

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report: January 7, 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: Oct. 30 – Nov. 1, 2018

### Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
The GEO Group, Inc.		N/A	
Physical Address: One Park Place, Suite 700 621 Northwest 53rd Street		City, State, Zip: Boca Raton, Florida 33487	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 661-999-5827		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> GEO's mission is to develop innovative public private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.			
<b>Agency Website with PREA Information:</b> www.geogroup.com			

### Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator			
<b>Name:</b> Phebia L. Moreland		<b>Title:</b> Director, Contract Compliance, PREA Coordinator	
<b>Email:</b> pmoreland@geogroup.com		<b>Telephone:</b> 561-999-5827	
<b>PREA Coordinator Reports to:</b>  Dan Ragsdale, Executive Vice President, Contract Compliance		<b>Number of Compliance Managers who report to the PREA Coordinator</b> 53 (US Corrections 45 (Reentry Services) 8 (Youth Services) 3 (Lockups) = 109	
Facility Information			
<b>Name of Facility:</b> Lea County Correctional Facility			
<b>Physical Address:</b> 6900 West Millen Drive, Hobbs, New Mexico 88244			
<b>Mailing Address (if different than above):</b> SAA			
<b>Telephone Number:</b> 575-392-4055			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> The mission of the Lea County Correctional Facility is to manage the facility in a safe and secure manner, providing public safety through a continuum of custody, control, supervision, programs and services for offenders with professionalism, progressive management and financial responsibility.			
<b>Facility Website with PREA Information:</b> www.geogroup.com/PREA			
Warden/Superintendent			
<b>Name:</b> George Stephenson		<b>Title:</b> Assistant Warden of Security/Acting Warden	
<b>Email:</b> gstephenson@geogroup.com		<b>Telephone:</b> 575-392-4055, ext. 107	
Facility PREA Compliance Manager			
<b>Name:</b> Katherine Brodie		<b>Title:</b> Compliance Administrator	
<b>Email:</b> kbrodie@geogroup.com		<b>Telephone:</b> 575-392-4055, ext. 113	
Facility Health Service Administrator			
<b>Name:</b> Mindy Lewis-Ortega		<b>Title:</b> Health Services Administrator	
<b>Email:</b> milewis@geogroup.com		<b>Telephone:</b> 575-392-4055, ext. 145	

Facility Characteristics				
Designated Facility Capacity: 1266		Current Population of Facility: 1261		
Number of inmates admitted to facility during the past 12 months				1461
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				1461
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				1461
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				126
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-79		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:				N/A
Average length of stay or time under supervision:				5.50 years
Facility security level/inmate custody levels:				Level III
Number of staff currently employed by the facility who may have contact with inmates:				217
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				217
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				29
Physical Plant				
Number of Buildings: 4		Number of Single Cell Housing Units: 1		
Number of Multiple Occupancy Cell Housing Units:		21		
Number of Open Bay/Dorm Housing Units:		0		
Number of Segregation Cells (Administrative and Disciplinary):		42		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
The facility has 115 cameras with 39 cameras on the exterior of the facility and 76 in the interior.				
Medical				
Type of Medical Facility:		Out Patient Clinic		
Forensic sexual assault medical exams are conducted at:		On-site through contract with Arise Sexual Assault Services		
Other				
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:				124
Number of investigators the agency currently employs to investigate allegations of sexual abuse:				96 agency-wide 10 at this facility

# Audit Findings

## Audit Narrative

The PREA audit of the Lea County Correctional Facility (LCCF) was conducted October 30-November 1, 2018. The Lea County Correctional Facility is a private prison owned and operated by the GEO Group, Inc. GEO contracts with the New Mexico Corrections Department (NMCD) to house their adult male medium custody inmates.

### 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 Lea County Correctional Facility policy LCCF 12.005, *Inmate Rights*. Procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. During this review period Katherine Brodie, Compliance Administrator, who is designated as the facility's PREA Compliance Manager, answered questions. The facility was provided with facility notices in English and Spanish informing inmates of the upcoming audit dates with my name and address if they wished to send me correspondence and were informed correspondence would remain confidential. Correspondence was received from four inmates assigned to the Lea County Correctional Facility.

