random Staff
PREA Compliance Manager
Warden

Findings:

The GEO Corporate Policy page 21, section M1 indicates that when a facility learns that an individual in a GEO facility or program is subject to substantial risk of imminent sexual abuse it shall take immediate action to protect the alleged victim. It further states that employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees are required to assume that all reports of sexual victimization, regardless of the source of the report (i.e., third party) are credible and respond accordingly. Pages 21 & 22 of the CBDC policy 1300.05 mirrors the corporate policy. Random staff were well aware of their first responder duties and understood substantial and imminent risk meant action was to be taken immediately. The Warden mentioned during the facility tour the CBDC commitment to detainee safety, indicating any indication that a detainee is not safe, for any reason will be looked in to.

The CBDC showed their protection duties by providing documentation from a female detainee who was transitioning (M2F). The detainee requested protective housing due to fear of being abused if placed in general housing. The PCM coordinated a meeting with the Transgender Care Committee and the committee concurred the detainee would be safest housed in the RHU. The detainee was no longer housed at the CBDC and therefore could not be interviewed.

Conclusion:

A review of the policy coupled with evidence provided, and interviews of random staff indicate the CBDC is in compliance with standard 115.62.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
GEO Intra-Agency Notification

Interviews:

Agency Head
Warden
PREA Compliance Manager
Detainee Files

Findings:

(a) Covered in both the GEO Corporate policy 5.1.2-A, Pages 25 & 26, Section 5(a) of the CBDC policy, is that upon receiving an allegation that an detainee/detainee was sexually abused while confined at another facility, the Facility Administrator (Warden) or Assistant Facility Administrator that

received the allegation shall contact the Facility Administrator or designee where the abuse is alleged to have occurred.

(b)Section 5(a) of the CBDC policy indicates that such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.

(c)Section 5(b) mandates that the CBDC maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of the documentation shall be forwarded to the PREA Compliance Manager and the ICE AFOD or designee if the incident involves ICE detainees.

The GEO agency head indicates that regardless of how a facility receives a PREA allegation that abuse occurred, the allegation will be referred to designated investigators for investigation. Further, GEO corporate receives, and tracks via a database any and all allegations of abuse. During the random detainee interviews, one detainee stated he reported sexual abuse at another facility upon intake but received no follow up or information after the report. The auditor reported this to the PCM and asked for the detainee file for review. The file was reviewed, as was the medical file, which indicated the CBDC had followed policy and procedure, ensuring the detainee was interviewed, seen by medical and mental health, and that the agency where the sexual abuse occurred was notified. The CBDC reported on the GEO Intra-Agency Notification form, an allegation of sexual abuse from another GEO facility. The notification to facility where the sexual abuse occurred was notified within 24 hours of the detainee arriving at the CBDC. No reports were received by the CBDC in the past 12-months indicating any allegations of sexual abuse.

Conclusion:

Provisions (a)(b)(c)(d) were documented by policy as well as written correspondence. Interviews with staff indicate coupled with the evidence provided determines the CBDC to be in compliance with standard 115.63.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

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

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
CBDC PREA Coordinated Response
First Responder Reminder Cards
PREA Allegation Correspondence

Interviews:

Security/non security staff first responders
Contract staff
Random staff
Warden
PREA Compliance Manager

Findings:

(a) The GEO Corporate Policy 5.1.2-A, page 21 & 22, CBDC Policy 1300.05, page 22-24 and the PREA In Service training provided to all staff, contractors and volunteers are consistent and cover the duties of first responders. Interviews with staff showed understanding that their responsibilities in responding to an incident of sexual abuse would be to separate the alleged victim from the alleged suspect in an effort to keep the detainee safe, and to preserve usable evidence. They would immediately notify the shift supervisor. It would be the supervisor who would likely make the request for the individuals to not shower, brush teeth, change clothing, use the restroom, drink or eat.

In the past 12 months, the CBDC had five allegations of sexual abuse. During three of the five security staff were first responders and the victim was separated from the alleged abuser and both were requested not to take any action that could destroy evidence. Two of the allegations were made to non-security staff. In both incidents' security staff was notified immediately and the request to refrain from taking any action was provided by the security staff. The non-security staff remained with the victim until security staff arrived.

(b) Both the Corporate policy and the CBDC policy cover the responsibilities of the non-security staff member as a first responder. These policies also mandate that if the first responder is not a security staff member, they are to request the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim and notify security staff. It was evident and noted by medical and contractor staff they were aware of their responsibilities to make requests of the detainees so evidence could be preserved yet noted the CBDC staff would be on scene immediately and make the request first. Staff wear identification "badges" and a series of reference cards are attached to the identification. One such is the "sexual abuse first responder duties" card which outlines on the front and back of the card the first responder duties. The card states 1) separate the alleged victim and abuser; 2) immediately notify the on-duty call supervisor and remain on scene until relieved by responding personnel; 3) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 4) do not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; 5) if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff; and 6) apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident. During the interview, random staff referenced the cards when discussing first responder duties. PREA allegation correspondence and documentation was reviewed and showed that upon notification of a sexual assault, CBDC staff follow first responder protocol.

