

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

Interim Final

Date of Report September 19, 2019

Auditor Information

Name: Barbara Jo Denison	Email: denisobj@sbcglobal.net
Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: August 21-23, 2019

Agency Information

Name of Agency: The GEO Group, Inc.		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, Florida 33431	
Mailing Address: SAA		City, State, Zip: SAA	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.geogroup.com/prea (Social Responsibility Section)			

Agency Chief Executive Officer

Name: George C. Zoley, Chairman of the Board, CEO and Founder	
Email: gzoley@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Ryan Seuradge	
Email: rseuradge@geogroup.com	Telephone: 561-999-5875
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 117 Total (60 US Corrections, 49 Reentry Services, 8 Youth Services)

Facility Information

Name of Facility: Big Spring Flightline

Physical Address: 2001 Rickabaugh Dr.		City, State, Zip: Big Spring, TX 79720	
Mailing Address (if different from above): SAA		City, State, Zip: SAA	
The Facility Is:		<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Facility Type:		<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail
Facility Website with PREA Information: https://www.geogroup.com/prea			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input checked="" type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)			
<input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: The facility had an internal PREA Mock Audit April 3-4, 2019.			
Warden/Jail Administrator/Sheriff/Director			
Name: Bobby Thompson			
Email: bthompson@geogroup.com		Telephone: 432-267-7911	
Facility PREA Compliance Manager			
Name: Teresa Pugh			
Email: tpugh@geogroup.com		Telephone: 432-267-7911	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Nancy Wells			
Email: newll@correctcaresolutions.com		Telephone: 432-267-7911	

Facility Characteristics

Designated Facility Capacity:	1800	
Current Population of Facility:	1710	
Average daily population for the past 12 months:	1671	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-74	
Average length of stay or time under supervision:	4 years, 2 months	
Facility security levels/inmate custody levels:	Low	
Number of inmates admitted to facility during the past 12 months:	1787	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1787	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1787	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	210	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	54	

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	5
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	48
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	27
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	17
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	14
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	5
Number of open bay/dorm housing units:	4
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	65
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	7
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

Big Spring Flightline is a private prison owned and operated by the GEO Group, Inc. (GEO). GEO contracts with the Federal Bureau of Prisons (BOP) to house their low-security male inmates. Prior to December 1, 2017, Big Spring Flightline was one of four units of the Big Spring Correctional Center. Due to a contract renewal with BOP, the contract was split and Big Spring Flightline became a separate facility under its own contract.

Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of agency policies 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jails*, and 5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, as well as the facility policy INM 12.005, *Sexual Abuse/Assault Prevention and Intervention Programs*, FBOP Program Statement 5324.12, *Sexual Abuse Behavior Prevention and Intervention Program*, and Program Statement 1350.01, *Criminal Matter Referrals*. Also provided for review were procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. Teresa Pugh, Unit Manager, designated as the facility's PREA Compliance Manager, answered questions and provided additional information and documentation as requested. The facility was provided with facility notices in English and Spanish six weeks prior to the onsite audit visit informing inmates of the scheduled audit dates. The notices included my name and mailing address if inmates wished to send me correspondence. Inmates were informed correspondence would remain confidential. The PREA Compliance Manager provided a photo of the posted facility notices when they were posted on 6/28/19. There was one letter received from an inmate of Big Spring Flightline.

The facility has a Memorandum of Understanding (MOU) with the Crisis Center of West Texas, renewed in December, 2018. The Director of Client Services was contacted to confirm and review the terms of the MOU. She reported paid shelter staff advocates are available to answer the calls on the 24-hour reporting hotline. As new hires advocates receive 24 hours of Domestic Violence training and 40 hours of OIG Sexual Assault Training. They are given specific instructions on how to answer PREA calls. Annually advocates complete OIG continuing education requirements through webinars and conferences.

Calls to the hotline number are not recorded or monitored. The caller is informed the advocate will report the call was received to the facility's PREA Compliance Manager. The caller is informed he may remain anonymous if he chooses.

The Crisis Center of West Texas provides confidential emotional support services over the phone and can provide referrals for treatment after release or upon transfer to another facility. In review of the terms of the MOU with the Crisis Center of West Texas, the Director of Client Services stated the agency no longer provides victim advocacy services as stated in the MOU. This information was shared with the PREA Compliance Manager and it was recommended mental health staff complete the victim advocacy training available on the PREA Resource Center to enable them to provide inmate victims of sexual abuse this service. It was also recommended they continue to pursue this service the Crisis Center of West Texas before renewal of the MOU in December. The Director of Client Services stated in the past 12 months there were no calls received from Big Spring Flightline.

The PREA Compliance Manager provided lists of security staff, non-security staff and contractors scheduled to be onsite during the audit. From this information, staff and contractors were selected to be interviewed. Also, provided were housing rosters, the names inmates with physical disabilities, an At Risk Log of inmates being tracked due to being screened at risk of victimization or abusiveness and an *LGBTI Log*. A random sample of inmates from each of the housing units were selected to be interviewed.

Onsite Audit Phase

The initial PREA audit of Big Spring Flightline was conducted August 21-23, 2019 by this auditor and Nancy Howard, who provided onsite assistance with the site review, staff and inmate interviews and review of records. On the first day of the audit, an entrance meeting was held to discuss the audit schedule and audit process with the following persons attending:

Bobby Thompson, Facility Administrator
Brian Patterson, Assistant Facility Administrator
Teresa Pugh, Unit Manager/PREA Compliance Manager
Kevin Amonett, Chief of Security
Alecc Herrera, Administrative Captain
Nancy Wells, HSA
Melesio Hernandez, Sr. Assistant Director of Operations Central Region Office
Jennifer Sheahan, Manager, Contract Compliance – PREA

On the second day of the audit visit, a site review of the entire facility was conducted accompanied by the following persons:

Kevin Amonett, Chief of Security
Alecc Herrera, Administrative Captain
Teresa Pugh, Unit Manager/PREA Compliance Manager
Daisy Porras, Case Manager
Lupita Gonzales, Case Manager
Jennifer Sheahan, Manager, Contract Compliance – PREA

During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in numerous locations throughout the facility with the date posted noted as 6/28/19. *Break the Silence Report Sexual Abuse* posters, *Sexual Abuse Awareness Program* posters and *Third Party Reporting* Posters were posted in numerous locations throughout the facility. Stenciled signs in the sally ports of housing units and on the entry walls of the restrooms remind female staff to make opposite gender announcements.

It was noted in the restroom in the housing unit in the G-Unit that the third urinal to the left of the entry door to the restroom was in view from the entry door. There are three urinals with partial concrete block partitions between each urinal. The third unit is a handicap urinal and built away from the wall so the concrete partition did not extend far enough to obstruct the view of this urinal. A recommendation was made to extend the partition to eliminate the opportunity for cross gender viewing. The Facility Administrator stated he would meet with the Maintenance department to discuss a solution.

There was another area of concern for a blind spot in Unit C-4 near the entry of the restroom. The restroom is on the back of the housing unit and the entry to the restroom is recessed. It was recommended a mirror be installed on the left side of the window near bed number 4 to provide a visual of this area.

Break the Silence Report Sexual Abuse posters, inform inmates they can dial *99 on any inmate phone to access the Rape Crisis Hotline. The number was dialed on an inmate phone and was found to be accessible. The call was answered by an advocate of the Rape Crisis Center of West Texas. The advocate reported if an inmate reported an allegation of sexual abuse or sexual harassment, the advocate would contact the PREA Compliance Manager, allowing the inmate to remain anonymous if he chooses.

According to information provided on the Pre-Audit Questionnaire, the average daily population of the facility in the past 12 months totaled 1671. On the first day of the audit there were 1710 inmates assigned to Big Spring Flightline. Forty-six inmates were interviewed, randomly selected from each of the housing units and included inmates with the following special designations:

Special Designations	Number Assigned to Facility on First Day of Audit	Number of Inmates Interviewed
Youthful Inmates	0	0
Inmates with Physical Disabilities	3	1
Inmates Who Were Blind	0	0
Inmates Who Had Low Vision	0	0
Inmates Who Were Deaf	0	0
Inmates Who Were Hard of Hearing	0	0
Inmates Who Were LEP	937	15
Inmates With Cognitive Disabilities	0	0
Inmates Who Identified as Gay	4	1
Inmates Who Identified as Bisexual	2	1
Inmates Who Identified as Transgender	1	1
Inmates Who Identified as Intersex	0	0
Inmates in Segregated Housing for High Risk of Victimization	0	0
Inmates Who Reported Sexual Abuse	0	0
Inmates Who Reported Sexual Victimization During Risk Screening	27	4
Inmates Who Reported Sexual Victimization and Reported Previously Perpetrating Sexual Abuse During Risk Screening	15	2
Inmates Who Sent Correspondence	1	1
	Total Targeted Inmate Interviews	26
	Total Random Inmate Interviews	20

The limited English proficient inmates were Spanish speaking and were interviewed with translation provided by staff translators. The inmates interviewed who self-disclosed being gay, bisexual and transgender reported they did not feel they were housed any differently because of their sexual orientation. The transgender inmate explained her meeting with the Transgender Care Committee and took her preference form out of her pocket where she said she always keeps it. Inmates who reported sexual victimization during risk screening all confirmed being referred to mental health.

