

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

Interim       Final

Date of Report    August 6, 2018

## Auditor Information

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Company Name: The Nakamoto Group, Inc.	
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Telephone: 301-468-6535	Date of Facility Visit: June 26 -28, 2018

## Agency Information

Name of Agency: The GEO Group Inc.	Governing Authority or Parent Agency (If Applicable):		
Physical Address: One Park Place, Suite 700 621 NW 53rd Street	City, State, Zip: Boca Raton, Florida 33487		
Mailing Address: Same as Above	City, State, Zip: Same as above		
Telephone: 561 999-5827	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 mission:** GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.

**Agency Website with PREA Information:** <https://www.geogroup.com/PREA>

## Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: <a href="mailto:gzoley@geogroup.com">gzoley@geogroup.com</a>	Telephone: 561 893-0101

## Agency-Wide PREA Coordinator

<b>Name:</b> Phebia L. Moreland	<b>Title:</b> Director, Contract Compliance
<b>Email:</b> pmoreland@geogroup.com	<b>Telephone:</b> 561-999-5827
<b>PREA Coordinator Reports to:</b> Daniel Ragsdale, Executive Vice President, Contract Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 111

### Facility Information

<b>Name of Facility:</b> Aurora ICE Processing Center			
<b>Physical Address:</b> 3130 N. Oakland St. Aurora, CO 80015			
<b>Mailing Address (if different than above):</b>			
<b>Telephone Number:</b> 303 361-6612			
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> The mission of the Aurora ICE Processing Center is to achieve a level of excellence through professionalism while providing safety and security of the facility and surrounding community by maintaining the standards of The GEO Group and its clients.			
<b>Facility Website with PREA Information:</b> <a href="https://www.geogroup.com/PREA">https://www.geogroup.com/PREA</a>			

### Warden/Superintendent

<b>Name:</b> Johnny Choate	<b>Title:</b> Warden
<b>Email:</b> jchoate@geogroup.com	<b>Telephone:</b> 303 739-8701

### Facility PREA Compliance Manager

<b>Name:</b> Sandra Minker	<b>Title:</b> PSA Compliance Manager
<b>Email:</b> sminker@geogroup.com	<b>Telephone:</b> 303 739-8743

### Facility Health Service Administrator

<b>Name:</b> Jovita Sanchez	<b>Title:</b> Health services Administrator
<b>Email:</b> jsanchez@geogroup.com	<b>Telephone:</b> 303 739-8715

### Facility Characteristics

<b>Designated Facility Capacity:</b> 1108	<b>Current Population of Facility:</b> 902 (829 ICE + 73 USMS)
<b>Number of inmates admitted to facility during the past 12 months</b>	5165

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		2653	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		5165	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-72	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		46 days ICE 87 days USMS	
Facility security level/inmate custody levels:		Low, Medium Low, Medium High, High	
Number of staff currently employed by the facility who may have contact with inmates:		200	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		43	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		12	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		88	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Aurora ICE Processing Center employs a video camera and monitoring system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both detainees and staff.			
<b>Medical</b>			
Type of Medical Facility:		Medical Unit/Infirmary	
Forensic sexual assault medical exams are conducted at:		Denver Health	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		20	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		111	

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Aurora ICE Processing Center which is owned and operated by The GEO Group, Inc. (GEO) was conducted on June 26-28, 2018. This was the first Department of Justice (DOJ) PREA audit for this facility. The Aurora ICE Processing Center contracts with the Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE) and the United States Marshal Service (USMS). A PREA audit of the ICE operation was conducted in May 2018. The facility follows both the DHS and DOJ PREA standards and uses the most restrictive when there is a difference between the two standards. The PREA Audit was coordinated through GEO and The Nakamoto Group, Inc. and DOJ Certified PREA Auditor David Andraska was assigned to conduct the audit. A line of communication was developed between the GEO PREA Coordinator and the auditor.

The auditor's pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the Pre-Audit Questionnaire (PAQ). The documentation reviewed by the auditor included both agency and facility policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The auditor also reviewed the GEO website. Prior to the on-site audit, GEO conducts a mock audit of the facility to prepare for the PREA audit. Results of the mock audit were discussed with the auditor prior to the start of the audit.

The entrance meeting was held with Warden, Chief of Security, PREA Compliance Manager, PREA Investigator, Compliance Administrator, GEO PREA Coordinator to discuss any concerns regarding the audit process and finalize the facility tour route and interview schedule. The site visit consisted of conducting a full tour of the facility (ICE and USMS operations), a thorough review of documentation, as well as, formal and informal interviews with staff and ICE/USMS detainees. Areas visited during the tour included the main lobby, all detainee housing areas including restrictive housing, intake, medical unit, laundry, kitchen, maintenance, warehouse, recreation areas, visiting room, all program areas, and the control room. During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; and tested the detainee phone system for reporting allegations and for emotional support services. PREA posters and notification of the PREA audit visit was observed posted throughout all areas accessible to offenders. The notification of the PREA audit visit was documented as posted on May 15, 2018. A photograph of the posted notice was provided to the auditor.

The Aurora ICE Processing Center has 200 staff that may have contact with detainees. The security staff is assigned to three 8 hours shifts. The auditor conducted interviews with security, non-security, specialized and management staff and contractors. There were no volunteers available to interview during the on-site audit, but volunteer training records were reviewed. The Agency Head and PREA Coordinator interviews had previously been conducted by another DOJ certified PREA Auditor and were utilized as part of this audit. The auditor

conducted 12 random sample staff interviews and 17 specialized and management staff interviews for a total of 29 staff interviews. Security staff were interviewed from all three shifts and included: Major, Lieutenants, and Detention Officers. All staff are trained as first responders and those questioned were well versed in their areas of responsibility regarding responding to PREA allegations.

On the first day of the audit, there were 902 (829 ICE + 73 USMS) detainees at the Aurora ICE Processing Center. Of the 829 ICE detainees, 748 were male and 81 were female. All of the USMS detainees were male. Thirty detainees (26 males and 4 females) were interviewed. Fifteen detainees were randomly selected, and fifteen detainees were in the targeted group. These included one detainee who had physical disabilities; four detainees that were Limited English Proficient (LEP); three detainees that self-identified as lesbian, gay, and bi-sexual; four detainees who reported sexual abuse; and three detainees who reported sexual victimization during risk screening. The facility did not have any detainees who were youthful offenders, transgender or offenders in protective custody for any PREA related issue. One detainee wrote a letter to the auditor and was interviewed. One detainee refused to be interviewed. All detainees interviewed stated they felt generally safe, demonstrated a good understanding of PREA and reporting options.

All investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. There were no allegations of sexual abuse or harassment reported by the USMS detainees in the past twelve months. There were 14 allegations of sexual abuse reported by ICE detainees in the past twelve months. There were two alleged staff on detainee sexual abuse investigations and both were determined to be unsubstantiated. There were 12 alleged detainee on detainee allegations. The administrative findings on these 12 investigations were 5 unfounded, 5 unsubstantiated and 2 were substantiated. There were no substantiated allegations that were referred for criminal prosecution.

The auditor examined a random sampling of personnel files, staff training files, and volunteer/contractor files that are maintained at the facility. New hires, volunteers and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed a random sampling of the signed "Training Acknowledgement Form" documenting that all staff understood the PREA training received. The auditor selected and examined a sampling of detainee institutional files and observed documentation indicating by signature the detainee received PREA education, as well as documentation of the risk screenings performed. The auditor also observed the intake process.

## **Facility Characteristics**

The Aurora ICE Processing Center is located at 3130 N. Oakland Street, Aurora, Colorado in an industrial area of Aurora, a city adjoining the metropolitan area of Denver, Colorado. The Aurora ICE Processing Center opened in 1987 and has operated continuously since that time.

The original facility started as a 150 bed unit in 1987, was expanded to a 300 bed unit in 1992 and again expanded in 1998 to a 340 bed unit. In 2010, the construction of a new 202,000 square foot pre-cast building was completed and the facility moved to the new building that has a maximum capacity of 1,108 beds. The original facility is not currently being used to house detainees.

The facility currently houses both ICE and USMS detainees. The facility provides up to 928 beds for adult male and female ICE detainees who are pending immigration review. The facility provides 80 beds for adult male USMS detainees pending trial or sentencing in the Federal District Court. By contract, ICE and USMS detainees have no contact. The administration of services, programs, detainee housing assignments and security practices are designed to adhere to this requirement.

The facility housing area is divided into three quads, each with four housing units of 80 beds provided in a combination of four and eight man cells. Each housing unit has a day room large enough to accommodate 80 detainees at the same time and doubles as the dining area during meal time. Each cell is equipped with a toilet and wash basin. There are individual shower areas located in each housing area. An outdoor recreation area is available in each pair of housing areas. There is also one dormitory style unit which houses up to 48 detainees. The facility has two secure housing units with 44 cells each for segregation and special management operations.

The facility operates a Medical and Mental Health service center staffed 24 hours a day, 365 days a year. It has a trauma treatment room, dental unit, three patient exam rooms, five negative pressure isolation rooms and two two-bed patient rooms. There is a registered nurse and a licensed practical nurse on duty at all times. Additional medical staff includes contract physicians, psychologists, psychiatrist and a dentist available during normal business hours.

The facility also houses three courtrooms and supporting office space for DOJ, Executive Office for Immigration review, and provides security support for the immigration court operations. Additionally, there is office space for ICE.

The facility is accredited by the American Correctional Association and The National Commission on Correctional health Care.

## Summary of Audit Findings

When the on-site audit was completed, an exit meeting was held with the Warden and other management staff to discuss audit findings. The auditor had been provided with extensive files prior to the audit for review. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. It was noted that two contracted healthcare providers did not complete the required specialized medical training. The auditor interviewed the required number of staff and detainee based on the population and all were knowledgeable regarding the PREA requirements. The facility staff was found to be cooperative and

professional. All areas of the facility were clean and well maintained. The auditor explained the audit report process. The auditor thanked the Warden and staff for their hard work, dedication and commitment to comply with the PREA standards.

Following the onsite audit visit, the facility provided additional documentation to the auditor for review. The facility provided documentation of Specialized Medical and Mental Health training and test scores for two staff who had not attended training previously. After review of the forwarded documentation, all documentation reviewed during the Pre-Audit Phase and documentation reviewed during the onsite audit visit, as well as observations made during the on-site review, and information gathered through interviews of detainees and staff, a determination of compliance to all PREA standards was made.

**Number of Standards Exceeded:** 3

115.11, 115.31 and 115.88

**Number of Standards Met:** 42

**Number of Standards Not Met:** 0

#### **Summary of Corrective Action (if any)**

As discussed above, the facility provided requested documentation prior to the completion of this final report and it was determined that no additional corrective action was required.

## **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*)

GEO Policy 5.1.2-A, Sexual Abuse Behavior Prevention and Intervention Program, GEO Policy 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA) and Aurora ICE Processing Center Policy 5.1.2.A-AUR, PREA Sexually Abusive Behavior Prevention and Intervention Program for United States Marshal's Detention Facilities (5.1.2.A-AUR), Policy 5.1.2.D-AUR, PREA Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities (5.1.2.D-AUR), Policy 5.1.2.E-AUR, Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection (5.1.2.E-AUR), Aurora ICE Processing Center Organization chart and the GEO PREA organization Chart were reviewed and address the requirements of this standard. The written policies mandate zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's and facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of detainees with sanctions for those found to have participated in these prohibited behaviors.

GEO employs an upper-level, agency-wide PREA Coordinator who is a Director in the Contract Compliance Division for GEO. She is very knowledgeable of PREA standards and has the authority to develop, implement, and oversee PREA compliance. She is very active in

coordinating PREA, sending updates to facilities, especially as Frequently Asked Questions are posted on the PREA website. She conducts training and meetings to keep REA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO's PREA program. The GEO organization chart demonstrates the PREA Coordinator is in a position of authority. She indirectly supervises 111 PREA compliance managers through three regional coordinators, one community corrections coordinator, and one juvenile coordinator. She often goes directly to the compliance managers to coordinate changes, provide updates, conduct training, and on-site during audits.

Aurora ICE Processing Center employs a PREA Compliance Manager, who reports to the associate Warden for PREA. She was very knowledgeable of PREA standards and is actively involved in PREA activities at the facility. Per interviews with the PREA Coordinator and PREA Compliance Manager, both stated they have sufficient time and authority to manage their PREA-related responsibilities.

Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial training and annually as outline in policy. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and detainee awareness.

Based on the review of established policies and procedures, staff PREA training, detainee PREA education and information, interviews with staff and detainees, observation of bulletin boards, posters and PREA material during the tour of the facility, the designation of an Agency wide PREA Coordinator, as well as regional and institution PREA Compliance Managers, it is apparent that GEO and Aurora ICE Processing Center are committed to zero tolerance toward sexual abuse and sexual harassment. Their efforts to comply with PREA standards and create a PREA compliant culture, exceeds the requirements for 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 OR the response to 115.12(a)-1 is "NO".)  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*)

GEO is a private agency and does not contract with other private agencies or entities for the confinement of inmates or detainees.