The facility has a Memorandum of Understanding (MOU) with Arise Sexual Assault Services entered into in June 2013, which provides SANE exams for inmate victims of sexual abuse and second MOU entered into on January 2017, which provides victim advocacy and confidential emotional support services to inmates of the Lea County Correctional Facility. The Director of Arise Sexual Assault Services was contacted to confirm and review the terms of the MOU's. In the event of sexual abuse of an inmate, Arise would dispatch a SANE nurse to the facility to conduct a SANE exam and dispatch an advocate to accompany the victim through the examination process. SANE nurses would obtain verbal consent over the telephone from the victim for a SANE exam and upon arrival to the facility, obtain written consent.

Inmates have access to Arise advocates by calling their hotline number on an inmate telephone or can make a call through a request to their Case Manager. Calls to the hotline number are not recorded and are confidential. The Director of Arise Sexual Assault Services stated that follow-up contact with the victim could be provided over the telephone, through mail, or in some cases, an Arise Therapist would arrange to meet with the inmate at the Lea County Correctional Facility. All services provided by Arise Sexual Assault Services are at no cost to the inmate victim.

The Director of Arise Sexual Assault Services facilitates Multidisciplinary Team quarterly meeting with local law enforcement, hospitals, and individuals within the judicial unit and staff from the Lea County Correctional Facility and other area facilities that Arise provides services. The purpose of the meetings are to discuss sexual abuse cases, while maintaining confidentiality, for the purpose of improvement of services.

The PREA Compliance Manager provided lists of security and non-security staff scheduled to work during the onsite audit and the names of staff who were first responders to allegations of sexual abuse within the past 12 months. Also provided were inmate housing rosters, lists of inmates with special designations, inmates who alleged sexual abuse, inmates who self-disclosed being gay, bisexual, transgender and inmates who screened to be at risk for victimization or abusiveness. From this information, a random sample of staff and inmates, including those who sent correspondence, were selected to be interviewed during the onsite audit.

### **Onsite Audit Phase**

On the first day of the audit, an entrance meeting was held with the following persons attending:

George Stephenson, Assistant Warden of Security/Acting Warden  
Bonnie Valles, Assistant Warden of Programs  
Brittini Buckelew, Chief of Security  
Katherine Brodie, Compliance Administrator/PREA Compliance Manager  
Valerie Naegele, NMCD Contract Monitor  
Rob Walling, Senior Manager, Contract Compliance, PREA

Following the entrance meeting, a site review of the facility was conducted with the following persons accompanying me:

George Stephenson, Assistant Warden of Security/Acting Warden  
Bonnie Valles, Assistant Warden of Programs  
Katherine Brodie, Compliance Administrator/PREA Compliance Manager  
William Shott, Locksmith  
Rob Walling, Senior 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 various locations throughout the facility with the date posted noted as 9/18/18.

PREA reporting information in both English and Spanish was posted in all housing units and in common areas throughout the facility. While touring the Minimum Restrictive (MR) housing unit, it was recommended that reporting numbers be posted in the day room where the inmate telephones are located. By the second day of the audit, this was completed. Third Party Reporting posters were posted in areas visible to staff and visitors. Signs stenciled on entry doors of housing pods remind female staff to make opposite gender announcements. In review of Housing Log Books, the opposite gender announcements are documented. If a female officer is assigned to a housing area for a shift, at the start of that shift an announcement is made informing inmates that a female will be posted in that pod and documentation is made in the Housing Log Book that the announcement was made.

The reporting option numbers were dialed on an inmate telephone to ensure they were accessible to inmates. The internal reporting number (1-505-555-2378) goes to a cell phone maintained by the PREA Compliance Manager who also receives an e-mail alert when a call is made to this number. The number to Arise Sexual Assault Services (1-575-226-7263) was answered by office staff from Arise and after hours calls are answered by an on-call advocate. Inmates can reach the Rape Crisis Center of New Mexico at 1-505-266-7711. All numbers dialed were found to be accessible.

While touring the visitation area it was recommended that the window on the door of the strip search area be partially covered or tinted to ensure privacy during the strip search process.

Blind spots were noticed in the dishwashing area of the kitchen. Cameras in the kitchen do not capture this area. It was recommended that a mirror in both far corners of that area would help staff in supervision of inmates working in the dishwashing area. By the last day of the audit, two large mirrors were ordered.