One inmate interviewed reported he was sexually abused while confined to another facility. He stated he asked to see mental health at that time and he was not scheduled an appointment. He further

stated he would like to see mental health at this facility. The inmate's Central File was reviewed with his Case Manager and there was no notation of reports of sexual abuse at any facilities he has been assigned to throughout his incarceration. The information he shared during interview was reported to the PREA Compliance Manager and she was asked to contact the Psychologist to ensure the inmate be scheduled an appointment to be seen. The Facility Administrator was informed of the inmate's report so he could make the required notification to the facility where the inmate alleged the abuse occurred. The PREA Compliance Manager was asked to provide documentation of the mental health encounter and documentation of the Facility Administrator's notification of the allegation to the agency head of the other facility.

Twenty-two random inmate files were reviewed to determine compliance with PREA education requirements and screening procedures. One inmate's record did not have documentation of completion of Admission and Orientation (A & O). The PREA Compliance Manager reported the inmate has been in RHU since arrival to the facility, with an arrival date past 30 days. He has not attended A & O, but will be scheduled when he is housed in general population. During the facility site review staff in RHU reported all inmates assigned to RHU are given the *Break the Silence Report Sexual Abuse* handout when they arrive, so inmates have reporting information available to them immediately. The review of all other records reviewed showed initial risk assessments are completed on the first day of arrival to the facility and 30-day reassessments within 30 days of arrival. Eight inmate files reviewed showed the inmates were screened at risk of victimization, or both victimization and abusiveness, and offered referrals for a mental health evaluation.

Records reviewed showed inmates are receiving written PREA information and sign an *Inmate PREA Training* form acknowledging they have received and understood the PREA handout and comprehensive inmate education provided during (A & O). They also sign an A & O form acknowledging attending all classes of the A & O program, which includes PREA education, and acknowledge receiving a *Sexually Abusive Behavior Prevention and Intervention –An Overview for Offenders* and an *Inmate Handbook*.

Eighteen specialized staff and 12 random staff were interviewed. Random staff interviewed included two Shift Supervisors and four line staff from the two security shifts. The agency's PREA Coordinator and the Vice President, Risk Management (agency head designee) were both interviewed by telephone at the beginning of this three-year reaccreditation period. Two volunteers were interviewed by telephone.

Staff who had multiple roles were asked questions as they relate to each of those roles. Staff interviewed confirmed receiving PREA training as part of their in-service training, quarterly instructor-led training and annually on line through the Learning Management System (LMS). Staff carry with them a First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and all staff are trained on first responder duties. They also reported they receive training on cross gender pat searches and searches of transgender and intersex inmates annually.

The human resource files of 21 employees and five contractors were reviewed to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are being conducted for pre-employment and every five years, in addition for employees who are being considered for a promotion or transfer. Files reviewed showed self-disclosures are completed during annual performance evaluations and at the time of promotions and transfers. Files reviewed were in excellent order and complete with required documentation. In review of volunteer files, documentation showed they are subject to criminal background checks as employees and contractors are prior to being allowed access to the facility.

The same employee and contractor files, in addition to five volunteer training files were reviewed to determine compliance with PREA training requirements. All files reviewed had documentation showing PREA training in pre-service and annually for employees, contractors and volunteers.

Documentation of unannounced PREA rounds was requested for the month of May, 2019. Unannounced PREA rounds are documented on *Correctional Supervisor Daily Logs*. Review of documentation provided showed these rounds being conducted by Captains or Lieutenants daily on each security shift. Documentation of these rounds were also found documented in the Housing Log Books and in the Log Book in Central Control.

In the 12 months preceding the audit, there five PREA allegations reported. A breakdown of those allegations is as follows:

Number	Type of Allegation	Disposition
2	Inmate-on-Inmate Sexual Abuse	Both Unsubstantiated
1	Inmate-on-Inmate Sexual Harassment	Unsubstantiated
1	Staff-on-Inmate Sexual Abuse	Unfounded
1	Staff Voyeurism	Ongoing

The investigative files were reviewed with the PREA Compliance Manager. The files were found to be in excellent order and extremely detailed. Retaliation monitoring forms showed monitoring of alleged victims began within the first week of the report of the allegation and continued as required by the agency policy and the PREA standards. Incident reviews were conducted and notices of the outcome of the investigation were presented to the victims. The ongoing investigation of staff voyeurism was referred to GEO’s Office of Professional Responsibility (OPR) and is pending disposition by the Office of Internal Affairs (OIA).

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

- Bobby Thompson, Facility Administrator
- Brian Patterson, Assistant Facility Administrator
- Teresa Pugh, Unit Manager/PREA Compliance Manager
- Alecc Herrera, Administrative Captain
- Kevin Amonett, Chief of Security
- Nancy Wells, HSA
- Ashley Contreras, Special Investigator Administrator
- Jennifer Sheahan, Manager, Contract Compliance - PREA

The team was reminded of the following pending items:

- Ensure the Psychologist schedule an appointment with the inmate who alleged sexual abuse while assigned to another facility and forward documentation of the encounter to me and to Jennifer Sheahan, Manager, Contract Compliance - PREA.
- Ensure the Facility Administrator provide notification to the agency head of the facility where the inmate alleged he was a victim of sexual abuse. Forward that notification to me and to Jennifer Sheahan, Manager, Contract Compliance – PREA.
- Upon completion of privacy partitions by the third urinal in the restroom in housing unit G, send photos to me and to Jennifer Sheahan, Manager, Contract Compliance – PREA.
- When the mirror is installed in Unit C-2, send photos to me and to Jennifer Sheahan, Manager, Contract Compliance – PREA.
- Continue in attempts to secure victim advocacy services as a term of the MOU with the Crisis Center of West Texas, or any other community agency.

- Ensure mental health providers complete victim advocacy training available on the PREA Resource Center Website. Provide documentation of completion of this training to me and to Jennifer Sheahan, Manager, Contract Compliance - PREA.

The team was thanked for their cooperation prior to the onsite visit and throughout the audit process. They were complimented on their willingness to ensure the sexual safety of their inmates and on a very successful initial PREA audit. They were informed of the process that would follow the onsite audit visit, including GEO's responsibility to publish the final report on their website.

Post-Onsite Audit Phase

On 8/24/19, the PREA Compliance Manager forwarded notification made by the Facility Administrator to the agency head of the facility the inmate during interview reported an allegation of sexual abuse while assigned to that facility. Also provided was the Mental Health Incident Report completed by the Psychologist after his encounter with the inmate on 8/23/19.

On 9/17/19, the PREA Compliance Manager forwarded pictures of the partition installed by the third urinal in housing Unit G. The pictures showed an additional barrier secured to the concrete partition providing privacy to inmates using this urinal.

On 9/18/19, the PREA Compliance Manager forwarded a certificate of completion of victim advocacy training for the Psychologist. On 9/19/19, she forwarded a certificate of completion of this training by the Mental Health Professional.

The PREA Compliance Manager was contacted concerning an inmate who during random inmate record review had not attended A & O due to being housed in RHU since his arrival to the facility. The PREA Compliance Manager responded that the inmate left the facility on 9/6/19 from RHU.

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and interviews during the Onsite Audit Phase, as well as information forwarded for review after the onsite audit visit were reviewed during this Post-On-Site Audit Phase. The facility was found to have met compliance to all of the PREA standards.

Facility Characteristics

Big Spring Flightline is located at 2001 Rickabaugh Drive, Big Spring, TX. The facility is located on the west side of the former Webb Air Force Base and encompasses approximately 18 acres within a secure perimeter. The facility was constructed in 1994 and opened in February 1995 with 520 beds. The facility has undergone several expansion projects with the current capacity as of 2017 of 1800 beds. In 2017, M building was renovated from ICE offices to inmate housing and the new G housing unit constructed.

Visitors and staff enter the front lobby and pass through a metal detector, are pat searched and property is searched. A Control Station is staffed by Officers who check identifications and control and record movement in and out of the facility.

Big Spring Flightline consists of 17 buildings. The facility maintains a full-service laundry, food service, chapel, commissary, education/vocational classrooms, greenhouse, library, medical unit, hobby craft unit, pool hall, and maintenance shop.

There are nine general population housing units (Units A-I) and a Restrictive Housing Unit (RHU – Unit Z). The capacity of each unit is as follows:

UNIT	CAPACITY	Description
A	48	Two-man cells
B	238	Dayroom on one side - Open dormitory-style housing opposite side
C	192	Two-tiered unit with majority of rooms 10-man
D	354	Two-tiered unit with majority of rooms 10-man
E	324	Two-tiered unit with majority of rooms 10-man
F	384	Intake Unit – Four housing pods with Control Station in center of unit.
G	80	Day Room on one side of unit and living quarters on opposite side
H	52	Open dormitory style housing
I	128	Two-man cell housing
Z	130	Restrictive Housing Unit – two man cells

Housing units include multiple occupancy cell housing, single cell housing and open bay dormitory-style housing. Units C, D and E are two-tiered multiple occupancy rooms in a horseshoe design with a Compound Office in the center. The majority of rooms in Units C, D and E have 10 beds and a few have 8, 14 or 16 beds. Restrooms are within each room with a shower with a curtain, one toilet and one sink and another sink outside of the restroom. There are locked gates on portions of each tier. Inmate pay telephones are outside of the housing units with *Break the Silence Report Sexual Abuse* posters displayed by the telephones. Stenciled information reminds female staff to make opposite gender announcements.