Conclusion:

Provisions (a)(b) were documented in policy, training, and through interviews. Staff training showed that all employees, regardless of being security or program staff, medical, mental health, contractors or volunteers, all received first responder duty training during the initial PREA in-service training. Based upon the review and analysis of all available evidence, the CBDC is found to be in compliance with standard 115.64.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
CBDC PREA Coordinated Response Plan

Interviews:

Warden
PREA Compliance Manager

Findings:

The GEO Corporate Policy 1.2.5-A, page 6, section 4 outlines the requirements for coordinated responses at their facilities, specifying each facility is responsible for developing a Coordinated Response, and the local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of the response. The PCM reported being a part of the coordinated response planning at the CBDC, indicating it is a collaborative process by which the Warden, Assistant Facility Administrator, medical, investigators and other staff have input. Further, all security personnel receive a copy of the coordinated response. The coordinated response plan includes seven sections; I. Actions Required After Report of Sexual Abuse, II. Initial Response, III. Notifications Required When Sexual Abuse is Alleged, IV. Evidence Protocol - Medical Responsibilities, V. Investigator Responsibilities, VI. Responsibilities when Sexual Harassment is Alleged, and VII. Responsibilities when Sexual Activity is Alleged. The coordinated response is signed and dated by the Facility Administrator, Assistant Facility Administrator and the Compliance Administrator. The CBDC Coordinated Response Plan includes a PREA Incident Checklist for Incidents of Sexual Abuse and Harassment that ensures via date and time stamps that the coordinated response is being followed.

The PCM indicated participation in the Coordinated Response and indicated the CBDC coordinated response team reviewed the facility's response protocol in August 2019.

Conclusion:

A review of the CBDC Coordinated Response and interviews with staff indicate the facility is in compliance with standard 115.65.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
The GEO Group, Inc Collective Bargaining Agreement for the Coastal Bend Detention Center
GEO OPR Referral Form
Investigative Files

Interviews:

Agency Head
PREA Compliance Manager

Findings:

The GEO Corporate Policy 5.1.2-A, pages 5 & 6, Section 3(a)(b) indicates that in every case where the alleged abuser is an employee, contractor, or volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Facility management is responsible for implementing a "no contact" order and document via email or memorandum by facility management and maintained in the investigative file. The policy further states that GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility to remove an alleged employee from contact with any individual pending the outcome of the investigation. The CBDC Policy 1300.05, page 6, section 3(a)(b), further operationalizes the corporate policy by noting a

GEO Office of Professional Responsibility (OPR) Referral of Staff Misconduct Form shall be completed for all allegations in which staff is the alleged abuser. The GEO Agency Head indicated that none of The GEO Group's collective bargaining agreements prohibit GEO from removing staff from contact with detainees pending the outcome of an investigation for alleged sexual abuse or harassment.

The Collective Bargaining agreement was reviewed. The agreement is current and effective through May 31, 2021. There is no language in the Collective Bargaining agreement that limits the CBDC from the ability to remove alleged staff sexual abusers from contact with any detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Conclusion:

A review of the policies, collective bargaining agreement, files and interviews show evidence the CBDC is found compliant with standard 115.66.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
CBDC Monthly PREA Incident Tracking Log
CBDC Protection from Retaliation Log
In-Service Training Curriculum
Statement of Fact

Interviews:

Agency Head
Warden
Staff Monitoring Retaliation (PREA Compliance Manager)

Findings:

(a) The GEO Corporate policy 5.1.2-A, Page 28, section O lays out a comprehensive response to retaliation monitoring and requires that facilities implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other individuals in a GEO facility, program or employee. The CBDC policy 1300.05, page 14, section 4, and In-Service Training show both detainees and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment.

(b) Page 28 of the corporate policy, and page 29 of the CBDC policy discuss multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The GEO Agency Head ensures GEO Groups protection measures are in place by empowering management staff at its various facilities the ability to consider the best options for the victim.