### 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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  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*)

GEO ensures each institution develops documents, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect detainees against sexual abuse by monitoring and reviewing the staffing plans. GEO Policy 5.1.2-A and Aurora ICE Processing Center Policy 5.1.2.A-AUR and 11.2.10-AUR Management of the Security Program (11.2.10-AUR) establishes procedures to develop and monitor staffing plans uses the criteria found in Standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution’s physical plant (including “blind-spots” or areas where staff or detainees may be isolated); composition of the detainee population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan.

The auditor reviewed the Aurora ICE Processing Center staffing plan dated 5/9/18 and the Annual PREA Facility Assessment dated 9/16/17. The PREA facility assessment is reviewed annually by the facility, GEO Corrections Division, and PREA Coordinator. The signature of the PREA Coordinator on the assessment confirmed that this was done in consultation with her.

GEO has established a good form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. The plan follows generally accepted correctional practices. There have been no findings of inadequacy from any external or internal oversight bodies. All components of the facility's physical plant are considered and blind-spots are acknowledged and steps are taken to fix the blind spots. There is a brief description of the detainee population and the times programs are occurring. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is also mentioned. The PREA Annual Assessment determines, and documents whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan.

By policy, the facility documents all deviations to the plan and it is reported to GEO. Per the Pre-audit questionnaire and interview of the Warden and PREA Compliance Manager; and review of manning sheets; there were no deviations from the plan during the audit period. The facility authorizes overtime to fill all positions. The Warden reviews posting logs to ensure all positions are properly manned.

Intermediate and higher level supervisors conduct and document unannounced rounds on all shifts to deter and identify staff sexual abuse and sexual harassment. Staff and detainee interviews further confirmed the unannounced rounds by supervisors. PREA unannounced rounds are documented on housing unit logs. Housing unit logs were provided prior to the audit. During the audit, the auditor checked additional logs and duty officer reports. Staff are prohibited from alerting other staff that unannounced rounds are being conducted. Supervisors prevent alerting by going to housing and program areas at different times throughout the shifts.

Based on reviews of policies, housing unit logs, staff plan, annual facility assessment, staff and detainee interviews, observation while on site of camera placement, Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policy 5.1.2.A-AUR was reviewed and addresses the requirement of this standard. Aurora Ice Processing Center is an adult male and female facility and does not house youthful offenders.

### 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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  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 here for facilities with less than 50 inmates before August 20, 2017.)  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?  Yes  No

#### 115.15 (d)

- Does the facility implement a policy and practice 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*)

Policy 5.1.2.A-AUR, training curriculum and records, and Statement of Search/Shower/Pronoun Preference Form were reviewed and address the requirements of this standard. Staff and detainee interviews and direct observation determined the facility limits cross-gender viewing and searches. Aurora ICE Processing Center does not conduct cross-gender strip searches or cross-gender visual body cavity searches, and staff is prohibited and does not search transgender or intersex detainees to determine detainees' genital status. The facility provided memorandums stating there were no strip searches or visual body cavity searches conducted and that there were no cross-gender pat down searches conducted.

Based on interviews with staff and detainees and observation it was determined detainees are able to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. Most detainees interviewed stated they could shower, use the toilet and change clothes without being observed by staff of the opposite gender. Based on interviews with staff and detainees, review of logs, and direct observation determined that staff of the opposite gender announce their presence when entering a housing unit.

Review of training records and lesson plans demonstrated staff had been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Prior to the audit, training documents were provided to the auditor demonstrating staff had been trained on searches of transgender and intersex detainees. Interviews of staff demonstrated staff was trained and very knowledgeable of the proper procedures to conduct pat down searches of transgender and intersex detainees.

Based on review of policy, documentation, training documents and interviews with staff and detainees, Aurora ICE Processing Center is compliant with this standard.

## **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*)

Policy 5.1.2.A-AUR was reviewed and addresses the requirement of this standard. The policy ensures detainees with disabilities and who are limited English proficient have access to PREA information and programs. Aurora ICE Processing Center has taken appropriate steps to ensure that detainees who are limited English proficient or disabled 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. GEO has a contract with Language Line Services Inc., to provide foreign language translation, American and Spanish Sign Language and assistance. PREA handouts and ICE and USMS handbooks are in English and Spanish. English and Spanish PREA posters are posted throughout the institution for detainees, staff, and visitors to see. Staff and detainees interviewed stated detainees are not used as interpreters when addressing sexual abuse and sexual harassment allegations. Numerous staff spoke Spanish. The auditor used the language line for all LEP interviews and it appears detainees were aware of the service and felt comfortable using it.

Informational and educational materials for detainees with physical and mental disabilities are provided in ways that will enable the detainee to understand the GEO, ICE and USMS zero tolerance policy and related material and be able to make a claim of sexual abuse or sexual harassment, if necessary. For detainees who are hearing impaired, the facility has a Teletype (TTY) machine available. Detainees with limited vision are assisted by some of the posters having been printed in larger print. For detainees with a mental disability, staff spends extra

time to ensure they understand the PREA basics to include definitions and reporting information.

The review of policy, the ICE and USMS handbooks and posters, resources available and supporting documentation, as well as staff and detainee interviews, confirm Aurora ICE Processing Center compliance with this standard.

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A and Policy 5.1.2.A-AUR were reviewed and address the requirements of this standard. The policies ensure staff and contractors are not hired or promoted who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile, or other penal type institutions; or who 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; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion.

The policies require the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees. The auditor reviewed a sample of staff and contractor application packets and staff personnel files. Through review of staff and contractor records and staff interviews it was determined staff and contractors are not hired or promoted who have engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; 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; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated GEO and the facility considers incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees.

The policies also requires background checks for staff and contractors prior to hiring or enlisting services for a contractor and again every five years. In addition, Human Resource Management staff shall 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. Interviews with Human Resource staff and employees, and review of application packets demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Criminal background checks for all potential employees are completed through a contract with Career Builders, and also require clearance by ICE. The auditor reviewed background check clearance emails for a random sample of employees.

Policies state Aurora ICE Processing Center shall ask all applicants and employees who may have contact with detainees directly about previous sexual misconduct as described in PREA

Standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. Policy requires information be provided 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. A review of new employees' files revealed that employees who may have contact with detainees directly are asked about previous sexual misconduct as described in PREA Standard 115.17 (a) in the written application, and interviews. Internal promotions interviews and/or written self-evaluations are conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. Policies states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination. Policies also state GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Based on review of policies, documentation, employee personnel files and interviews with staff and the Human Resources Manager, Aurora ICE Processing Center in compliant with this standard.