Unit F is the intake unit or Admission and Orientation (A & O) unit, with four housing pods and a Control Station in the center of the unit. The housing pods are open-bay style with partial concrete walls between areas with 12 bunk beds in each area. Newly assigned inmates to Big Spring Flightline are processed in Receiving and Discharge (R & D). They are then housed in Unit F and remain for approximately 30 days. Inmates complete A & O while housed in Unit F, which includes PREA education.

Restrooms in all housing units were found to afford inmates privacy while toileting and showering. Shower curtains are on all showers and toilet stalls have solid partial doors.

Academic and vocational programs are provided by contracted staff from Howard College. Classes offered include English as a Second Language (ESL), GED, Horticulture, Computer and Commercial Cleaning.

Big Spring Flightline has medical and mental health staff contracted through Wellpath. Healthcare services are provided seven days a week, 24 hours a day. The facility does not have an infirmary, but does have four negative pressure rooms. Two rooms are used as suicide watch room and the other two for medical housing. The negative pressure rooms are in B-Unit. Medical staff do not perform forensic exams. Inmate victims of sexual abuse are transferred to the Scenic Mountain Medical Center for forensic exams. Emergency medical services are also provided at the Scenic Mountain Medical Center through a Hospital Service Agreement between Wellpath and the Scenic Mountain Medical Center.

The facility has two general population recreation yards. The large yard is behind units C, D and E, where inmates can play soccer, softball or run track. The smaller recreation yard is behind Unit D and the Hobby Craft building. Inmates can play basketball, handball and volley ball and there are stationary bikes and stair steppers for their use. The facility has controlled movement and gates are opened every 15 minutes before the hour for inmate movement as per the building schedule. There are seven recreation cages behind RHU with cameras facing each cage.

The staffing plan for Big Spring Flightline includes 233 allocated positions, which includes contracted medical and mental health staff. Current staff totals 210 positions, with 23 vacancies. This number

includes 12 Officers, one each Lieutenant, Food Service Clerk, Food Service Officer, Laundry Officer, Account Clerk, Unit Manager, Unit Secretary, two RN's and 3.2 LVN's.

There are two twelve-hour security shifts, 0600-1800 and 1800-0600. Security Officers conduct two head counts on the first shift (1000 and 1600) and four head counts on the second shift (2200, 1201, 0300, 0500) and emergency counts can be called at any time. Officers conduct rounds throughout the day and call the Control Officer in the housing unit who logs the activity in the Housing Log Book. Perimeter checks are conducted at a minimum of once per shift. The Chief of Security conducts rounds in all general population housing units at a minimum of once a week and in RHU three times a week. The Administrative Duty Officer conducts rounds of RHU every day.

The facility has 98 cameras. DVR's are located in the mechanical closet in the administrative area and in the mechanical closet in RHU. DVR's store data for up to 60 days. Camera monitors are located in the Control Station and on the desktops of supervisors.

The Mission Statement for the Big Spring Correctional Center is as follows:

"GEO Group, Inc. under contract with the Federal Bureau of Prisons (BOP) shall operate Big Spring Flightline within the scope of the Statement of Work incorporated in the contract numbered DJB1PC020.

Big Spring Flightline is established to integrate the delivery of programs and related services necessary for the protection of society and care of inmates incarcerated in the facility. Specifically each unit shall:

Protect society and the community by providing safe, secure and humane treatment of persons incarcerated.

Provide an environment for incarcerated persons where they may be protected from victimization within the facility, as well as the development of a system of due process and internal legality in correctional facilities.

Provide programs and activities that are conducive to the beneficial re-entry into the community by incarcerated persons after release.

Provide care, security, and supervision of the incarcerated persons as prescribed by the sentencing jurisdiction and contract in authority.

Provide inmate work, religious, recreational, education and vocational programs to enhance their release and future success.

Provide the Federal Bureau of Prisons with a cost effective alternate in inmate care, while producing GEO Group, Inc. with sufficient revenue resources to, at a minimum, offset the cost of operations."

The Mission Statement for the GEO Group, Inc. is as follows:

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

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 6
List of Standards Exceeded: 115.11; 115.16; 115.17; 115.31; 115.71; 115.88

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: N/A

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*)

115.11 (a): GEO policy 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail Adult Community Confinement Facilities* and the Big Spring Flightline Facility policy INM 12.005, *Sexual Abuse/Assault Prevention and Intervention Programs*, are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's/facility's approach to preventing, detecting and responding to such conduct. Both policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited

behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. Both policies were found to be comprehensive and address all provisions of the PREA standards, exceeding in the requirements of this standard.

115.11 (b): The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts the position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO policy 5.1.2-A, page 6, section III-B-1 and facility policy INM 12.005, page 5, outline the responsibilities of the agency's PREA Coordinator.

115.11 (c): GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. Pages 6 & 7, section III-B-2 of policy 5.1.2-A and page 6 of facility policy INM 12.005, outline the responsibilities of the PREA Compliance Manager. The PREA Compliance Manager reports to the Facility Administrator and the agency's PREA Coordinator. Big Spring Flightline also has a designated PREA Unit Coordinator who assists with PREA duties, exceeding in the requirements of this provision of this standard.

In interview with the agency's PREA Coordinator at the beginning of this audit cycle and the PREA Compliance Manager during the onsite audit, both stated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. Both were knowledgeable of the roles they play in preventing and responding to sexual abuse and sexual harassment at this facility.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

GEO is a private provider and does not contract for the confinement of their inmates; therefore, this standard is not applicable to this facility.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

115.13 (a): Based on GEO policy 5.1.2-A, pages 7, section C-1 and facility policy INM 12.005, pages 6-8, the agency/facility has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the inmate population and the prevalence of substantiated incidents of sexual abuse, and any other relevant factors in the

development of the facility's staffing plan. The staffing plan was developed for an 1800-bed facility. The plan includes 233.35 allocated positions. Since August 20, 2013, the average daily population of the facility was 1671 inmates. In interview with the Facility Administrator and the PREA Compliance Manager, they both confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this provision. The facility provided the staffing plan for review.

115.13 (b): According to information provided on the Pre-Audit Questionnaire and on interview with the Facility Administrator, in the past 12 months there were no deviations to the staffing plan. In interview with the Facility Administrator, he reported he is e-mailed daily shift rosters which he reviews. Shift rosters are forwarded to BOP weekly.

115.13 (c): Whenever necessary and no less that annually, the staffing plan is reviewed and documented on the *Annual PREA Facility Assessment – Adult Prisons & Jails* (Attachment A of policy 5.1.2-A). This completed form is submitted to the Corporate PREA Coordinator and the Corporate Divisional Vice President for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. Based on the *Annual PREA Facility Assessment – Adult Prisons & Jails* completed 8/14/18, it was noted there were no deviations to the staffing plan and no recommendations for changes to the established staffing plan. In interview with the agency's PREA Coordinator, he reported being consulted regarding assessments or adjustments to the staffing plan through recommendations for equipment, cameras or additional staffing on the *Annual PREA Facility Assessments*. He sits down with the Division Head in US Corrections and they assess requests and either approve or deny the requests and send them back to the facility.

115.13 (d): According to facility policy INM 12.005, pages 5 & 6, section III-D, Big Spring Flightline has a policy and practice requiring intermediate level or higher level supervisors to conduct and document unannounced rounds on all shifts to identify and deter employee sexual abuse and sexual harassment. These rounds are documented on the *Correctional Supervisor Daily Log*. Employees are prohibited from alerting other staff members these rounds are being conducted, unless such announcement is related to the legitimate operational functions of the facility. In addition, unannounced rounds are conducted during the Staff Duty Officer (SDO) tour of duty week. These rounds are documented on the ADO's weekly report, which is submitted to the Executive Secretary.

In interview with the Facility Administrator, PREA Compliance Manager and Shift Supervisors and in review of *Correctional Supervisor Daily Logs* and Weekly ADO Reports for the month of May 2019, the practice of rounds is in place and being followed.

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*)

Big Spring Flightline does not house youthful inmates; therefore, this standard is not applicable to this facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) Yes No NA

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

115.15 (a): Based on review of GEO policy 5.1.2-A, page 17, section I and facility policy INM 12.005, page 8-10, the agency and facility has policies in place regarding inmate searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no cross-gender strip or visual body cavity searches conducted.

115.15 (b): The Big Spring Flightline facility does not house female inmates; therefore, this provision of this standard is not applicable to this facility.

115.15 (c): The facility documents all strip searches. All strip searches are documented on the *Big Spring Flightline Facility Strip Search Log*. Copies of these logs showing entries of strip searches were provided for review prior to the onsite audit and observed in use during the onsite audit visit.

115.15 (d): The agency and facility has policies and practices that allow inmates to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Female staff are required to announce their presence when entering housing units. Signs stenciled on entry of housing units and by entry to restrooms remind female staff to announce their presence when entering housing units. Female security staff assigned to a housing unit must only announce at the beginning of their shift advising the inmate population they will be assigned to the housing unit and for how long. The Control Center announces female staff are on shift and inform inmates female staff will frequent housing areas at the beginning of each shift. This announcement is logged in the *Control Center Log Book* and documented on the *Correctional Supervisor Daily Log*. *Break the Silence Report Sexual Abuse* posters inform inmates male and female staff routinely visit inmate housing areas. Inmates are advised during intake screening and in the Admission and Orientation process of the requirement to remain clothed in the common areas.