(c) GEO Corporate policy 5.1.2-A has set forth advanced and specific requirements for monitoring retaliation. For instance, subsection (d) requires a mental health staff member of the PCM meet weekly (beginning the week following the incident) with the alleged victim, in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Further, subsection (j) requires that designated staff meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) is an option to be offered for emotional support services for staff who fear retaliation. The CBDC policy 1300.05 policy, page 29, section (e) requires that for at least 90 days following a report of staff sexual misconduct by another employee, the facility Human Resources Manager or Facility Investigator shall monitor the staff member who reported the allegation. This covers any employee witnesses as well. Designated staff will meet every 30 days for up to 90 days with employees in private to ensure sensitive information is not exploited by staff or others and to see if any issues exist. A series of monthly PREA Tracking Logs, and Protection from Retaliation Logs were reviewed by the auditor. Detainees received monitoring for retaliation on a weekly basis. The

monitoring is conducted by the PCM as evidenced by the Protection from Retaliation Logs. Interviews with the case managers indicate if they know a detainee is being monitored for retaliation, they will also check in with them.

(d) It is also the policy of GEO Corporate, subsection (k) to require any issues discussed, or meeting that occur to be placed on the "Employee Protection from Retaliation Log". Both the employee and detainee monitoring "Protection from Retaliation Log" logs are to be retained in the investigative file of the corresponding PREA incident per subsection (n). This is confirmed by the Agency Head noting that facility management take immediate corrective action to correct any issues that are discovered.

(e) Subsection (m) of the corporate policy indicates that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. It was evident the CBDC follow and document policy and protocol related to protecting detainees and staff from retaliation.

A statement of fact provided by the Warden indicated the Coastal Bend Detention Center has not had any notification of allegations of retaliation involving a detainee or staff during the past 12 months.

Conclusion:

Based on the documentation reviewed, staff discussions, and a review of policy, the evidence shows CBDC is compliant with standard 115.67.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)

Statement of Fact

Interviews:

PREA Compliance Manager

Staff who supervise detainees in RHU

Findings:

The use of segregated housing at the Coastal Bend Detention Facility to protect a detainee who is alleged to have suffered sexual abuse is outlined in Policy 2.1.5-A, Page 25, Section 6, and on page 26, Section 6 in the CBDC policy 1300.05. The policies state that any use of segregated housing to protect a detainee who is alleged to have suffered sexual abuse will be subject to the requirements of standard 115.43. There have been no detainees held in voluntary segregated housing in the past 12 months as stated by the Warden in the statement of fact.

None of the staff who supervise detainees in the RHU could recall a time when involuntary segregated housing was used for a detainee who alleged sexual abuse.

Conclusion:

A review and analysis of documentation, interviews with staff and detainees the CBDC is deemed compliant with standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 CBDC PREA Incident Tracking Log
 PREA Investigative Reports
 Statement of Fact

Interviews:

Warden
 PREA Coordinator
 PREA Compliance Manager
 CBDC PREA Investigator

Findings:

(a) GEO Corporate policy 5.1.2-E, page 5 & 6, define investigations, both administrative and criminal. The policy requires that any allegation of sexual abuse and sexual harassment will be investigated promptly, thoroughly, and objectively. This includes third-party and anonymous allegations. The CBDC

policy 1300.05, page 1, section II requires all cases of alleged sexual conduct shall be thoroughly investigated. This section also states that staff is responsible for the immediate referral of allegations so they can be investigated, and that allegations are to be addressed with sensitivity and non-judgmentally. The Annual PREA Allegation tracker was reviewed and showed one allegation in 2020 of inmate on inmate sexual abuse, and four allegations; two inmate on inmate sexual harassment, one inmate on inmate sexual abuse, and one staff on inmate sexual harassment, for 2019. Notifications of allegations of sexual abuse and sexual harassment, and completed preliminary investigative reports are sent to the Corporate PREA Office for review and approval.

(b) The corporate policy further indicates in section 1(e) that investigators conducting sexual assault investigation shall have received special training in sexual abuse investigations. The CBDC currently has four specially trained investigators.

(c) Corporate policy 5.1.2-E covers the requirements of this provision by stating investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. In reviewing practice of the CBDC, the corporate policy is followed.

(d) The corporate policy outlines on page 7 section (k) states when a substantiated allegation of conduct appears to be criminal it shall be referred for prosecution. The CBDC refers their criminal investigations to the appropriate law enforcement agency having jurisdiction, in this case the Nueces County Sheriff's Department. Page 32 of CBDC policy 1300.05 (d) states the CBDC is committed to investigating, disciplining and/or referring for prosecution, employees that engage in such behavior.

(e) Corporate policy 5.1.2-E, section (h) states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a detainee or staff. The CBDC does not require any detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation.

(f) Corporate policy 5.1.2-E, page 6, section 2(c) states that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in a written report format that includes at a minimum a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. A review of CBDC administrative investigations, shows an effort to determine whether staff actions or failures to act contributed to the abuse, and is documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(g) Corporate policy 5.1.2-E, page 6 2(a) indicates an investigative report shall be written for all investigations of allegations of sexual abuse and sexual harassment. Facilities shall utilize the investigative report template. Criminal allegations must also be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence, and shall attach copies of all documentary evidence where feasible. A review of investigative files shows the CBDC utilizes the GEO PREA Investigation Report which includes all the elements required of a complete investigative file. CBDC has not made any referrals to the Nueces County Sheriff's Office for criminal investigation or for prosecution.