## 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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

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

GEO Policy 5.1.2-A and Aurora Policy 5.1.2.A-AUR were reviewed and address the requirements of this standard. The facility shall consider the effect any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect Individuals in a GEO facility or program from sexual abuse. The Annual PREA Facility Assessment also reviews the staffing plan and the video monitoring system to ensure coverage enhances the ability to protect detainees from sexual abuse.

The facility provided a memorandum that stated since May 6, 2014, the Aurora ICE Processing Center has not designed or modified any new or existing facility. The facility did add 22 additional cameras and upgraded its video system in 2017.

The review of policies, Annual Facility Assessment, camera placement and interviews with the Warden and PREA Compliance Manager, Aurora ICE Processing Center is compliant 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?  Yes  No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  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*)

Policy 5.1.2.E-AUR was reviewed and addresses the requirement of this standard. The policy outlines evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals. There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. Majority of the staff interviewed were very knowledgeable of the evidence protocols and could explain the protocol for obtaining useable evidence when a detainee alleged sexual abuse. The auditor conducted interviews with two facility investigators, who had a good understanding of the investigative procedures and responsibilities and evidence protocols.

Denver Health provides SAFE and SANE services when necessary. Interviews with medical staff articulated the steps they perform to initially treat the victim for life saving issues without losing useable evidence, before sending the detainee out for a forensic exam if applicable, and providing education and follow-up treatment to the detainee.

ICE Processing Center makes available to the victim a victim advocate from a rape crisis center. There is a MOU with The Blue Bench located in Denver, CO to provide advocacy services if requested by the victim. The victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The auditor called the Crisis Center during the on-site audit.

The review of policies, procedures and, as well as interviews with the Warden, facility Investigators, random staff and medical staff and a SANE provider, ICE Processing Center is compliant with this standard.

## 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 such publication 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*)

Policy 5.1.2.D-AUR and 5.1.2.E-AUR and the GEO website were reviewed and address the requirements of this standard. The policies require an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation to the appropriate authority. Allegations are initially reviewed by the Aurora ICE Processing Center. If the allegation involves potentially criminal conduct, it is referred to the GEO Office of Professional Responsibility and promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General if an ICE detainee is involved or the USMS. The Aurora Police Department would also investigate a felony sexual assault that occurred at the facility. GEO's Investigative policy is available on the GEO Web site.

There were 14 allegations of sexual abuse/harassment reported in the past twelve months. The allegations came from reports directly to staff, contracted Mental Health provider, grievances and through the reporting hotline. All reported allegations were investigated. The auditor reviewed 14 investigations of sexual abuse and sexual harassment at Aurora ICE Processing Center completed during the past twelve months.

Based on review of policies, the investigative paperwork, and interview of staff and detainees an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment and the Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR, PREA Lesson Plans, training acknowledgments and training records were reviewed and address the requirements of this standard. The lesson plans and slides demonstrated the training covered: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; detainees' right to be free from sexual abuse and sexual harassment; the right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and transgender and intersex searches.

Aurora ICE Processing Center staff receives initial PREA training as well as PREA training annually through scheduled training and roll call. The PREA training curriculum was reviewed and verified that the training provided to employees is very comprehensive. The PREA Coordinator modifies GEO wide PREA training curriculum annually emphasizing areas identified as areas needing emphasis. Employees sign an acknowledgement form that they have received and understood the PREA training they received. Staff interviewed were well versed in the GEO zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; evidence preservation, and transgender and intersex searches.

The review of policies, staff training lesson plans and rosters, interview with the Training Administrator and that annual PREA Training is provided, Aurora ICE Processing Center exceeds the requirement for this standard.

## 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*)

Policies 5.1.2.A-AUR 5.1.2.D-AUR; contractor and volunteer PREA training material and training records and training acknowledgments were reviewed and address the requirement of this standard. The curriculum was reviewed that was very comprehensive with the objectives of the training ensuring that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. Interviews of the contractors demonstrated their knowledge of PREA, their responsibilities, and the agency zero tolerance policy. All contractors and volunteers who have contact with detainees have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed training records and signed acknowledgments that contractors and volunteers received and understand the PREA training.

The review of policies, training curriculums and supporting documentation and interviews with contractors, Aurora ICE Processing Center is compliant with this standard.

#### 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 such education?  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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR, orientation video, ICE and USMS PREA Brochures, National Detainee Handbook and Detainee Receipt of PREA Notification were reviewed and address the requirements of this standard. Policies require that all detainees receive PREA information upon arrival and PREA education within 30 days of intake. During intake, detainees are provided information through a detainee handbook and brochures (both available in English and Spanish) that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents while at Aurora ICE Processing Center. The staff covers basic PREA information verbally. A PREA video is played in the holding cells. During orientation, they receive additional information which expands on the previous information provided. Most detainees receive the comprehensive education within seven days. Detainees acknowledge receiving the PREA information in writing. Detainee handbooks are provided in English or Spanish. Key PREA information is continuously and readily available or visible to detainees. ICE and USMS posters are posted throughout the facility in formats accessible to all detainees to ensure that key information is continuously and readily available or visible to detainees. Information on the posters and in the handouts, include: zero tolerance policy; detainee rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. Policies requires information be provided in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills.

During interviews, detainees acknowledged the information being provided upon arrival and orientation, and has seen posters displayed throughout the institution. The detainees interviewed knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. Prior to the audit, the auditor reviewed four examples of a detainee documenting training; and randomly reviewed additional detainee records onsite which demonstrated detainees received PREA information upon arrival, training within 30 days of arrival, and acknowledged through signature they have received the handbook, handouts, and understood the training. The auditor observed the intake processing of 2 detainees. The facility reported all 5,165 admitted detainees received training on arrival and comprehensive training during orientation during the past twelve months.

The review of policies and documentation, observation during the intake process, brochures and posters and interviews with staff and detainees, Aurora ICE Processing Center is compliant with this standard.

## **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 have received 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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR, PREA Specialized Investigator Training Curriculum and training records and acknowledgement were reviewed and address the requirements of this standard. The policies require the facility investigator receives specialized training in addition to the general education provided to all employees. GEO PREA Coordinator attended the Moss Group “Train the Trainers Specialized Training; Investigating Sexual Abuse in Corrections Setting” sponsored by the PREA Resource Center. She then tailored the program for GEO investigators and is the instructor for all GEO investigator training. The auditor reviewed the specialized training for investigators, and it covered all requirements of the standard to include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Two Aurora ICE Processing Center investigators were trained in 2018. The facility maintains documentation that the investigators has received both the general and investigative PREA training.