115.15 (e): GEO policy 5.1.2-A, pages 17 & 18, section J and facility policy INM 12.005, page 7, section E & F, address searches of transgender and intersex inmates. Facilities shall not search or physically examine a transgender or intersex inmate solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner.

115.15 (f): All security staff of Big Spring Flightline receive training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The *DOJ-2019 PREA* training curriculum was provided for review and found to contain training on pat searches, including searches of transgender and intersex inmates. Review of random staff training records and in interview with staff, revealed staff are receiving this training at pre-service and annually at in-service training. Staff sign a *Cross Gender Pat Searches and Searches of Transgender and Intersex* acknowledgment form and a *PREA Basic Acknowledgement* form upon completion of this training and the training is documented electronically on individual training records in the Learning Management System (LMS). At the time of the onsite audit visit, there was one transgender inmate assigned to the facility and no intersex inmates. The transgender inmate was given the choice of being searched by a male or female staff member. Her preference was to be pat searched by female staff and she reported her request is being honored.

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*)

115.16 (a): Based on GEO policy 5.1.2-A, page 12 , section E-, facility policy INM 12.005, pages 7 & 8, sections III-A-C and BOP's Program Statement 5324.012, pages 19 & 20, inmates with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In interview with the Vice-President, Risk Management (agency head designee), he stated PREA education is offered in various formats. Poster, pamphlets and videos are in English and Spanish. He also stated that facilities developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from our program. Facilities have contracts with Language Line Services and have TTY phones for the deaf. The facility also has a TTY for use of inmates who are deaf or hard of hearing.

The facility also has a service agreement with the Highland Council for the Deaf for sign language services and have purchased braille translation and audio materials from BrailleWorks for the use of blind inmates. Inmates who cannot read or otherwise comprehend PREA materials are provided the information verbally, through sign language or in any manner the inmate can comprehend.

At the time of the onsite audit visit, there were no inmates who were blind, with low vision, deaf, hard of hearing, with cognitive deficits or low reading skills.

115.16 (b): The facility takes steps to ensure that inmates who are limited English proficient have access to PREA information that they can understand. The majority of the inmate population speaks Spanish only. All written and posted information is provided in both English and Spanish. Inmates receive a *Sexually Abusive Behavior Prevention and Intervention –An Overview for Offenders* at intake and an *Inmate Handbook* both available in English and Spanish. The *PREA: What You Need to Know*

video shown as part of comprehensive PREA education is available in English and Spanish. Bilingual staff are called upon to provide translation to Spanish speaking inmates and a contract with the Language Line Services provides translation of any other language.

115.16 (c): Agency and facility policies prohibit inmates to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. The use of inmates under these circumstances must be justified and documented in a written investigative report. In information provided on the Pre-Audit Questionnaire, in the past 12 months inmates have not been used for this purpose. Staff interviewed knew inmates were not to be used for this purpose.

The facility was found to exceed in the requirements of this standard. The facility has reached out for resources to aid in providing inmates who are deaf or blind additional resources to relay PREA information to them in a manner they can understand. Through BrailleWorks the facility took the initiative to have PREA documents transcribed into Braille and audio transcriptions of the same information on CD's. Through a service agreement with the Highland Council for the Deaf, the facility ensures sign language interpreters be available for deaf inmates.

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

115.17 (a): GEO policy 5.1.2-A, page 8, section C-2 and facility policy INM 12.005, page 9, interview with the Human Resource Manager, and review of random employee and contractor files were used to verify compliance to this standard. Per policy, the agency/facility prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community.

115.17 (b): GEO and the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Interview with the Human Resource Manager confirmed this practice.

115.17 (c): The agency requires all applicants and employees who may have contact with inmates have a criminal background check. Criminal background checks for all potential employees are completed through the BOP, FBI and the Information Discovery Services (IDS), and through a contract with Career Builders. For those considered for promotions or who transfer from another GEO facility, an internal background check through GEO, is requested on the *Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer* form (HR-104). Transfers from any other correctional institutions are handled like new hires. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers is requested through Career Builders. From information provided on the Pre-Audit Questionnaire, in the past 12 months, there were 54 persons hired who had criminal background checks completed.

115.17 (d): The facility performs criminal background checks through the BOP and FBI before enlisting the services of any contractor or volunteer.

115.17 (e): Criminal background checks are performed for all employees, contractors and volunteers at least every five years through the BOP, FBI and IDS.

115.17 (f): The agency asks all applicants and employees who have contact with inmates directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Annually at the time of performance evaluations employees complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation Form* (PREA – 101). For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* (PREA-102).

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

115.17 (h): Unless prohibited by law, 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 the individual has applied for work.

Random human resource files of 16 employee and five contractor files were reviewed and were found to be complete with documentation showing adherence to standard and agency policy requirements. In review of five volunteer records for compliance to PREA training requirements, volunteer files also contained documentation of criminal background checks. The facility was found to exceed in the requirements of this standard. Files were well organized and documentation complete. Employees and contractors have multiple criminal background checks through the BOP, FBI, IDS and Career Builders.

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*)

115.18 (a) & (b): GEO policy 5.1.2-A, page 8, section C-3 and facility policy INM 12.005, pages 11 & 12, state that the facility will consider the effect of new or upgraded design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect inmates from sexual abuse. Per facility policy, all facility upgrades of technology or physical plant will include consideration of how it could enhance the facility's ability to protect against sexual abuse.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator, since the last PREA audit the facility has not acquired any new facility, but the existing physical plant was modified to include a new Restricted Housing Unit (RHU) and two new housing units (G and H). In information provided for review, due to the addition of these units, there were six new cameras installed in RHU and 11 each in housing units G and H. The Facility Administrator confirmed this information.

In interview with the Vice President, Risk Management (agency head designee) he stated that the agency uses technology to assist the facilities in keeping inmates safe from sexual abuse. If new facilities are designed or there are modifications to existing facilities, the agency's PREA Coordinator works closely with the Corporate Project Development Team.

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 evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

115.21 (a): GEO policy 5.1.2-E, pages 7-11, sections D-J, GEO policy 5.1.2-F, page 8, section D facility policy INM 12.005, pages 12-15, and Correctional Healthcare policy C-13, *Sexual Assault*, outline the agency/facility's requirements as it applies to this standard. The policy addresses the requirements of the facility in response to reports of sexual abuse allegations. The agency/facility is responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes.

115.21 (b): The agency and facility follows a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Big Spring Flightline does not house youthful offenders.

115.21 (c): Facility medical staff do not perform forensic medical exams. Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. Victims of sexual abuse will be transported to the Scenic Mountain Medical Center. In information reported on the Pre-Audit Questionnaire, in the last 12 months there was one SANE exam performed.

115.21 (d): The facility has an MOU with the Crisis Center of West Texas to provide confidential emotional support services to victims of sexual abuse.

115.21 (e): As requested by the victim, a victim advocate would be provided at the Scenic Mountain Medical Center to accompany an inmate victim of sexual abuse through the forensic exam procedures. Per the terms of the MOU, if requested by the victim, a victim advocate is provided by the Crisis Center of West Texas to accompany and support the victim through the forensic exam process. In review of the terms of the MOU with the Director of Client Services of the Crisis Center of West Texas, this agency no longer provides victim advocacy services as stated in the MOU. The Psychologist and the Mental Health Professional completed victim advocacy training provided online through the PREA Resource Center and are designated as the facility's victim advocates. The PREA Compliance Manager provided documentation confirming completion of this training. The PREA Compliance Manager will continue to pursue the Crisis Center of West Texas agreeing to provide this service again in the future.

115.21 (f): Criminal investigations are conducted by the Big Spring Police Department if the allegation involves inmates and the Office of Internal Affairs or the Office of the Inspector General if the allegation involves staff, contractors or volunteers.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.22 (a): GEO policy 5.1.2-E, page 4, section III-A-1, facility policy INM 12.005, pages 11 & 12, and BOP Program Statement 5324.12, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse and sexual harassment. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). According to Program Statement 1350.01, *Criminal Matter Referral*, all criminal matters are the Special Investigative Supervisor (SIS) will present all criminal matters to the Facility Administrator to determine whether it is to be referred to the appropriate federal, state or local law enforcement agency.

In interview with the Vice President, Risk Management (agency head designee), he reported referral of allegations of sexual abuse and sexual harassment is required by corporate and local policy and client contracts.

115.22 (b): GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. Allegations that appear to be criminal are referred to the Big Spring Police Department, OIG or OIA. Facility investigators and Facility Administrators are invited to attend annual Law Enforcement Conferences where local law enforcement agencies come together to discuss several topics including PREA.

The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the *PREA Annual Incident Tracking Log*. Interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <https://www.geogroup.com/prea>.

115.22 (c): Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.

According to information provided on the Pre-Audit Questionnaire, in review of *Annual PREA Incident Tracking Logs* and in interview with the PREA Compliance Manager and facility Investigators, in the past 12 months there were five PREA allegations reported. One allegation of Staff Voyeurism is currently being investigated by OIA.

In interview with the Vice President, Risk Management (Agency Head Designee), he stated that all allegations are investigated administratively or criminal investigations are conducted by local, state or federal authorities as required by policies and client contracts.

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*)

115.31 (a): GEO employees receive training on GEO's zero-tolerance policy (5.1.2-A) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on pages 13 & 14, section F-1 of GEO policy 5.1.2-A, and pages 14-16 of facility policy INM 12.005. The 2019 DOJ PREA Training curriculum were reviewed and found to address all elements of this provision of this standard as required. Staff receive classroom PREA training facilitated by the PREA Compliance Manager during pre-service and annually online training through the Learning Management System (LMS) and quarterly instructor led training.