During the site review, I spoke informally to inmates questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. On the first day of the audit, there were 1261 inmates assigned to the facility. Forty-six inmates were interviewed, which included inmates with the following special designations:

<b>Number</b>	<b>Special Designation(s)</b>
1	Limited English Proficient
1	At Risk at Victimization/Alleged Sexual Abuse
4	At Risk of Victimization
5	Alleged Sexual Abuse
1	Alleged Sexual Abuse/At Risk of Victimization
1	Alleged Sexual Abuse/At Risk of Victimization and Abusiveness
2	Bisexual
1	Bisexual/At Risk of Victimization
1	Gay/At Risk of Victimization and Abusiveness
2	Transgender
1	Transgender/At Risk of Victimization and Abusiveness
2	Cognitive Deficits
3	Received Correspondence From

One inmate was identified as limited English proficient and was interviewed with translation provided by a staff member. The inmate reported he received written PREA information in English and viewed the English PREA video during orientation. From that interview, the inmate was scheduled to see the Spanish PREA video and receive Spanish written PREA information. Three of the four inmates who sent correspondence were interviewed and one inmate who correspondence was received was no longer assigned to the facility. The inmates with cognitive deficits were able to understand interview questions and responded appropriately to questions asked of them. At the time of the onsite audit visit, there were no inmates who were blind, with low vision, deaf, hard of hearing or who self-disclosed at screening of being intersex. Two inmates interviewed reported they never saw the PREA video and three inmates reported never being asked the PREA screening questions. Review of the files of these inmates showed documentation otherwise.

Twenty-one specialized staff and 15 random staff were interviewed. Random staff interviewed were from both security shifts. The Assistant Warden of Security was the Acting Warden during the onsite visit. A newly assigned Warden was expected to report to the facility the week after the onsite audit. The agency's PREA Coordinator and the Vice President and Chief Corrections Officer (agency head designee) were both interviewed by telephone at the beginning of this three-year certification period. Staff interviewed were knowledgeable of their responsibilities of detecting, preventing and responding to allegations of sexual abuse and sexual harassment. Staff interviewed confirmed receiving PREA refresher training annually and were knowledgeable of the agency's zero-tolerance policy and their responsibilities as first responders to an allegation of sexual abuse. 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.

The human resource files of 23 random employees, 5 random contractors and five random volunteers were reviewed to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are performed for pre-employment and every five years thereafter, in addition for those who were promoted or transferred to the facility in the past 12 months.

The same random employees, contractors and volunteers training files were reviewed to determine compliance with PREA training requirements. Files were found to be complete with documentation of PREA training being maintained by the facility.

Initial PREA screenings are completed by the Classification Case Manager electronically in the NMCD Offender Management Program (OMP) on the Sexual Risk Indicator Screening forms (SRNS I & SRNS II). Thirty-day reassessment screenings are completed the same way by the inmate's assigned Case Manager.

Twenty-two inmate records were reviewed to determine compliance with screening procedures. In review of three transgender records, transgender inmates are being seen by the Transgender Care Committee (TCC) before being assigned to housing. In review of four records of inmates who alleged sexual abuse, documentation showed a follow-up evaluation with mental health. Initial screenings were found to be timely being completed within 24 hours of arrival to the facility. One 30-day reassessment was found to have been completed 60-days from arrival date and the remaining were found to be completed timely.

The same 22 inmate records were reviewed to determine compliance with the requirements of inmate PREA education. All files reviewed contained documentation to show that inmates receive PREA information and the facility is maintaining documentation to show completion of this training.

In the 12 months preceding the audit, there were 34 PREA allegations received. There was one allegation received 10/28/17 (outside of the 12-month period) with the investigation ongoing. The breakdown of those 35 allegations are as follows:

<b>Number</b>	<b>Type</b>	<b>Dispositions</b>
17	Inmate-on-Inmate Sexual Abuse	6 – Ongoing 8 – Unsubstantiated 4 - Unfounded
5	Inmate-on-Inmate Sexual Harassment	1 – Ongoing 2 – Unfounded 2 - Unsubstantiated
4	Staff-on-Inmate Sexual Abuse	1 – Unsubstantiated 1 - Substantiated 2 - Unfounded
5	Staff-on-Inmate Sexual Harassment	2 – Ongoing 1 – Unfounded 2 - Unsubstantiated
3	Voyeurism	1 – Ongoing 2 Unfounded

Of the investigations that are ongoing, two investigations are being conducted by NMCD and the remaining open investigations are being investigated by facility investigators. Investigative files were reviewed with the PREA Compliance Manager. Investigative files were found to be unorganized and missing a file folder checklist, which made the review very time consuming. Six of the 35 files reviewed did not contain retaliation monitoring logs as required necessitating a corrective action plan for standard 115.67. See the narrative for standard 115.67 for details of the recommended corrective action.