(h) Section 1(k), page 5 of the GEO corporate policy states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The practice of the CBDC as noted in interviews with investigative staff is that per corporate policy the referral for prosecution would be made.

(i) Section 2(k), page 6 of the corporate policy states GEO retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstances, files shall be retained no less than 10 years. CBDC policy 1300.05, page 34, section 3(b) indicates data collected pursuant to claims of sexual abuse shall be securely retained for at least 10 years or longer if required by state statute.

(j) Corporate policy 5.1.2-E, section 1(j), page 6 certifies that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating

an investigation. Page 33, section M1(c) of CBDC policy also states the departure of the alleged abuser or victim from their employment or control of the facility shall not provide a basis for terminating an investigation.

(k) Although not a state agency or Department of Justice, he PCM indicated that investigations completed by the Nueces County Sheriff's Department would be reviewed with them to ensure the standard requirements are being followed and met.

(l) Section 1(g) of the GEO corporate policy 5.1.2-E, states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The GEO PREA Coordinator outlined that facilities are instructed to request an update from outside law enforcement entities at least once a month in order to track the status of the investigation. The CBDC Warden indicated a professional working relationship with the Nueces County Sheriff's Department and should a referral be made to them for assistance with a PREA allegation, communication would continue on a regular basis.

Conclusion:

The GEO Corporate Policy 5.1.2-E: Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection outlines the requirements of standard 115.71. A review of documentation shows the CBDC follows the GEO Corporate Policy in practice and the practice is institutionalized. Although a policy related to this standard is not required, it is recommended the CBDC policy be modified to reflect the language from the corporate policy as well as the institutionalized practice of the CBDC staff for the investigative process.

Five PREA Allegation Investigative reports were reviewed and proved to follow the requirements of the provisions for this standard and the GEO Corporate Policy 5.1.2-E. Additionally, interviews with CBDC investigators showed they were able to articulate the investigative process. Provisions (a)(c)(d)(e)(f)(g)(h)(i)(j) were confirmed and documented in policy, interviews and investigative records review. Provision (b) was documented by interviews and training records. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abuse Behavior (PREA) and Evidence Collection
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
Investigative Files

Interviews:

PREA Compliance Manager
Investigator

Findings:

(a) Page 6, Section (d) of the GEO Corporate policy 5.1.2-E and page 32, section (2) of CBDC policy 1300.05 states facilities shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated.

Facility investigators were familiar with the CBDC policy and understood the evidentiary standards for administrative investigations. A review of the investigative files shows the agency imposes no higher standard than a preponderance of evidence in making their investigative determinations.

Conclusion:

Provision (a) was documented by policy, document review and staff interviews. Based upon the review and analysis of all available evidence, the CBDC is found compliant with standard 115.72.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate's unit? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA and Evidence Collection)
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
Investigative Files
Notification of Outcome of Investigation

Interviews:

PREA Compliance Manager
Investigator

Findings:

- (a) GEO Corporate policy 5.1.2-E, page 11, section K(1) states that at the conclusion of an investigation, the facility investigator or staff member shall inform the victim of sexual abuse in writing whether the allegation has been substantiated, unsubstantiated or unfounded. Section K(4) indicates the individual shall receive the original completed “Notification of Outcome of Allegation” form in a timely manner and a copy of the form shall be retained as part of the investigative file. Page 11, section K(8) indicates that at the conclusion of every investigation of sexual abuse, the written results shall be promptly forwarded to the Corporate PREA Coordinator for review. The CBDC policy 1300.05, page 29 further defines Substantiated as investigation determined allegation to have occurred; Unsubstantiated as investigation determined, allegation may have occurred, but insufficient evidence to prove, and Unfounded as investigation determined allegation not to have occurred. The auditor reviewed completed investigative files and found the “Notification of Outcome of Investigation” form was included.
- (b) This provision is not applicable for administrative investigations since the CBDC conducts these internally. However, if the Nueces County Sheriff's Department was utilized for a criminal investigation CBDC would request relevant information from them in order to inform the detainees.
- (c) Page 11, section 2 of the Corporate policy 5.1.2-E outlines that if the alleged abuser is an employee, the victim shall be informed whenever a) the employee is no longer posted within the victim's housing unit/area, b) the employee is no longer employed at the facility, c) the facility learns the employee has been indicted on a charge related to the sexual abuse within the facility, or d) the facility learns the employee has been convicted on a charge related to the sexual abuse within the facility. The CBDC policy 1300.05 also indicates this practice and it is included in the Notification of Outcome of Investigation form.
- (d) The CBDC policy 1300.05, page 30 further specifies the same notifications if the alleged abuser is another detainee. The Notification of Outcome of Allegation includes a section entitled “Abuser Status” which includes information if the abuser is a Detainee/Detainee/Resident, and a section for if the abuser is staff.
- (e) The CBDC utilizes the Notification of Outcome of Allegation form to show documentation and proof of practice for this standard. The form requires the signature of the detainee as well as the name and title of the person issuing the notice, with a date and a copy is maintained in the investigative file.
- (f) Auditor is not required to audit this provision