115.31 (b): Big Spring Flightline houses adult male inmates. The training provided to all staff is tailored to meet the needs of the gender of this population. An employee will receive additional training if reassigned from a facility that houses only female inmates.

115.31 (c): In information provided in the Pre-Audit Questionnaire and in review of random staff training records, employees of Big Spring Flightline receive PREA education as required annually. There are 210 employees assigned to the facility who received PREA training. Between trainings, the facility receives updates via e-mail and at staff meetings. Employees also receive an employee handbook which contains PREA information and *Third Party Reporting Posters* are displayed in various locations throughout the facility. During shift turnouts, PREA is regularly discussed.

115.31 (d): Upon completion of PREA pre-service and annual in-service training, staff sign a GEO PREA *Basic Acknowledgement* form and a *Cross Gender Pat Searches and Searches of Transgender and Intersex* form, acknowledging receipt and understanding of the training received. Documentation of Review of random employee training records confirmed training is being completed and documentation of this training being maintained by the facility and electronically in individual training records in LMS.

Training files were well organized and complete. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment. Due to the knowledge of employees interviewed and the training opportunities offered to employees, the facility was found to exceed in the requirements of 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*)

115.32 (a): Big Spring Flightline ensures that all volunteers and contractors who have contact with inmates are trained on their responsibilities under the agency and facility's sexual abuse and sexual harassment policies and procedures prior to their assignment and annually. GEO policy 5.1.2-A, pages 14 & 15, section G-1 outline the requirements for volunteer PREA training and GEO policy 5.1.2-A, pages 15 & 16, section H-1 for contractor PREA training. Facility policy INM 12.005, page 14 outlines PREA training requirements for both volunteers and contractors.

115.32 (b): The facility has 27 volunteers and 48 contractors. The contractors complete *2019 DOJ PREA Training* in an individual training session with the Training Administrator and annually complete annual web based and instructor led quarterly training. In interview with the Training Administrator, all volunteers meet with the Chaplain and the Training Administrator once and year to complete annual PREA training in a group.

115.32 (c): Contractors and volunteers sign a *GEO PREA Basic Acknowledgement Form* acknowledging receiving and understanding the training. Volunteers also sign *Acknowledgement of Completion of Prison Rape Elimination Act* acknowledgement form. In review of random contractor and volunteer training records, documentation of PREA training for contractors and the volunteers is being maintained by the facility.

In interview with four contractors and two volunteers, they confirmed receiving PREA training annually and were knowledgeable of the agency/facility's zero-tolerance policies and of their responsibilities as outlined in the policies. The contractors and the volunteers interviewed knew whom to report allegations of sexual abuse or sexual harassment to.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

115.33 (a): Based on GEO policy 5.1.2-A, pages 12 & 13, section E-2 and facility policy INM 12.005, pages 16-18, all inmates receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Inmates receive a *Sexually Abusive Behavior and Prevention and Intervention An Overview for Offenders* pamphlet and an *Inmate Handbook*, both containing PREA information. Case Managers interviewed reported what written information inmates receive on their day of arrival. During interview, inmates reported receiving written PREA information on the first day of arrival to the facility.

115.33 (b): Comprehensive PREA education is provided to newly assigned inmates within 30 days of arrival to the facility during the Admission and Orientation (A & O) program by a member of the mental health department. During A & O inmates view the *PREA: What You Need to Know* video facilitated by mental health staff.

115.33 (c): On information reported on the Pre-Audit Questionnaire, there were 1787 inmates assigned to Big Spring Flightline in the past 12 months received PREA education upon intake.

115.33 (d): All PREA education provided to inmates is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. The *Sexually Abusive Behavior and Prevention and Intervention* pamphlet and the *Inmate Handbook* and all verbal information given is provided in both English and Spanish. Staff proficient in Spanish are designated as Spanish interpreters. A contract with the Language Line Services provides translation of any other languages. The facility has a TDD for deaf or hard of hearing inmates and braille publications of PREA information for blind inmates. The facility also has a service agreement with the Highland Council for the Deaf for sign language services for deaf inmates.

15.33 (e): The facility maintains documentation of inmates' participation in PREA education sessions. Inmates sign a *Big Spring Flightline PREA Training* form and *BOP Intake Screening* form acknowledging receipt and understanding of the PREA information presented to them upon intake. They sign a *BSF/The GEO Group, Inc. Institution A & O Program* form upon completion of A & O. This documentation is filed in the inmates' Central File.

115.33 (f): Ongoing PREA information is provided on multiple posters, both in English and Spanish, displayed in housing units and in numerous other locations throughout the facility as observed during the site review of the facility.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.34 (a): Based on GEO policy 5.1.2-A, page 14, section F-3 and facility policy INM 12.005, page 18, in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings.

115.34 (b): The facility has two investigators who completed *PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings* facilitated by the agency's PREA Coordinator in 2013. The training curriculum was provided for review and found to include interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.34 (c): The agency maintains documentation that investigators have received specialized training. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files, investigators have completed this specialized training, as well as general training provided to all employees, and documentation of this training is maintained by the facility.

In interview of the facility investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in this training.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

115.35 (a): GEO policy 5.1.2-A, page, section F-2, and facility policy INM 12.005, pages 18 & 19, states that the agency ensures that all full-time and part-time medical and mental health staff will be trained to detect signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility has 23 contracted Correct Care Solutions (CCS) medical and mental health providers. The Health Care Administrator ensures all staff are appropriately trained.

115.35 (b): This provision of this standard is not applicable to this facility. Medical staff do not perform forensic exams. Forensic exams are performed at the Scenic Mountain Medical Center.

115.35 (c): Medical and mental health staff complete *Specialized Medical and Mental Health PREA Training*. The curriculum was provided for review and found to include the training requirements as outlined in provision 115.35 (a) of this standard. Upon completion of this training, healthcare staff receive a certificate of completion. The facility maintains documentation of this training electronically in individual training records in LMS. In information provided in the Pre-Audit Questionnaire and documentation of entries in LMS, 100% of the medical and mental health practitioners have received specialized training. A report generated through LMS was provided by the facility and showed all health care staff had completed this training.

115.35 (d): Medical staff, in addition to specialized training, receive the general PREA training that all employees receive and sign a *PREA Basic Training Acknowledgement* form. In review of the training files of random medical staff, documentation of general training and specialized medical and mental health training is being maintained by the facility.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

115.41 (a): According to GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy INM 12.005, pages 19-23, all inmates are assessed for their risk of being sexually abused or sexually abusive towards others within 72 hours of arrival to the facility. On information provided on the Pre-Audit Questionnaire, in the past 12 months 1787 inmates assigned to Big Spring Flightline were assessed for their risk of victimization or abusiveness upon arrival.

115.41 (b): Intake screening takes place within 72 hours of inmates' arrival to the facility.

115.41 (c): Intake risk assessments are conducted by the Case Managers using the *GEO BOP Prisons PREA Risk Assessment* form, an objective screening tool. Inmates are also screened using the *BOP Intake Screening Form*.

115.41 (d): The *GEO BOP Prisons PREA Risk Assessment* was reviewed and found to contain all requirements of this provision of this standard and allowed the screener to document his/her perception of gender non-conformity.

115.41 (e): The screening should include the screener's thorough review of any available records available to assist with determining the offender's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

115.41 (f): Within a set time period, not to exceed 30 days of inmates arrival to the facility, inmates are reassessed by the Intake Officer for their risk for victimization and abusiveness using the *PREA Vulnerability Reassessment Questionnaire*.

115.41 (g): An offender's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. This information was confirmed in interview with Case Managers.

115.41 (h): Inmates are not be disciplined for refusing to answer any questions or for not disclosing complete information.

115.41 (i): Only the Facility Administrator, PREA Compliance Manager, Case Managers, Unit Managers and mental health staff have access to screening information. The original screening forms are filed in the inmate's Central File, which are locked in the Case Managers' offices in fireproof file cabinets.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

115.42 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating inmates at high risk of being sexually

victimized from inmates with those at high risk of being sexually abusive. GEO policy 5.1.2-A, pages 10 & 11, section D-3 and facility policy INM 12.005, pages 23 & 24, explain the use of PREA screening information. On interview with the PREA Compliance Manager and Case Managers responsible for screening inmates, they explained how the facility utilizes screening information for this purpose.

115.42 (b): Individualized determinations are made about how to ensure the safety of each inmate. Inmates who score at risk of victimization or abusiveness are referred for further evaluation with mental health. Inmates have an option of refusing these services. Inmates screened at risk victimization or abusiveness are tracked on an *At Risk Roster*. Entries are made in Sentry, the electronic inmate record system, coding those inmates who screened at risk for victimization or abusiveness

115.42 (c): Guidelines for housing and program assignments and for the management of transgender and intersex inmates are outlined in GEO policy 5.1.2-A, pages 10 & 11, section D-3-c-g and facility policy INM 12.005, pages 23-24, sections C-G. The BSF Policy and Procedure Manual, RHU 11.002, *Transgender Processing Care* is followed. In making housing and programming assignments for transgender or intersex inmates, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Inmates who self-disclose being gay, bisexual, transgender or intersex are tracked on an electronic Sentry *LGBTI Log*.