Of the 35 PREA investigation cases opened in the previous 12 months and in a review of a list of investigation cases for 2016 and 2017, in most cases the investigations were not started promptly of being reported or were not completed timely. There were 11 cases reported in 2016 and 2017 submitted for review that had not been closed. Many of the investigations for all three years were closed in recent weeks prior to the onsite audit. The facility has 10 trained facility investigators. It was recommended to the facility that narrowing the number of investigators down and possibly assigning one investigator to be the primary investigator and two or three secondary investigators might streamline the investigative process. Due to the review of investigative files, the facility entered into a corrective action plan for standard 115.71. See the narrative for standard 115.71 for details of recommended corrective action.

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

George Stephenson, Assistant Warden of Security/Acting Warden  
Bonnie Valles, Assistant Warden of Programs  
Brittini Buckelew, Chief of Security  
Katherine Brodie, Compliance Administrator/PREA Compliance Manager  
Rob Walling, Senior Manager, Contract Compliance, PREA

Recommended corrective actions to bring standards 115.67 and 115.71 into compliance were discussed. The team was thanked for their cooperation prior to the on-site visit and throughout the audit process and told of the process that would follow the onsite audit visit.

### **Post Onsite Audit Phase**

The agency PREA Coordinator forwarded an e-mail on 11/8/18 outlining information on steps that the facility would take to bring standards 115.67 and 115.71 into compliance. Details of information provided can be found in the narratives of those two standards.

On 11/27/18, the PREA Compliance Manager provided pictures of the strip search area in visitation with the window partially tinted. She also provided a picture of one of the mirrors installed in the dishwashing area of the kitchen. One of the mirrors ordered during the onsite audit was returned and another size ordered due to a return air vent in one corner. On 1/4/19, the PREA Compliance Manager provided a picture of the second mirror installed in the dishwashing area.

### **Corrective Action Taken – Standard 115.67:**

On 12/20/18, the agency PREA Coordinator provided a summary of retaliation monitoring logs in question at the time of the onsite audit. The summary included the following information:

- Three alleged victims transferred/paroled shortly after reporting allegation.
- Three alleged victims were not at LCCF when the allegation was reported.
- One alleged victim was not identified when anonymous report was received.
- Two retaliation monitoring logs located of monitoring conducted by the facility.



- Three retaliation monitoring logs located of monitoring conducted by NMCD.
- Two retaliation monitoring logs could not be located.

In review of information provided, the facility was found to comply with all provisions of standard 115.67. Due to the implementation of the NMCD retaliation monitoring protocols, retaliation monitoring will be conducted remotely with periodic checks conducted by the facility and documented in the NMCD database.

#### **Corrective Action Taken – Standard 115.71:**

On 12/20/18, the agency PREA Coordinator provided a spreadsheet to show action taken by the facility to bring standard 115.71 into compliance. The spreadsheet listed open investigations at the time of the onsite audit visit, in addition to three new cases reported since the onsite audit visit. Eleven cases that were reported in 2016 and 2017 and submitted for review before the onsite audit visit were closed. Several open investigations reported in the twelve months preceding the onsite audit were also closed and the three new cases were investigated promptly and closed within the corrective action timeframe. The following is a breakdown of the information and action taken by the facility:

- Three allegations were determined to not meet the PREA definition.
- One investigation by NMCD was closed on 9/14/18.
- Six investigations were closed by the facility before 12/17/18.
- Six investigations are currently in progress by the facility
- One investigation is currently in progress by NMCD

In review of the information provided by the facility, the facility was found to comply with all provisions of standard 115.71.

## **Facility Characteristics**

The Lea County Correctional Facility is located at 6900 West Millen Drive, Hobbs, New Mexico. The facility consists of eight buildings within a secure perimeter. The rated capacity of the facility is 1266. The facility houses level III adult male inmates who are committed to the custody of the New Mexico Corrections Department (NMCD) with the average length of stay being 5.5 years.