Conclusion:

Provisions (a)(b)(c)(d)(e) were documented by policy, review of completed Notification of Outcome of Allegation form, and through interviews with staff. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
GEO Employee Handbook
Statement of Fact

Interviews:

Warden
PREA Compliance Manager

Findings:

- (a) Page 12, section G1(a) of GEO Corporate policy 5.1.2-E and page 30, section L(1) of the CBDC policy 1300.05 outlines that employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies. Page 17 of the GEO Group Employee Handbook, states Unwelcome sexual advances, request for sexual favors, and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination.
- (b) Section G1(b) of the corporate policy 5.1.2-E further states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- (c) The corporate policy, section G1(c) states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offences by other staff with similar histories. CBDC policy 1300.05, page 31, section L(1)(c) aligns with the corporate policy.
- (d) Section G1(d) of the corporate policy explains the terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal. CBDC policy 1300.05 also notes all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.

The Warden provided a statement of fact that the Coastal Bend Detention Center has not taken any disciplinary actions against a staff member for violation of the PREA policy or the Sexual Harassment policy.

Conclusion:

Provisions (a)(b)(c)(d) are defined in corporate policy 5.1.2-E and CBDC policy 1300.05 and confirmed by the PCM for CBDC proof of practice. Based upon the review and analysis of available evidence, the CBDC is found in compliance with standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 Statement of Fact

Interviews:

Director of Volunteers and Contractors
 PREA Compliance Manager (supervises contractors)

Findings:

(a) CBDC policy 1300.05, page 16, section 3 (a) states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. Coastal Bend is committed to investigating and referring for prosecution any volunteer that engages in such behavior. This language is also found in GEO Corporate policy 5.1.2-E on page 13, section 3 (a).

(b) Section 3 (b) on pages 16 & 17 indicates CBDC shall take appropriate remedial measures, and consider whether to prohibit further contact with detainees, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This language is also found in corporate policy 5.1.2-E on page 13, section 3 (b). In the past 12-months there have been no allegations of sexual abuse or sexual harassment involving volunteers or contractors, and therefore, the CBDC has not taken any corrective action for contractors or volunteers related to PREA, as confirmed by the Warden's statement of fact, and interviews with staff.

Conclusion:

Provisions (a)(b) are defined in the policies and confirmed by staff interviews. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

The GEO Group Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
CBDC Detainee Handbook
Detainee Disciplinary Report

Interviews:

PREA Compliance Manager
Medical Staff

Findings:

(a) CBDC policy 1300.05, page 31 outlines the disciplinary sanctions for detainees. The GEO Corporate policy 5.1.2-E, page 12, section 2(a) indicates individuals in a GEO facility or program who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility or program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. Paged 31 & 32 of the CBDC Detainee Handbook outlines in detail the disciplinary process. A Coastal Bend Offense Report was reviewed, and it followed both corporate and CBDC policy.

(b) GEO corporate policy page 12, section 2(b) indicates sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories.

(c) The disciplinary process shall consider whether a detainees mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed is

outlined in both the corporate and CBDC policies, page 12, section 2(c) and page 31, section (b), respectively.

(d) The CBDC offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for abuse, and the facility considers requiring the offending individual to participate.

(e) GEO Corporate policy 5.1.2-E, page 12, and The CBDC policy, page 31 section (d) disciplines detainees for sexual contact with staff upon a finding that the staff member did not consent to such contact.

(f) Section (e), page 31 of the CBDC policy and page 12, section 2(f) of the corporate policy outlines that disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) The CBDC and The GEO Group prohibits all sexual activity between detainees and disciplines them for such activity. CBDC detainee discipline policy distinguishes the difference between sexual abuse and sexual activity which is not coerced in charges and applied sanctions.

Conclusion:

Pages 31 & 32 of the CBDC Detainee Handbook covers the discipline process and consequences of most behaviors. Staff confirmed the protocol outlined for provisions (a)(b)(c)(d)(e)(f)(g). Interviews confirmed staff and detainee understanding of the disciplinary process. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.78.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Corporate Policy 5.1.2-A -Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
PREA Risk Assessment
Detainee Medical Records
CBDC Medical 14-day Follow Up Treatment Plan

Interviews:
PREA Compliance Manager
Medical Staff
Case Manager

Findings:

(a) Page 9, section 2(a) of the GEO corporate policy 5.1.2-A and page 10 of the CBDC policy 1300.05 requires a referral to mental health for further evaluation if during the intake assessment the individuals tasked with screening determine that an individual in a GEO facility or program is at risk for sexual victimization or abusiveness. In addition to medical staff receiving the information, the PCM receives the information as well.