Transgender and intersex inmates are housed with housing determinations made by a Transgender Care Committee (TCC). The TCC meets with the offender, complete a GEO *Statement of Search/Shower/Pronoun Preference Form* and documents the meeting on the *Transgender Care Committee Summary*. Transgender and intersex inmates may be housed up to 72 hours in medical or until the TCC meets with them.

115.42 (d): A transgender or intersex inmate's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the inmate.

115.42 (e): A transgender or intersex inmate's own view of their safety is taken into consideration. When the TCC meets with transgender or intersex inmates the inmates are given an opportunity to express their own views. The one transgender inmate interviewed confirmed meeting with the TCC.

115.42 (f): Transgender and intersex inmates are offered the opportunity to shower separately from other inmates at designated times. The transgender inmate when interviewed reported when she met with the TCC she was offered the opportunity to shower separately from other inmates.

115.42 (g): GEO does not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated units or wings solely based on such identification. In interview with one inmate who self-disclosed being bisexual, one who self-disclosed being bisexual and one who self-disclosed being transgender, all reported they did not feel they were housed any differently because of his sexual orientation. When interviewed, the PREA Coordinator stated the agency is not under a consent decree or other legal judgement at any of their facilities. The practice of placing LBGTI inmates in dedicated units or wings solely based on such identification is prohibited by policy.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

115.43 (a): GEO policy 5.1.2-A, page 18, section K-1 and facility policy INM 12.005, pages 24 25, were used to determine compliance to this standard. The Big Spring Flightline Facility does not place inmates at high risk for victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative. Inmates are placed in administrative detention in accordance with the Big Spring Flightline’s Policy and Procedure Manual, Sec 08.02, *Protective Custody Operations*.

115.43 (b): Inmates placed in segregated housing for this purpose have access to programs, privileges, education and work opportunities to the extent possible. The facility will document and justify any restrictions imposed.

115.43 (c): The facility will assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, not to exceed a period of 30 days.

115.43 (d): If involuntary segregated housing assignment is made, the facility will document the basis for the facility’s concern for the offender’s safety and the reason no alternate means of separation can be arranged.

115.43 (e): In cases where involuntary segregated housing is used for longer than the initial 30 days, the facility will review the status every 30 days to determine if ongoing involuntary housing is needed.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator and Captain of RHU, in the past 12 months there has not been a time an inmate found at high risk of victimization or an inmate who alleged sexual abuse was placed in involuntary segregated housing. When interviewed the Facility Administrator reported if this were to occur, the inmate would be reviewed again and be placed in involuntary segregated housing for the least amount of time as possible.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

115.51 (a): As stated in GEO policy 5.1.2-A, page 19, section L-1, and facility policy INM 12.005, pages 25 & 26, the facility provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are informed *Sexually Abusive Behavior Prevention and Intervention – An Overview for*

Offenders pamphlet and on *Break the Silence Report Sexual Abuse* posters they can report to any staff member, contractor or volunteer. They can report to their family who can report for them.

115.51 (b): The facility also provides multiple external ways for inmates to report allegations to a public or private agency that is not part of GEO. Inmates can dial *99 from an inmate phone to reach the Rape Crisis Hotline. They are given the mailing address to the Office of Inspector General (OIG), the FBOP Central Region Office and the Department of Justice. Inmates detained solely for civil immigration purposes are also given telephone numbers for consulate offices and officials of the Department of Homeland Security. Inmates interviewed were aware of the methods of reporting available to them. When interviewed the PREA Compliance Manager confirmed the methods of reporting available to inmates and staff.

115.51 (c): Staff shall accept reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. Staff interviewed were aware of this requirement.

115.51 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for inmate and staff reporting was found on the GEO website (<https://www.geogroup.com/prea>, *Third Party Reporting* posters and Page 4, section I of the *Employee Handbook* informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff interviewed knew how to privately report sexual abuse and sexual harassment of inmates.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

115.52 (a): In review of GEO policy 5.1.2-A, pages 19 & 20, section L-2, facility policy INM 12.005, pages 26-29 and FBOP Program Statement, 1330.18, *Administrative Remedy Program*, there is a procedure in place for inmates to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to inmates in the *Inmate Handbook*. Inmates interviewed were aware filing a grievance is a reporting option for them.

115.52 (b): There is no time limit when an inmate can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Inmates are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by an inmate on the grounds that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there no PREA-related grievances filed.

115.52 (c): Based on agency and facility policies, inmates have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third party files a grievance on an inmate's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.52 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal.

Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level. In information reported on the Pre-Audit Questionnaire, in the past 12 months there were no grievances filed alleging sexual abuse.

115.52 (e): Third parties such as fellow inmates, family members, attorneys or outside advocates may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of inmates. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

115.52 (f): Inmates may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Information on the procedure for inmates to file emergency grievances is found on page 20, section L-2-b of GEO policy 5.1.2-A, and on page 18, section L-2-b of facility policy INM 12.005, section F-1 & 2, pages 26 & 27 and page 12 of the Administrative Program Statement. After receiving an emergency grievance of this nature, the Facility Administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

115.52 (g): An inmate can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

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

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

115.53 (a): GEO policy 5.1.2-A, page 25 & 26 , section O-8 and facility policy INM 12.005, page 30, addresses the agency/facility’s policies on providing inmates with access to outside victim advocates for emotional support services related to sexual abuse. Big Spring Flightline enables reasonable communication between the inmates and these agencies in a confidential manner. Inmates are informed they can remain anonymous if they choose.

115.53 (b): Inmates are informed in the *Inmate Handbook*, the *Sexually Abusive Behavior Prevention and Intervention – An Overview for Offenders* pamphlet and on posted information they can contact the Rape Crisis Hotline by speed dialing *99 to access advocacy services and to report allegations of sexual abuse and sexual harassment. Inmates interviewed were aware they could dial *99 to request emotional support services or report allegations of sexual abuse and sexual harassment.

115.53 (c): The facility has an MOU with the Crisis Center of West Texas to provide emotional support services to victims of sexual abuse. The facility maintains a copy of that MOU and provided it for review.

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*)

115.54 (a): Based on GEO policy 5.1.2-A, page 20, section L-3 and facility policy INM 12.005, page 30, the agency has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Inmates are informed of third party reporting on PREA posters displayed in numerous locations in both English and Spanish.

The method for third party reporting procedures is made available on the FBOP public website and on the GEO website at <http://www.geogroup.com/prea> ([Social Responsibility Section](#)).

In interview with the PREA Compliance Manager, during the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party. Inmates and staff interviewed were aware of this method of reporting.

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*)

115.61 (a): The agency's requirement on staff reporting duties can be found on pages 20 & 21, section N-4 of GEO policy 5.1.2-A. Reporting duties for volunteers is found on pages 14 & 15, section G-2 of GEO policy 5.1.2-A and contractor reporting duties on pages 15 & 16, section H-2 of GEO policy 5.1.2-A. Pages 31 & 32 of facility policy INM 12.005, address staff and agency reporting duties. All staff, volunteers and contractors must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against inmates or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported the Correctional Supervisor or PREA staff. Allegations of inmate-on-inmate or staff-on-inmate sexual abuse must be reported to the FBOP Oversight staff. In interview with random staff, volunteers and contractors, they knew their reporting duties.

115.61 (b): Apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff, volunteers and contractors interviewed knew this information is to be kept confidential and knew whom to report allegations to.

115.61 (c): Medical and mental health practitioners, through their specialized training, are informed they are required to report sexual abuse and inform inmates of their duty to report and the limitations of

confidentiality at the initiation of services. Medical and mental health staff interviewed confirmed this practice.

115.61 (d): Big Spring Flightline houses adult male inmates only and does not house inmates under the age of 18. No inmates, according to their classified level of care, are considered vulnerable adults under the State Vulnerable Persons Statute; therefore, this provision of this standard is not applicable to this facility. In interview with the Facility Administrator, he confirmed this information.

115.61 (e): In interview with the Facility Administrator, Big Spring Flightline reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports are forwarded to facility investigators.

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*)

115.62 (a): When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim according to GEO policy 5.1.2-A, page 21, section M-1 and facility policy INM 12.005, pages 32 & 33. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive and non-judgmental. In cases where the alleged perpetrator is another inmate, the Correctional Supervisor and the Unit PREA Coordinator is notified immediately.

In interview with the Facility Administrator, as well as documentation provided on the Pre-Audit Questionnaire, during the past 12 months it was necessary for the facility to take immediate action in regards to an inmate being in substantial risk of sexual abuse.

The Facility Administrator stated that if it was suspected an inmate was at substantial risk of sexual abuse he would take the inmate to medical immediately and contact BOP. Staff interviewed was aware of their responsibilities if they felt an inmate was at risk for sexual abuse. In interview with the Vice President, Risk Management (Agency Head Designee) he stated that facilities are required to take immediate action to protect the victim from further harm and refer him for necessary services, such as medical, mental health, etc.

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*)

115.63 (a): GEO policy 5.1.2-A, pages 24 & 25, section M-5 and facility policy INM 12.005, page 33, were used to verify compliance to this standard. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility of his designee shall notify the head of the facility where the sexual abuse was alleged to have occurred.

115.63 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

115.63 (c): The facility will document that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Compliance Manager and the PREA Coordinator.

115.63 (d): The facility will ensure that the allegation is investigated in accordance with the PREA standards.