Interviews with the facility investigators, review of policies, training lesson plan and records confirms Aurora ICE Processing Center is in compliance with this standard.

### 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

#### 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.)  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?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  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*)

Policies 5.1.2.A-AUR, 5.1.2.D-AUR and Specialized Medical and Mental Health PREA Training Curriculum and training records and acknowledgement were reviewed and address the requirements of this standard. The training Policies requires for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. Training is conducted by using GEO medical and mental health training curriculum and includes a test. Aurora ICE Processing Center ensures all medical and mental health staff (both employees and contractors) completes their annual training and specialized PREA medical and mental health training, and maintains documentation for each.

The auditor reviewed medical staff training records of specialized medical and annual basic PREA training in 2017 and 2018 and found that two contract staff did not complete the specialized training. The auditor received an email on 8/4/2018 from the PREA Coordinator which included documentation that both contracted providers completed and pass the required training. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. During the interviews, each discussed the steps from when the detainee is brought to medical, sent out for a forensic exam, returned to medical and follow-up treatment and coordination. The mental health staff discussed the procedures when detainees are referred to mental health based on a PREA screen and PREA incident. Medical staff do not conduct forensic medical examinations.

A review of policies, training lesson plans and records, as well as interviews with medical and mental health staff, confirm Aurora ICE Processing Center is in compliance with this standard.

## **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, when 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, when 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, when 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 a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: 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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR and PREA risk assessment form were reviewed and address the requirements of this standard. The policies require the facility to conduct a screening for risk of sexual victimization and abusiveness within 24 hours of arrival; a follow-up screening for risk of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the detainee's arrival at the facility; and reassesses detainee's risk level again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness.

The Aurora ICE Processing Center uses a standardized screening tool, one for ICE and one for USMS detainees. ICE detainees are reassessed between 60-90 days and USMS reassessed within 30 days of arrival. The auditor randomly selected detainees and reviewed their screening documents during the on-site audit. The initial screenings are typically completed within 12 hours of arrival and 30 day reassessments were completed as required. The facility reassess the detainee's risk of victimization or abusiveness by using the reassessment screening tool which is based on any new information that may have arrived since the detainee's arrival, and they ask the detainee if they have been sexually threatened or assaulted, if they are LGBTI, and do they feel at risk of sexual abuse. A detainee's risk level is also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness. The screening instrument is objective in determining if the detainee is at risk for victimization or abusiveness.

The auditor observed an intake and use of the detainee screening forms. The process was done very professionally. Some information is provided through asking the detainee questions, others through review of detainee records. All the criteria referenced in the standard are on the current form; and detainees are asked all of the questions required to be asked of the detainee. Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other detainees. The screening instrument was restricted to staff making housing, treatment, program and security assignments. detainees are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

A review of policy, procedures and documentation, observation during the intake process, as well as staff and detainee interviews, Aurora Ice Processing Center is compliant with this standard.

## 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?  Yes  No
- 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?  Yes  No
- 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?  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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR were reviewed and address the requirements of this standard. The policies outline the use of the screening form to include: using the information from the risk screening to determine housing, bed, treatment and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each detainee.

The policies states the agency shall consider on a case-by-case basis whether to assign a transgender or intersex detainee to an institution for male or female detainees, housing and programming assignments, based on the detainee's health and safety, detainee's own views with respect to his or her own safety, and whether the placement would present management or security problems; reviewing twice a year placement and programming assignments for each transgender or intersex detainee to review any threats to safety experienced by the detainee; allowing transgender and intersex detainees the opportunity to shower separately from other detainees; and not placing lesbian, gay, bisexual, transgender, or intersex detainees in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such detainees. A Transgender Care Committee Summary form is used to document the initial review, and the reassessments conducted at least twice a year.

The PREA Compliance Manager maintains a roster of those who could be at risk of being sexually victimized, and those who are at risk of being sexually abusive. The list is one tool to ensure those who could be sexually victimized are separated from those who could be sexually abusive in housing, bed and other classification decisions. Three detainees interviewed who identified as lesbian, bisexual or gay acknowledged they were treated with respect and were not housed in dedicated housing area. There were no transgender detainees at the facility during the on-site audit. Transgender and intersex detainees would be given the opportunity to shower separately from other detainees.

The review of policies, procedures and supporting documentation and interviews with the PSA Compliance Manager, Unit staff and three self-identified LGBTI detainees confirm the Aurora Processing Center is compliant with this standard.

## **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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR were reviewed and address the requirements of this standard. The policies states detainees at high risk for sexual victimization shall not be placed 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; if placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; that the facility shall document any access to programs, privileges, education, or work opportunities that was restricted, duration of restriction and why; and that every 30 days, the facility shall afford each such detainee a review to determine whether there is a continuing need for separation from the general population. Interviews of the Warden, PREA Compliance Manager, and segregation staff verified detainees at high risk of sexual victimization would not be placed in involuntary segregation unless other measures have been assessed. Other measures included moving housing areas or facilities. No detainees at high risk for sexual victimization had been placed in involuntary segregated housing during the past 12 months.

The review of policies and support documentation and interviews with staff confirm Aurora ICE Processing Center is compliant with this standard.

## 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?  Yes  No

#### 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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR, PREA brochures and posters, the facility handbook, and the National Detainee Handbook were reviewed and address the requirements of this standard. The detainee handbook, PREA brochures, and multiple posters throughout the facility provide specific internal and external ways for detainees to report sexual abuse, sexual harassment and retaliation by other detainees or staff for reporting sexual abuse and sexual

harassment. Interviews with detainees and staff and review of investigations verified detainees knew of and used multiple internal and external ways to report incidents of abuse or harassment, and retaliation. Detainees can report verbally and in writing to staff; through a third party, grievance, DHS Office of the Inspector General, ICE Detention and Information Line (DRIL), U.S. Department of Justice, PREA hotline and applicable consulate (numbers are provided). The facility has a Memorandum of Understanding with Blue Bench to provide private reporting of sexual abuse and harassment by telephone. During the tour, the PREA hotline was checked and found to be in working order.

GEO employees may report Sexual Abuse or Sexual Harassment to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the GEO Employee Hotline, on the Internet at [www.reportlineweb.com/geogroup](http://www.reportlineweb.com/geogroup). Employees may also contact the Corporate PREA Director directly.