The Administration building is located outside the secure compound and serves as a main entrance to the facility. The Administration building housed the Warden's office, Business office, Personnel, Mailroom, Main Control Center, Roll Call Room and the sally port into the compound. The facility buildings are connected by internal corridors allowing for access to all buildings without having to go outside.

Entrance to the secure facility is through a multipurpose building. The multipurpose building houses the kitchen, laundry, property room, academic and vocational programs, medical and behavioral health departments, supply room, caustic room, intake area, library, chapel and visitation. The Maintenance area is in a separate building within the secure perimeter and is accessed through the multipurpose building.

There are four housing units, with five pods in each housing unit. Inmates are housed in cells with usually two inmates in each cell. There is also a 42-bed restrictive housing unit. In addition, there is a

seven-cell minimum custody unit housing inmates who work in the facility or allowed to be on work crews in the community.

Toilets and washbasins are within in each cell and each housing pod has a shower room with a partial concrete wall surrounding the shower room and partial swing doors in the entrance of the shower room. When entering the housing units there are case manager offices, a multipurpose room, a satellite medical office and in some units a mental health office, in a long hallway before entering the housing area. There is a housing control station is in the housing units where staff posted in this area control movement in and out of the individual pods. Doors into each building are controlled from the facility's main control station. When entering into the pods, there is a day room area and two tiers of cells along both sides of the perimeter of the pods.

There are two large recreation yards, north and south. Inmates exit and enter these areas through a metal detector. These recreation yards have cameras, basketball hoops and covered tables. There is also an indoor recreation area.

There are currently 217 employees, 29 contractors and 96 volunteers at the Lea County Correctional Facility. The facility has two security shifts (6 am – 6pm and 6 pm – 6 am). Security staff conduct two head counts on the first shift and four on the second shift, as well as security checks once every hour, with the exception of the Restrictive Housing Unit where rounds are conducted every 15 minutes. To aide staff in the supervision of inmates, the facility has 115 cameras with camera monitors in the main Control Station. There are 76 interior cameras and 39 exterior cameras. Interior cameras are in the housing units and in all common areas.

## Summary of Audit Findings

**Number of Standards Exceeded:** 5

The facility was found to exceed in the requirements of the following standards: 115.11; 115.17; 115.51; 115.81 and 115.88.

**Number of Standards Met:** 40

The facility was found to meet compliance to the following standards: 115.12; 115.13; 115.14; 115.15; 115.16; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.82; 115.83; 115.86; 115.87; 115.89; 115.401; and 115.403.

**Number of Standards Not Met:** 0

The facility did not meet compliance to all of the requirements of standards 115.67 and 115.71.

### Summary of Corrective Action (if any)

The facility entered into a 45-day corrective action period for standards 115.67 and 115.71. See pages 8 and 9 under the *Post Onsite Audit Phase* section for action taken by the facility to achieve compliance to these two standards.

## 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 and the Lea County Correctional Facility policy LCCF 12.005 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 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 LCCF 12.005, page 6, section B-1, outline the responsibilities of the agency's PREA Coordinator. The PREA Coordinator is extremely knowledgeable of the PREA standards and has assisted in developing and enhancing the PREA program in each of the agency's facilities, exceeding in the requirements of this provision of the standard.

**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 Compliance Administrator has been designated as the facility's PREA Compliance Manager. Pages 6 & 7, section III-B-2 of policy 5.1.2-A and page 7, section B-2 of policy LCCF 12.005, outlines the responsibilities of the PREA Compliance Manager.

In interview with the agency's PREA Coordinator at an earlier date and the PREA Compliance Manager during the on-site audit, both stated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required.

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

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

### **115.12 (a)**

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

### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

### **Auditor Overall Compliance Determination**

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

GEO is a private 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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

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

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

**115.13 (a):** Based on GEO policy 5.1.2-A, pages 7, section C-1 and facility policy LCCF 12.005, pages 7 & 8, section C-1, 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 and approved by NMCD. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and any

other relevant factors in the development of the facility's staffing plan. The staffing plan was developed for a capacity of 1266 inmates. In the past 12 months, the average daily population was 1259 inmates.