(b) The detainees at the CBDC who screen for having previously perpetrated sexual abuse, whether it occurred in another institution or in the community is offered a referral to mental health within 14 days of the intake process. This information is documented in the CBDC policy 1300.05 on Pages 10 & 11, section 2(b). A review of detainee medical records show that when an elevated PREA Risk Assessment score is revealed at intake, a referral is made to Mental Health. The Mental Health staff member signs and dates the acknowledgement of the referral, as well as confirmation the detainee received the follow up appointment.

(c) The same process is afforded to detainees who experienced sexual victimization in another institution or in the community, and documented in CBDC policy 1300.05, page 10, section 2(b).

(d) The corporate policy, page 10, section 2(c) acknowledges that information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise required by Federal, State, or local law.

(e) Both corporate (page 9, section 2(d)), and CBDC (page 10, section 2(d)) policies indicate medical and mental health practitioners are required to obtain informed consent from individuals in a GEO facility or program before reporting information about the prior sexual victimization that did not occur in an institutional setting.

CBDC reported that in the past 12 months, all detainees who disclosed prior victimization during screening were offered a follow-up meeting with mental health staff. Four of the 15 detainee files reviewed, required a referral to mental health based on their history of sexual abuse. It was confirmed the detainees were seen by medical staff within 14 days. CBDC's mental health provider is on site part time. A follow up interview revealed the longest amount of time a detainee would wait to be seen by mental health is one-week. Case managers at the CBDC are in constant communication with the detainees and would assure the referral to mental health was not overseen.

Conclusion:

Provisions (a)(b)(c)(d)(e) are outlined in both the GEO Corporate and CBDC policy and confirmed by staff interviews. PREA Risk Assessments indicating a referral to mental health, and mental health records review show assessments were completed within 14 days of the intake process. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-A -Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
 Detainee Medical Files

Interviews:

Random Staff
 Warden
 PREA Compliance Manager
 Medical Staff

Findings:

(a) GEO Corporate policy 5.1.2-A, page 25, section 7 (a) and the CBDC policy 1300.05, page 26 discuss the detainee/detainee victim receiving timely, unimpeded access to emergency medical treatment and crisis intervention determined by medical and mental health professionals without financial cost to the detainee.

(b) If no qualified medical or mental health practitioners are on duty at the time of report, the facility staff implement their first responder duties as outlined in standard 115.62. All staff interviewed were trained in first responder duties and understood the appropriate procedure and response to the need of emergency medical treatment and crisis intervention services and the requirement of unimpeded access to both. Medical staff indicated the CBDC would make an immediate notification to them and or transport to the local hospital for emergency medical care. Mental Health staff indicated the GEO Corporation is currently assessing the position as a full-time assignment, but currently the mental health position is part time at the CBDC.

(c) Corporate policy 5.1.2-a, page 25, section 7 (c), states the access includes offering timely information about, and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. Medical staff verified this practice, as did the PCM. The CBDC policy 1300.05, page 22, section 7(b) confirms this as well.

(d) Policy from both GEO corporate and the CBDC denotes there are no financial costs to detainee/detainees who have suffered sexual abuse, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Any CBDC detainee requiring a forensic exam will be transported to Doctor's Hospital in Corpus Christi, Texas where a victim advocate will be on site for the SANE exam. The Warden indicated there were no transports to Doctor's Hospital in the past year for allegations of sexual abuse that occurred at the CBDC. However, a report during intake of a sexual assault that occurred at another facility prompted a transport to Doctor's Hospital where the detainee received a SANE evaluation.

Conclusion:

Provisions (a)(b)(c)(d) are defined in GEO Corporate policy and CBDC policy, with some information included in the CBDC Detainee Handbook. The process of access to emergency medical and mental health services was documented through interviews with random security staff, medical staff and the PCM. Based upon the review and analysis of all available evidence, CBDC is found in compliance with standard 115.82.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-A -Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
Statement of Fact

Interviews:

Medical Staff
PREA Compliance Manager

Findings:

- (a) GEO Corporate Policy 5.1.2-A, page 26, section N outlines Ongoing Actions After Reports of Sexual abuse occur. Section 1(a) states each facility will offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse that occurs in any prison, jail, lockup or juvenile facility.
- (b) Section N (2)(a), page 26 of the GEO Corporate policy states indicates that the evaluation and treatment, shall include follow up services treatment plans and when necessary referrals for continued care following a transfer or release. The CBDC provided a statement of fact there have been no detainees on a treatment plan during the previous 12 months.
- (c) Interviews with medical staff confirms the level of treatment and care provided through medical and mental health services are consistent with the community level of care. Detainee medical files verified victims received medical and mental health care, and medical staff confirmed the care and treatment in the CBDC is consistent with the community level of care. Section N (1)(c) of the corporate policy further states pregnancy tests and all lawful pregnancy related medical services are provided as well.
- (d)(e) Female detainees at the CBDC are provided pregnancy tests and all lawful pregnancy-related medical services where applicable as dictated by both the GEO Corporate Policy on page 26 and the CBDC policy on page 32.
- (f) Section N on page 26 of the GEO Corporate policy states that appropriate staff shall coordinate other services to do follow-up (e.g. medical, tests for sexually transmitted diseases, mental health evaluations, housing, suicide assessment).
- (g) Policy from both GEO corporate and the CBDC denotes there are no financial costs to detainees who have suffered sexual abuse, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.
- (h) Page 26, section N(1)(e) of the GEO corporate policy 5.1.2-A indicates the facility shall attempt to conduct mental health evaluations of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate. In the event of a refusal for medical or mental health services by a detainee the refusal shall be documented. During intake the risk assessment is administered to each detainee entering the CBDC. If an inmate has an elevated score or reason to be referred to mental health for an evaluation, the intake officer makes the appropriate notification and referral.

The Warden indicated through a statement of fact the Coastal Bend Detention Center has not had any detainees placed on a treatment plan related to sexual abuse during this reporting period.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f)(g)(h) were documented by policy, interviews with staff and detainees. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

improvement and submit such report to the facility head and PREA compliance manager?

Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-A -Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
PREA Investigative File
PREA After Action Review
Approved email
Sexual Abuse Incident Review Team

Interviews:

PREA Compliance Manager
Incident Review (After Action) Team Member

Findings:

(a) The GEO Corporate policy 5.1.2-A, page 28, section 3(a) states facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. The CBDC conducts After Action Reviews which are outlined in CBDC policy 1300.05 on page 29, section 3.

(b) The GEO corporate policy and the CBDC policy further dictate a practice that the review shall occur within 30 days of the conclusion of the investigation.

(c) Both Corporate (page 28, section 3(b)) and CBDC (page 29, section 3(b)) policies mandate the review team consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners. The Corporate PREA Coordinator may be consulted as part of the review. The CBDC includes upper level management officials, including the Warden and Assistant Warden and the local PREA Compliance

Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners as members of the After-Action Review team. The CBDC policy indicates the Corporate PREA Coordinator may attend via telephone or in person. E-mail correspondence related to a CBDC investigation showed corporate personnel acknowledged receiving the allegation, recommended outcome, and after-action review reports for review.

(d)The CBDC page 29 section (c) states a PREA After Action Review Report of the team's findings shall be completed and submitted no later than 10 working days after the review via the GEO PREA Database. The PREA Action Review Report includes the following; 1. Is there a need to change policy or practice to better prevent, detect or respond to sexual abuse, 2. Was incident motivated by race, ethnicity, gender identity, LGBTI status or perceived status, gang affiliation, or motivated or otherwise caused by other group dynamics, 3. Are there any physical barriers present in the area where the incident allegedly occurred that may enable abuse, 4. Are the staffing levels inadequate in the area where the incident allegedly occurred during different shifts, and 5. Is there a need for deployment or augmentation to monitoring technology to supplement supervision by staff in the area where the incident allegedly occurred, Any "yes" determination requires a response. The report also assesses whether the actions taken by staff in regard to the incident reasonable and appropriate based on policy.

(e)The CBDC will document any recommendations and shall implement the recommendations for improvement or shall document its reasons for not doing so. GEO corporate policy mandates that the facilities submit all PREA After Action reports to the Corporate PREA Coordinator no later than 30 working days after the review. This process was confirmed through a review of completed PREA After-Action Review reports.

Conclusion:

Provisions (a)(b)(c)(d)(e) were documented by policy, and a review of the investigative file with an unsubstantiated finding, and the corresponding PREA After Action Review report. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.86.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-A -Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
The GEO Group PREA Annual Data Report

Interviews:

PREA Compliance Manager

Findings:

(a)(b)(c)(d) The GEO Corporate Policy, page 28, section O(1) requires that each GEO facility collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator. It further requires 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, and that all data collected shall be done by the PREA Compliance Manager. Facilities are required to submit data at least annually and that all data collected be uploaded in the GEO Corporate PREA Portal. The CBDC Policy 1300.05, page 32 mandates following the GEO Corporate Policy. The CBDC PCM will collect the data in accordance with the corporate policy and the if there are any incidents involving an ICE detainee, a copy of the report

will be forwarded to the ICE. Upon request, CBDC provides all such data from the previous calendar years to the Department of Justice through the GEO Group (Corporate) no later than June 30. The GEO Group publishes a PREA report on their website annually.