Examples of detainee reporting through different means were reviewed when investigative files were reviewed. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are promptly documenting any verbal reports.

A review of policies, investigative files and PREA information provided to detainees, observation during the tour of the institution and interviews with staff and detainees confirm Aurora ICE Processing Center is compliant with this standard.

## 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  NA

#### 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*)

Policy 5.1.2.A-AUR and 5.1.2.D-AUR and the National Detainee Handbook were reviewed and address the requirements of this standard. Aurora ICE Processing Center does not impose a time limit on when an detainee may submit a grievance regarding an allegation of sexual abuse; does not require an detainee to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; ensures that a detainee who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the

subject of the complaint; and issues 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. Third parties, including other detainees, staff members, family members, attorneys, and outside advocates, are permitted to assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of detainees. There were no PREA emergency grievances files in the past 12 months. The agency may discipline a detainee for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the detainee filed the grievance in bad faith. Detainees are informed of grievance procedures in the detainee handbook.

A review of policies and procedures, detainee handbook and interviews with staff and detainees confirm Aurora ICE Processing Center is compliant with this standard.

## **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?  Yes  No
- 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*)

Policies 5.1.2.A-AUR, 5.1.2.D-AUR, PREA posters and Advocacy posters were reviewed and address the requirements of this standard. The policies states detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations; and the facilities shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible.

Aurora ICE Processing Center has a MOU with The Blue Bench of Denver, CO, that provides victim advocates for detainees for emotional support services related to sexual abuse. The MOU describes the services to be provided which includes confidential support services 24 hours a day, seven days a week. Phone numbers are provided to the detainee on the PREA and Advocacy posters. Detainee interviews found most detainees were aware of the confidential support services provided.

The review of policies, Advocacy and PREA postings, along with interviews of staff and detainees confirm Aurora ICE Processing Center is compliant with this standard.

### 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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR, the GEO Website and ICE and DILR PREA posters were reviewed and address the requirements of this standard. Policies establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of a detainee. The GEO websites outline methods to report sexual abuse and sexual harassment on behalf of a detainee. The GEO website provides a number and mailing address. Posters at the facility provide the visitors, staff, and detainee third party reporting. Interviews with detainees demonstrated they knew how third-party reporting could be accomplished.

A review of policies, PREA posters and the GEO website and interviews with staff and detainees confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policies 5.1.2.A-AUR, 5.1.2.D-AUR and PREA training curriculum were reviewed and address the requirements of this standard. Policies require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Aurora ICE Processing Center does not house detainees under the age of 18, nor has there been any incidents involving vulnerable adults. Medical and Mental Health staff are required to report sexual abuse and to inform detainees of their duty to report, and the limitations of confidentiality, at the initiation of services. Medical and Mental health staff during interviews stated they are required and would report sexual abuse. Review of investigative files, incident reports, Supervisor supplemental reports and interviews of staff verified staff immediately report to the facility's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report.

A review of policies, documentation, the training curriculum and interviews with staff confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policies 5.1.2-A, 5.1.2.D-AUR and training curriculum were reviewed and address the requirements of this standard. Policies and training requires staff to take immediate action to protect any detainee they learn is subject to substantial risk. Interviews with staff demonstrate they know the steps to take to protect a detainee subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Investigator, PREA Compliance Manager and Warden. Per interviews with the PREA Compliance Manager and the Warden, immediate action includes: separation; monitoring; change housing and/or work assignments; placing other detainee in another facility within the correctional center, special housing unit or request transfer. In a memo provided by the facility, no detainees reported substantial risk of imminent sexual abuse during the past twelve months.

A review of policies and the training curriculum and interviews with the Warden, PREA Compliance Manager and staff confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR were reviewed and address the requirements of this standard. Policy requires when an allegation that a detainee was sexually abused while confined at another institution, the Warden shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation and that all sexual abuse allegations reported by another institution regarding any detainee that are confined at the Aurora ICE Processing Center be fully investigated. Interviews with the Warden, PREA Compliance Manager, and investigator confirmed their knowledge of the policies and responsibilities to report any allegations and investigate any allegations that may have occurred at Aurora ICE Processing Center. The Warden would email to document the notification. There were no allegations that a detainee was sexually abused while confined at another institution in the past twelve months. Aurora ICE Processing Center did not receive information from another facility of a detainee alleging sexual abuse while at the Aurora ICE Processing Center in the past twelve months.

A review of policies and interview with the Warden confirm Aurora ICE Processing Center is compliant with this standard.

#### 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*)

Policies 5.1.2.A-AUR, 5.1.2.D-AUR and training curriculum were reviewed and address the requirement of this standard. Policies outline procedures to respond to an allegation of sexual abuse for both security and non-security staff. There is a GEO Incident Checklists to be used when responding to sexual abuse or sexual harassment. Random interviews with security and non-security staff confirmed both security and non-security staff were very knowledgeable about what to do upon learning a detainee was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions detainees should not take in order not to destroy physical evidence. Staff knew if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating,

smoking, drinking, or eating. The Aurora ICE Processing Center did not have any instances in which all first responder duties had to be implemented during the past twelve months. No forensic exams were conducted by SANE/SAFE staff in the past twelve months.

A review of policies, the training curriculum and interviews with staff confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

GEO policy 5.1.2-A requires Aurora ICE Processing Center to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Aurora Detention Center SA-API Coordinated Response Plan was very comprehensive in describing required actions by security and specialized staff. Interviews with staff (first responders, medical and mental health practitioners, investigators, and institution leadership), and review of the PREA Incident Checklists for Incidents of Sexual Abuse and Harassment, investigative and medical files confirmed staff were knowledgeable about the Response plan and the coordinated duties and collaborative responsibilities.

A review of policies, Coordinated Response Plan and interviews with staff confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR were reviewed and address the requirements of this standard. Aurora ICE Processing Center shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any detainees in a GEO facility or program pending the outcome of an investigation. Collective Bargaining Agreement between GEO and the United Government Security Officers of America International Union (UGSOA) and its local regarding discipline of officers does not limit the agency's ability to use administrative leave or termination to remove a sexual abuser from detainee contact. The policies allows the facility to move the staff member to a non-contact posts, and the auditor reviewed an example from the past twelve months.