In the 12 months preceding the onsite audit visit, the facility had not received any reports of sexual abuse from inmates while confined to another facility. During inmate interviews, one inmate interviewed reported he was sexually abused while confined to another facility. This information was relayed to the PREA Compliance Manager and the Facility Administrator. Proper notification was made to the Facility Administrator of the other facility and documentation was forwarded for my review. In interview with the Facility Administrator, he reported there were no notifications received from other facilities of allegations of sexual abuse occurring at Big Spring Flightline.

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*)

115.64 (a): GEO policy 5.1.2-A, pages 21 -24, section M-2 and facility policy INM 12.005, pages 31 & 32, outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member.

Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone.

115.64 (b): If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence, stay with the alleged victim and notify security staff.

All staff carry with them a First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first responder duties.

On information provided on the Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, in the past 12 months there were three allegations of sexual abuse reported. In each case, a security staff member responded to the incidents. Interviews with security and non-security staff revealed they knew the policy and procedures to follow if they were a first responder to an allegation of sexual abuse.

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*)

115.65 (a): GEO policy 5.1.2-A, page 6, section A-4, and facility policy INM 12.005, pages 32 & 33, were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse and sexual harassment. The Big Spring Flightline Policy and Procedure Manual, E-P-24, *Emergency Plans* is the facility's coordinated response plan.

The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA Response Plan Checklist* included in the plan reminds staff of notifications to be made. A *PREA Incident Checklist* outlines the actions taken by the facility in response to the incident of sexual abuse. The Facility Administrator confirmed during interview the facility has an emergency response plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

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*)

115.66 (a): GEO policy 5.1.2-A, pages 5 & 6, section III-A-3 and facility policy INM 12.005, pages 35 & 36, were used to verify compliance to this standard. GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. On information provided for review, Big Spring Flightline and the GEO Group, Inc. have an agreement with the International Union, Security, Police and Fire Professionals of America (SPFPA) and local 126, effective December 1, 2017 thru November 30, 2020. Page 9, section 11.01, Article 11, *Disciplinary Action*, states progressive discipline procedures can be up to and including termination.

115.66 (b): In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Any "no contact" order is documented advising the employee, contractor or volunteer of no contact with an alleged victim pending the outcome of an investigation. In all cases, the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment.

The facility provided documentation in the past 12 months of one notification of an employee received notification his post was reassigned pending the outcome of an investigation. In interview with the Vice President, Risk Management (agency head designee), he stated that none of the agency's collective bargaining agreements prohibit the agency from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.

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*)

115.67 (a): GEO has a policy to protect inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff as outlined in policy 5.1.2-A, pages 26 & 27, section N-2 and in facility policy INM 12.005, pages 36 & 37.

115.67 (b): The agency has multiple protection measures, such as housing changes or transfers for inmates, victims or abusers, removal of alleged staff or inmate abusers from contact with victims and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

115.67 (c): Inmates who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The PREA Compliance Manager will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of inmates is documented on the *Protection from Retaliation Log – Prisons and Jails* (attachment H to GEO policy 5.1.2-A) and for staff on the *Employee Protection from Retaliation Log* (attachment I to GEO policy 5.1.2-A).

115.67 (d): Monitoring of inmates also includes periodic status checks.

115.67 (e): If any inmate or staff who cooperates with an investigation expresses fear of retaliation, the agency will respond appropriately to protect that individual from retaliation.

115.67 (f): Retaliation monitoring will terminate if it is determined that the allegation was unfounded.

In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire and in review of investigative files, in the past 12 months there were no incidents of

retaliation that occurred. The investigative files showed retaliation monitoring is being conducted and the *Protection from Retaliation Log – Prisons and Jails* are being filed in the corresponding investigative files.

In interview with the Vice President, Risk Management (agency head designee) he stated that if an inmate who alleges sexual abuse or sexual harassment or cooperates with an investigation expresses fear of retaliation, management staff would consider the best options for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers whether staff or inmate and emotional support services are considered on a case-by-case basis.

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*)

115.68 (a): According to GEO policy 5.1.2-A, page 25 section M-6 and facility policy INM 12.005, page 37, involuntary segregated housing may be used only after an assessment of available housing alternatives has shown there is no other means of protecting the inmate. If an inmate who alleged to have suffered sexual abuse is placed in involuntary segregated housing, the requirements of standard 115.43, *Protective Custody*, will be followed.

In information provided for review and in interview with the Facility Administrator and Captain of RHU, in the past 12 months there were no post-allegation protective custody required. The Facility Administrator stated involuntary protective housing has not been used in the past 12 months. If an inmate were placed in involuntary segregated housing it would be for the least amount of time and the placement would be reviewed again.

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*)

115.71 (a): An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at Big Spring Flightline the facility, promptly, thoroughly and objectively, including third party and anonymous reports. The agency's policy on administrative and criminal investigations as outlined in GEO policy 5.1.2-E, pages 5 & 6, section III-B, and in facility policy INM 12.005, pages 37-39. Investigations are conducted in accordance with the FBOP Program Statement 5324.12, *Sexually Abusive Prevention and Intervention Program*.

115.71 (b): The facility has seven trained investigators and facility investigators have completed specialized training in investigating sexual abuse allegations. The facility provided documentation of completion of specialized investigative training by facility investigators.

115.71 (c): It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

115.71 (d): When the quality of evidence supports criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors.

115.71 (e): The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. An inmate who alleges sexual abuse is not required to submit to a polygraph examination.

115.71 (f): The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports from OIG, OIA and the Big Spring Police Department.

115.71 (h): Allegations of conduct that appear to be criminal are referred to OIG if the allegation involves staff, contractors or volunteers and to the Big Spring Police Department if the allegation involves inmates. On information reported on the Pre-Audit Questionnaire, since the August 20, 2012, there were no substantiated allegations that appeared to be criminal referred for prosecution.

115.71 (i): The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j): The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation.

115.71 (k): Any state entity or Department of Justice component that conduct investigations shall do so pursuant to the above requirements.

115.71 (l): When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with Facility Investigators, the PREA Compliance Manager and the Facility Administrator, they reported facility investigators will contact outside investigators at least monthly or more often. In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations and knew when to refer allegations that appear to be criminal for criminal investigation to OIG, OIA or to the Big Spring Police Department.

The facility was found to exceed in the requirements of this standard. Investigative files were found in excellent order and contained not only required documentation, but also contained additional detailed information pertaining to all parties involved in the investigations.

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*)

115.72 (a): Based on GEO policy 5.1.2,-E, page 6, section B-2-d and facility policy INM 12.005, page 39, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In interview with facility investigators, they confirmed this practice.

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*)

115.73 (a): GEO policy 5.1.2-E, pages 10 & 11, section III-K and facility policy INM 12.005, pages 39 & 40, were used to verify compliance to this standard. The policies indicate that following an investigation of sexual abuse of an inmate, the inmate shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for presenting the *Notification of Outcome of Allegation* form to the alleged victim for his signature. The inmate receives a copy of the form and a copy is forwarded to the agency's PREA Coordinator.

115.73 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the inmate.

115.73 (c): Following an inmate's allegation that an employee has committed sexual abuse against the inmate; the facility is required to inform the inmate of the outcome of the investigation. The inmate is to be informed if the staff member is no longer posted within the inmate's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73 (d): Following an inmate's allegation that he has been sexually abused by another inmate, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to

sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73 (e): All *Notification of Outcome of Allegation* or attempted notifications are documented and filed in the corresponding investigative file.

115.73 (f): An agency's obligation to report under this standard shall terminate if the inmate is released from GEO custody.

In information provided on Pre-Audit Questionnaire and in review of investigative files, alleged victims in all cases were presented a *Notification of Outcome of Allegation*, which were found filed in the respective investigative files.

In interview with the Facility Administrator, facility Investigators and the PREA Compliance Manager, they confirmed the practice of informing inmates at the conclusion of an investigation of the outcome of the investigation.

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*)

115.76 (a): Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, pages 12, section L-1 and facility policy INM 12.005, pages 40 & 41. Per facility policy, administrative discipline will be conducted using the Program Statement Standard of Employee Conduct, the Program Statement Human Resource Management Manual, SOW and the collective bargaining agreement.

115.76 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.76 (c): Disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

115.76 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. Page 18 of the *GEO Employee Handbook* provided to all staff explains the agency's zero-tolerance policy for employees.

In interview with the Facility Administrator and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no employees disciplined for violating the agency's sexual abuse or sexual harassment policies.

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*)

115.77 (a): Based on review of GEO policy 5.1.2-A, page 15, section G-3 for volunteers and page 16, section H-3 for contractors and facility policy INM 12.005, page 41, any volunteer or contractor who engages in sexual abuse or sexual harassment is prohibited from contact with inmates and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

115.77 (b): The applicable GEO contracting authority will be notified and appropriate remedial measures will be taken and will consider whether to prohibit further contact with inmates.

In interview with the Facility Administrator and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no contractors or volunteers found in violation of the zero-tolerance policies. In interview with the Facility Administrator, he confirmed this information and stated any violations of the zero-tolerance policies by contractors or volunteers would be investigated and the person would be denied access pending the outcome of the investigation.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

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

Auditor Overall Compliance Determination

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

115.78 (a): According to GEO policy 5.1.2-E, pages 12 & 13, section L-2 and facility policy INM 12.005, pages 41 & 42, if an inmate is found guilty of engaging in sexual abuse involving another inmate, either through administrative or criminal investigations, the inmate will be subject to formal disciplinary sanctions. Pages 57-65 of the *Inmate Handbook* outline the prohibited acts, including violations of the zero-tolerance policy, and the sanctions imposed for engaging in these acts.