(e)(f) The CBDC does not contract for with any private facilities for the confinement of its detainees.

Conclusion:

Provisions (a)(b)(c)(d) were documented in policy, review of reports and through an interview with the PREA Compliance Manager. Provisions (e)(f) are not applicable. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.87.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-A -Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
The GEO Group Annual Data Report

Interviews:

PREA Coordinator
PREA Compliance Manager

Findings:

(a) Policy 1300.05, page 32, section 2(a) calls for the CBDC to review data collected in order to assess and improve the effectiveness of its Sexually Abusive Behavior Prevention and Intervention Program. Section (b) states the Corporate PREA Coordinator shall prepare an annual report which shall include findings and corrective action taken for each GEO Facility. The GEO Agency Head states that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA coordinator for review. The GEO PREA Coordinator indicated GEO has identified and implemented several corrective actions since the PREA program inception in 2012.

(b) The PREA Compliance Manager was able to articulate the proof of practice which includes comparing current year's data and corrective actions with those from prior years in 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA Compliance managers at each facility and annually the corporate PREA team reviews the data to determine what improvements are needed to enhance the PREA program.

(c) CBDC policy 1300.05, page 33, section 2(c) states that their report is approved by the GEO group and made readily available to the public through their website. The GEO Agency Head states PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and Youth Services and our CEO.

(d) The GEO Group and CBDC, may redact specific materials from the reports when publication would represent a clear and specific threat to the safety and security of a facility but includes the nature of the material redacted. Redacted information includes personal identifiers

Conclusion:

Provisions (a)(b)(c)(d) were demonstrated by policy, a review of the GEO website and through interviews. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.88.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

GEO Corporate Policy 5.1.2-A -Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CBDC Policy 1300.05 – Sexual Abuse/Assault Prevention and Intervention Program (PREA)
The GEO Group Annual Data Report
Texas State Records Retention Schedule

Interviews:
PREA Compliance Manager

Findings:

- (a) The CBDC maintains the data collected pursuant to standard 115.87 are securely retained in a locked office, in locked filing cabinets in the PREA Compliance Managers office.
- (b) Aggregated sexual abuse data is maintained at the facility and provided to the GEO Group via a secure document exchange. The GEO Group publishes an annual report on their website.
- (c) The GEO Group, before publishing its annual report, redacts personal identifiers
- (d) Data collected pursuant to the procedure outlined above is securely retained for at least 10 years or longer if required by state statute. Texas state statute requires records to be retained seven years after an administrative audit is completed.

Conclusion:

Provisions (a)(b)(c)(d) are demonstrated by corporate and local procedures an articulated and confirmed by the PREA Compliance Manager. Based upon the review and analysis of all available evidence, the CBDC is found in compliance with standard 115.89

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

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

115.401 (b)

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

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

2017 Coastal Bend Detention Center PREA Audit Report - Final

Findings:

The Coastal Bend Detention Center (CBDC) was audited July 8-10, 2020. The previous audit was conducted at the CBDC February 8-10, 2017 and the final report issued April 24, 2017. Due to the COVID19 pandemic, this audit was pushed back from February 2020 to July 2020. This is the second year of the current audit cycle. The auditor had full, unfettered access to all data, documentation,

including detainee files, staff files, investigative files, and records, including training records, intake, classification, and risk assessment records. The auditor was provided various logs including allegations, referrals to medical and mental health, retaliation monitoring, unannounced rounds, and any other information requested. All interviews, random staff and detainees, targeted detainees and specialized staff were conducted in a private manner, and no individual was reluctant to or refused the interview. The strong collaboration of the executive team coupled with the management style of walking around, was evidence that sexual safety is a priority and taken very seriously at the Coastal Bend Detention Center.

During this audit year, the world was impacted by the COVID-19 pandemic. These impacts were present in every operation related to jails and prisons. In many cases meeting specific performance metrics for audit requirements were thrown off by travel restrictions, lockdowns, quarantines, and emergency operations being implemented due to infection rates. Consideration for on-site dates for the CBDC were made with the state of nation, due to the pandemic in mind. The one-third ratio was not met by the GEO Group, however all facilities scheduled for the audit period were completed within calendar year 2020 with the exception of two reentry facilities.

Conclusion:

Based upon the review and analysis of the last audit report and completion of the current audit process, the CBDC is found in compliance with standard 115.401.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The GEO Group publishes all facility reports on their website annually.

The 2017 PREA Auditor's final report is available at www.geogroup.com. The website is current and the CBDC audit report is currently available.

Conclusion:

Based upon the review and analysis of the website and the 2017 PREA Audit Final report for the CBDC, compliance with standard 115.403 is met.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Karen Dalton

Karen Dalton

April 5, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.