A review of policies, Collective Bargaining Agreement and interview with the Warden confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policies 5.1.2.A-AUR and 5.12.D-AUR were reviewed and address the requirements of this standard. Policies require a staff member be designated to monitor for retaliation against staff or detainees who reported or had been sexually abused/harassed; provided multiple protection measures for detainees or staff who fear retaliation for reporting sexual abuse/sexual harassment or for cooperating with investigations. The PREA Compliance Manager has been designated the responsibility to monitoring the conduct and treatment of detainees or staff who reported the sexual abuse and of detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by other detainees or staff; and conducting periodic status checks through interviews at least every seven days. Monitoring will occur for at least 90 days following the report of the allegation and may go beyond the 90 days if the monitoring indicates a continuing need. The PREA Compliance manager was able to explain her role in preventing retaliation and what measures the facility take to protect detainees and staff from retaliation. The PREA Compliance Manager provides weekly monitoring for up to 90 days and this monitoring extends past 90 days, if additional monitoring is warranted. The auditor reviewed the monitoring logs from the investigations reviewed. Interviews of the Warden and PREA Compliance Manager, and review of the monitoring logs demonstrated Aurora ICE Processing Center uses multiple protection measures, such as housing changes or transfers for detainee victims or abusers, removal of

alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Per the PAQ and memo provided by the PREA Compliance manager there were no incidents of retaliation in the past twelve months.

A review of policies, monitoring logs and interviews with the PREA Compliance Manager confirms Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR were reviewed and address the requirement of this standard. Policies states involuntary segregated housing for detainees who have alleged to have suffered sexual abuse may be used only after an assessment of all available housing alternatives has shown there are no other means of protecting the detainee; and use of protective custody to protect alleged victim is only used as a last resort for a very short time. If placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; and that the institution shall document any access to programs, privileges, education, or work opportunities that was restricted and that every 30 days, the institution shall afford each such detainee a review to determine whether there is a continuing need for separation from the general population. There were no detainees who have alleged to have suffered sexual abuse in involuntary protective custody during the audit. Based on interviews of the Warden, PREA Compliance Manager, and segregation staff, and review of secondary documentation, there were no instances of using segregation housing to protect detainees who had alleged to have been sexually abused in the past twelve months.

A review of policies and interviews with staff confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policy 5.1.2-E, Policy 5.1.2.E-AUR, and the Investigation tracking Log were reviewed and address the requirements of this standard. The policies require that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Aurora ICE Processing Center conducts its investigations using uniform evidence protocols. Allegations are initially reviewed by the Aurora ICE Processing Center and promptly reports to the appropriate contract authority. If the allegation involves potentially criminal conduct, it is referred to the GEO Office of Professional Responsibility and promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General if an ICE detainee is involved or to the USMS for USMS detainees. The Aurora Police Department would also investigate a felony sexual assault that occurred at the facility. GEO's investigative policy is available on the GEO Web site.

The auditor reviewed 14 investigations of sexual abuse and sexual harassment reported by ICE detainees during the past twelve months. Three of the investigations were completed by DHS OIG and eleven were conducted by facility investigators. There were two alleged staff on offender sexual abuse investigations and both were determined to be unsubstantiated. There were 12 alleged detainee on detainee allegations. The administrative findings on these 12 investigations were; 5 unfounded, 5 unsubstantiated and 2 were substantiated. There were no substantiated allegations that were referred for criminal prosecution.

The investigators interviewed stated that they collect the appropriate direct and circumstantial evidence, reviews the video tapes, interviews the alleged victim, suspected perpetrators, and witnesses. They also review prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigators also stated that the credibility of the victim, suspect, or witness is always assessed on an individual basis. Polygraphs are not used in PREA investigations. Three facility investigators have documentation of annual PREA training and the GEO specialized training for PREA investigators. This is a very extensive training program. When conducting administrative investigations, the investigators always decide whether staff actions or failures to act contributed to the abuse. The auditors read eleven investigation reports and found them to include a description of the incident, the evidence collected, and summaries of interviews.

The departure of the alleged abuser or victim from the employment or control of the Aurora ICE Processing Center or agency shall not provide a basis for terminating an investigation. Per policy, GEO retains all written investigation reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

A review of policies, the training curriculum, investigative files and interviews with investigators confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policy 5.1.2.E-AUR was reviewed and addresses the requirement of this standard. Interviews with the investigators and Warden found that the Aurora ICE Processing Center has no standard less than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

A review of policies and interviews with the Warden and investigators confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

GEO Policy 5.1.2.E-AUR was reviewed and addresses the requirement of this standard. The policy requires the facility to inform the detainee as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if investigated by an outside agency, request the outside investigative agency inform the detainee as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the detainee whenever the staff member is no longer posted within the detainee's unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the detainee allegation is against a detainee be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented.

The auditor reviewed the notifications for the investigations reviewed. All notifications are done using the GEO notification form and are signed by the detainee documenting receipt. Review of investigation files included a signed copy of the notification form unless documented that the victim was released.

A review of policy, investigative file and notification forms and interview with PREA Compliance Manager confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policy 5.1.2.E-AUR and the GEO employee handbook were reviewed and meets the requirements of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and 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 offenses by other staff with similar histories. In the past twelve months no staff member were terminated or any instances requiring notification to a licensing body.

A review of policy, employee handbook and interview with the Warden confirm Aurora ICE Processing Center is compliant with this standard.

#### 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*)

Policies 5.1.2.A-AUR, 5.1.2.D-AUR and 5.1.2.E-AUR were reviewed and address the requirements of this standard. Policies prohibit contractors or volunteers who engaged in sexual abuse to have contact with detainees and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden reported that there have been no allegations of sexual abuse by contractors or volunteers. Interviews with contractors confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of detainees or staff.

A review of policies and interviews with the Warden and contractors confirm Aurora ICE Processing Center is compliant with this standard.

## 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)

- 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*)

Policy 5.1.2.E-AUR was reviewed and meets the requirement of this standard. Detainees are subject to disciplinary sanctions following an administrative finding that the detainee engaged

in detainee-on-detainee sexual abuse or following a criminal finding of guilt for detainee-on-detainee sexual abuse; sanctions are 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; and considers whether an detainee's mental disabilities or mental illness contributed to his or her behavior. In the past 12 months, there have been two substantiated findings and disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that a detainee engaged in detainee-on-detainee sexual abuse. Aurora ICE Processing Center prohibits all sexual activity between detainees and discipline detainees for such activity.

A review of policies, practices and investigative files and interview with the Warden and Chief of Security confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policies 5.1.2.A-AUR and 5.1.2.D-AUR were reviewed and meet the requirements of this standard. Policies require all new detainees receive a PREA screen upon arrival, along with a medical and mental health screen. If any of these identify someone as having experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community, they will be offered a medical and mental health follow-up meeting within 72 hours. Prior to the audit, the audit reviewed one example (detainee who reported prior sexual victimization at screening) was seen by mental health on the same day the screening was completed. During the audit, a review additional PREA screening documents and medical and mental health records determined detainees who reported prior sexual victimization or previously perpetrated sexual abuse were offered consultation with medical and mental health practitioners within 72 hours of the screen.