115.78 (b): Sanctions will 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.

115.78 (c): Based on GEO policy 5.1.2-E, page 12, section 2-c, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d): If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. Medical staff and the Psychologist confirmed the offending inmate would be referred to mental health.

115.78 (e): Disciplining an inmate for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

115.78 (f): A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The agency prohibits all sexual activity between inmates. Facilities may not deem that sexual activity between inmates is sexual abuse unless it is determined that the activity was coerced.

In information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator, in the past 12 months there were no disciplinary sanctions imposed for inmates who violated the sexual abuse and sexual harassment policies. The Facility Administrator stated if an inmate is charged with sexual abuse of another inmate, the inmate would be criminally charged.

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*)

115.81 (a & c): If during initial PREA screening, the inmate reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the inmate will be referred to mental health for further evaluation within 14 days, as stated in GEO policy 5.1.2-A, pages 9 & 10, section D-2 and facility policy INM 12.005, pages 42 & 43. Follow-up meetings are conducted by referral to Psychology Services. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services. In information reported on the Pre-Audit Questionnaire, in the past 12 months nine inmates who disclosed prior sexual victimization were offered a follow-up meeting with Psychology Services. Interview with inmates who alleged prior sexual victimization, they reported being offered a referral for an evaluation.

115.81 (b): Any inmate who reports during initial PREA screening or in follow-up screenings he has previously perpetrated sexual abuse in an institutional setting or in the community will offered a follow-meeting with medical or mental health within 14 days of the screening. According to information reported on the Pre-Audit Questionnaire, 65 inmates disclosed previously perpetrating sexual abuse and were referred for follow-up with mental health. In interview with the Psychologist he reported inmates who self-disclose during initial PREA screening prior victimization or those who have previously perpetrated sexual abuse in an institutional setting or in the community would be fast tracked and seen as soon as possible and much sooner than 14 days.

115.81 (d): Information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise federal, state or local law.

115.81 (e): Medical and mental health providers obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Inmates have a right to refuse these services.

In interview with the HSA, Psychologist and Case Managers and in review of referrals to mental health from initial screenings, inmates who report prior sexual victimization and those who disclose previously perpetrating sexual abuse are being referred for evaluation and consent forms or refusals are obtained.

In review of random inmate files, inmates who reported prior sexual victimization and those who reported previously perpetrating sexual abuse were referred for evaluation with Psychology Services. Once the inmate is seen by Psychology Services, the second page of the screening form is signed by the Psychology provider who saw the inmate and returns the form to the PREA Compliance Manager verifying the inmate was seen.

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*)

115.82 (a): Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 25, section 7 and facility policy INM 12.005, pages 43-45. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services. The HSA and Psychologist interviewed confirmed adherence to this provision of this standard.

115.82 (b): The facility employs full-time medical staff. All staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health practitioners. Both security and non-security staff interviewed knew their first responder duties. Forensic exams are not

performed by facility medical staff. Inmates are transported to the Scenic Mountain Medical Center for forensic exams.

115.82 (c): Inmate victims are offered prophylaxis for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate.

115.82 (d): All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

115.83 (a): The facility offers ongoing medical and mental health care to all inmates who have been victimized by sexual abuse.

115.83 (b): According to GEO policy 5.1.2-A, pages 26, section N-1 and facility policy INM 12.005, pages 45 & 46, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release. The HSA and Psychologist when interviewed confirmed the follow-up services offered to inmate victims of sexual abuse.

115.83 (c): The facility provides victims with medical and mental health care consistent with the community level of care, which was confirmed by interview of medical staff and mental health staff.

115.83 (d): The facility houses male inmates only; therefore, this provision of this standard does not apply to this facility.

115.83 (e): The facility houses male inmates only; therefore, this provision of this standard does not apply to this facility.

115.83 (f): Inmate victims will be offered tests for sexually transmitted infections as medically appropriate.

115.83 (g): All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.83 (h): The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate.

On information provided by the PREA Compliance Manager and in interview with the HSA and the Psychologist, in the past 12 months, there were no inmates who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

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*)

115.86 (a): According to GEO policy 5.1.2-A, page 28, section N-3 and facility policy INM 12.005, pages 46 & 47, the facility is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

115.86 (b): The review is conducted by the Incident Review Team within 30 days of the conclusion of the investigation. In cases of substantiated and unsubstantiated allegations, Institution Executive staff review the incident to assess the facility's response to the allegations.

115.86 (c): The Facility Administrator, Assistant Facility Administrators, facility Investigators, the HSA, Psychologist, Chief of Security and the PREA Compliance Manager make up the Incident Review Team. The PREA Coordinator may attend via telephone or in person.

115.86 (d): The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a *PREA After Action Review Report* (attachment J to policy 5.1.2-A) with any recommendations for improvement, and forwarded to the PREA Coordinator no later than 10 working days after the review. The PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file.

115.86 (e): The facility will implement the recommendations for improvement, or documents the reasons for not doing so.

In interview with the PREA Compliance Manager, in documentation reported on the Pre-Audit Questionnaire and in review of investigative files, in the past 12 months, incident reviews are being conducted at the conclusion of sexual abuse investigations determined to be substantiated and unsubstantiated. When interviewed, members of the Incident Review Team knew their responsibilities as they relate to the review of sexual abuse incidents.

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*)

115.87 (a): Information on data collection is found on page 28, section O-1 of GEO policy 5.1.2-A, and pages 47- 49 of facility policy INM 12.005. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control. The incident-based data collected shall include, at 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.

115.87 (b): The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log* (attachment K of policy 5.1.2-A). In addition to submitting the *Monthly PREA Incident Tracking Log*, the PREA Compliance Manager is to ensure that a PREA Survey is created, updated and submitted for review and approval in

the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data.

115.87 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).

115.87 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its inmates.

115.87 (f): Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. According to information provided on the Pre-Audit Questionnaire, DOJ requested this information from this facility for the previous calendar year.

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*)

115.88 (a): Based on GEO policy 5.1.2-A, page 28, section O-1 and facility policy INM 12.005, pages 49 & 50, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings.

In interview with the Vice President, Risk Management (agency head designee), he explained how the agency uses the incident-based sexual abuse data to assess and improve sexual abuse policies and practices.

115.88 (b): The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. FBOP also prepare an annual report of data from each of their facilities. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

115.88 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, President US Corrections and Detention and International Operations for their signatures and approval. The report is made public on the GEO website at <https://www.geogroup.com/prea>.

115.88 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report. When interviewed the PREA Coordinator reported the agency only reports numbers and incident types in the annual report.

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*)

115.89 (a): Based on GEO policy 5.1.2-A, page 29, section O-3 and facility policy INM 12.005, page 50, and interview with the PREA Coordinator, GEO ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A (11) and the *Texas Records Retention Schedule Revised 4th Edition*. Facility policy INM 12.005, pages 48 & 49 and FBOP Program Statement 1524.12 state the facility will maintain sexual abuse data for 10 years. In interview with the PREA Coordinator, he reported in 2015 GEO designed a secure PREA portal with restricted access to retain all of the agency's PREA-related data. Every sexual abuse incident is entered into the portal by the PREA Compliance Managers at each facility and annually the corporate PREA team reviews the data.

115.89 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <https://www.geogroup.com/prea>.

115.89 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

115.401 (a): Based on GEO policy 5.1.2-A, page 18, section Q, and facility policy INM 12.005, pages 49-50, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO’s Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. This is the initial PREA audit of Big Spring Flightline since it is under its own contract, which was conducted by a DOJ certified PREA auditor.

115.401 (b): According to GEO's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years.

115.401 (f): I received and reviewed all relevant agency-wide and facility policies and procedures during the onsite audit phase and during the onsite audit.

115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

115.401 (h): During the audit, I was allowed access to all areas of Big Spring Flightline.

115.401 (i): I was permitted to request and received copies of relevant documentation.

115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

115.401 (k): I interviewed a random sample of staff and inmates during the onsite audit.

115.401 (l): I reviewed camera monitors.

115.401 (m): I was permitted to conduct private interviews with inmates and staff in an area that ensured confidentiality to our conversation.

115.401 (n): Inmates were notified six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I received one letter from an inmate at Big Spring Flightline during the Pre-Onsite Audit Phase.

115.401 (o): The facility has an MOU with the Crisis Center of West Texas to provide emotional support services to victims of sexual abuse and a 24-hour reporting hotline. The Director of Client Services of the Crisis Center of West Texas was contacted to confirm and review the MOU.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

115.403 (a): In compliance with the National PREA Standards, I certify by my signature in the *Auditor's Certification* Section of this report that no conflict of interest exists with my ability to conduct this audit.

115.403 (b): In thorough review of GEO's policies, as well as facility and FBOP policies and procedures, were found to comply with relevant PREA standards.

115.403 (c): For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page 14 for a summary of audit findings for each of the PREA standards.

115.403 (d): This report describes the methodology, sampling sizes and basis for my conclusions as required.

115.403 (e): I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request.

115.403 (f): Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<https://www.geogroup.com/prea>) to be available to the public.

AUDITOR CERTIFICATION

I certify that:

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

Barbara Jo Denison
Auditor Signature

September 19, 2019
Date