Interviews with case managers, who conduct screenings, medical and mental health staff confirmed referrals are offered, scheduled and conducted. Interviews of two detainees who reported an allegation indicated they were offered medical and mental health consultation. Interviews of medical and mental health staff confirmed any information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. Informed consent is obtained from detainees before reporting about prior sexual victimization that did not occur in an institutional setting.

A review of policies, documentation and interviews with detainees and Medical and Mental Health staff confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

Policy 5.1.2.A-AUR and 5.1.2.E-AUR were reviewed and meet the requirement of this standard. Policies states detainee victims of sexual abuse shall 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; detainee victims of sexual abuse while incarcerated shall be 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; and qualified medical practitioners are on duty 24 hours. Upon returning from the hospital a medical staff evaluates and documents the detainee's health status, and refers the detainee for mental health services. If the emergency room does not complete testing sexually transmitted diseases, testing is done at the facility. The policies requires detainee victims of sexual abuse shall receive timely, unimpeded access to outside emergency medical exams without financial costs. The services are provided at no cost to detainees regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Forensic examinations are done for up to 72 hours since the time of the incident. Interviews of staff confirmed they provide 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. Victims of alleged sexual assaults are sent to medical, pending transportation to Denver Health for a forensic examination by SAFE/SANE when necessary. There were no forensic examinations conducted in the past 12 months.

A review of policies and interviews with Medical and Mental Health staff confirm Aurora ICE Processing Center is compliant with this standard.

## **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.)  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.)  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*)

Policies 5.1.2.A-AUR and 5.1.2.E-AUR reviewed and meet the requirements of this standard. Policies and medical/mental health documentation demonstrate Aurora ICE Processing Center offers medical and mental health evaluations, as appropriate to detainees for follow-up services and treatment to all detainees who have been victimized by sexual abuse. Aurora ICE Processing Center provides victims with medical and mental health services consistent with the community level of care. They will be offered all lawful pregnancy-related medical services, prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, counseling and testing and referred to the mental health staff for crisis intervention as

necessary. Mental health evaluations are conducted on all known detainee on detainee abusers within 60 days of learning such abuse.

A review of policies, documentation and interviews with Medical and Mental Health staff confirm Aurora ICE Processing Center is compliant with this standard.

## 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*)

GEO Policy 5.1.2-A and Policy 5.1.2.A-AUR were reviewed and meet the requirements of this standard. Policies identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include the form the review team uses. The form addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The facility conducts a sexual abuse incident review at the conclusion of every investigation regardless of the finding. The auditor reviewed a sample of incident reviews completed. The review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. GEO has an excellent PREA after action review form that addresses all elements of the standard. Incident review team members were interviewed and were very knowledgeable of the process.

A review of policies, completed incident review forms and interviews with the PREA Compliance Manager and incident review team members, confirm Aurora ICE Processing Center is compliant with this standard.

### 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*)

GEO Policy 5.1.2-A and Policy 5.1.2.A-AUR were reviewed and address the requirements of this standard. Policies require the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual

Violence conducted by the Department of Justice. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. GEO facilities provide monthly reports and PREA surveys to GEO headquarters. A monthly PREA Incident Tracking log is used to collect and provide the PREA Coordinator data on sexual abuse and harassment incidents. Per conversation with the PREA Coordinator the data is aggregated. Upon request from DOJ, GEO provides the data.

The auditor reviewed the Aurora ICE Processing Center PREA tracking log, and GEO 2016 and 2017 annual PREA report. GEO does not contract its detainees to other facilities (115. 87 (e)).

A review of policies, Annual PREA reports and interview with the PREA Coordinator, confirm Aurora ICE Processing Center is compliant with this standard.

## **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*)

GEO Policy 5.1.2-A and Policy 5.1.2.A-AUR were reviewed and address the requirements of this standard. The policies requires GEO to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. GEO prepares and publishes an annual report.

The GEO annual report is very comprehensive in scope, provides data, an assessment of its PREA program and areas of focus, and includes the agency's progress in meeting the PREA Standards. The GEO website home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, and the GEO annual report. The auditor previously reviewed the GEO 2016 and 2017 PREA annual reports. The GEO PREA annual report includes a comparison of current and previous year data; an assessment GEO's effectiveness of its sexual abuse prevention, detection, and response policies and actions to eliminate sexual abuse and sexual harassment. The GEO website PREA tab is easy to find, and is very informative.

A review of policies, Annual PREA reports, GEO Website and interview with the PREA Coordinator, confirm Aurora ICE Processing Center exceeds the requirement for this standard.

## 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*)

GEO Policy 5.1.2-A and Policy 5.1.2.A-AUR were reviewed and address the requirements of this standard. All sexual abuse data collected pursuant to these policies is maintained and properly stored and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All GEO institution data is in the annual report and posted on the website, only the last report is posted. GEO maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the GEO Retention Records Schedule. Before making aggregated sexual abuse data publicly available, GEO removes all personal identifiers.

A review of policies, Annual PREA reports, GEO Website and interview with the PREA Coordinator, confirm Aurora ICE Processing Center is compliant with this standard.

## 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 inmates?  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*)

GEO policy 5.1.2-A, was reviewed and meets the requirement of this standard. The policy states during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that each facility is audited at least once by a PREA auditor who has been certified through the Department of Justice. The GEO website has PREA audit reports posted for over 100 facilities which are either the first or a recertification audit. This is the first PREA audit of the Aurora ICE Processing Center.

The auditor was given access to and an opportunity to tour and visit all areas of the facility. The auditor was provided with offices that ensured privacy in conducting interviews with detainees and staff during the site visit. Notice of PREA audit was posted on May 15, 2018. Interviews with detainees stated they have seen posting. One detainee contacted the auditor prior to the audit.

### **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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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*)

Review of GEO's website at (<https://www.geogroup.com/PREA>) confirms that the agency ensures that the auditor's final report is published on the agency's website. The GEO website has PREA audit reports posted for over 100 facilities which are either the first or a

recertification audit. The most recent audit report appearing on the website was completed on July 5, 2018, well within the 90-day requirement.

<b>AUDITOR CERTIFICATION</b>
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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:**

*David Andraska*

8/06/2018

**Auditor Signature**

**Date**