**115.13 (b):** According to information provided on the Pre-Audit Questionnaire and on interview with the PREA Compliance Manager, in the past 12 months there have been deviations from the staffing plan due to staff vacancies and unplanned staff absences. In the past 12 months, 38 mandatory security posts were not manned at various times, but in all instances a security staff was assigned to the area so there was never an area unsupervised by security personnel. In cases of vacant security positions or call-ins, the facility uses overtime and call backs to ensure there is sufficient inmate supervision. Deviations are documented on shift rosters for each shift. The facility is actively recruiting staff to fill vacant positions. Recruiting and retention efforts include a minimum of a 2% pay increase for all staff and an increase in starting wages for correctional officers.

Shift staffing is reviewed daily by Shift Supervisors with deviations reported to the duty officer. In interview with the Acting Warden, he reviews staffing rosters daily. The NMCD Contract Monitor reviews staffing on a monthly basis and participates in monthly discussion with facility leadership regarding staffing vacancies and mandatory post vacancies.

**115.13 (c):** Whenever necessary and no less than 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. In section II of the *Annual PREA Facility Assessment – Adult Prisons & Jails* form the facility documents circumstances where the staffing plan was not in compliance. Based on the *Annual PREA Facility Assessment – Adult Prisons & Jails* completed each year since the last PREA audit, the facility documented this information and reported that in all instances of staff vacancies, the facility used overtime and call backs to ensure there was no decrease in services or lack of inmate supervision. There have been no recommendations made for changes to the established staffing plan, but there were recommendations for augmenting inmate monitoring with additional video cameras in offender housing and program areas in the 2016 and 2017 *PREA Facility Assessment – Adult Prisons & Jails*.

**115.13 (d):** The Lea County Correctional Facility has a policy and practice requiring department heads, facility management staff and shift supervisors to conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. Per policy, each shift supervisor, captain or lieutenant are required to conduct at least one unannounced round per week. Each duty officer is required to conduct at least one unannounced round per duty week. In review of documentation of unannounced PREA rounds for the month of October, the facility has been using a form they created. It was recommended the facility begin using GEO's *PREA Unannounced Rounds Questionnaire* as it contains more information related to things to look for related to PREA. Employees are prohibited from alerting other employees that supervisor rounds are being conducted, unless such announcement is related to the legitimate operational functions of the facility.

## **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*)

The Lea County Correctional Facility houses adult male inmates only; 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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

**115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?  
☒ Yes ☐ No

**115.15 (d)**

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

**115.15 (e)**

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

**115.15 (a):** Based on review of GEO policy 5.1.2-A, pages 16 & 17, section I and facility policy LCCF 12.005, pages 16 & 17, section I, 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. All strip searches are documented on the *Lea County Correctional Facility Inmate Strip Search Log*.

**115.15 (b):** The Lea County Correctional Facility does not house female inmates; therefore, this provision of this standard is not applicable to this facility.

**115.15 (c):** The Lea County Correctional Facility does not house female inmates; therefore, this provision of this standard is not applicable to this facility.

**115.15 (d):** The agency and facility has policies and practices that allow inmates to shower, toilet and change clothing without female 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 or restroom areas. These announcements are documented on the *Daily Housing Unit Event Log*, which were provided for review prior to the on-site audit and observed in use during the on-site audit visit.

**115.15 (e):** GEO policy 5.1.2-A, pages 17 & 18, section J and facility policy LCCF 12.005, page 17, section J, addresses 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. Inmates who self-disclose being transgender or intersex or if staff discover during the conduct of a search that an inmate is transgender or intersex, the inmate will be interviewed and a *Statement of Search/Shower/Pronoun Preference Form* will be completed to document the inmate's preference to the gender of staff they would prefer to search them. Transgender inmates interviewed confirmed being asked questions of their preferences.

**115.15 (f):** All security staff of the Lea County Correctional Facility receive training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The curriculum for *the Limits of Cross-Gender Viewing and Searches* was provided for review. Completion of this training is documented on individual electronic training files in the Learning Management System (LMS) and reviewed in the random review of staff training records.

## **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, pages 11 & 12 , section E and facility policy LCCF 12.005, pages 11 & 12, section E, the agency and the facility ensure that 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.

**115.116 (b):** The facility takes steps to ensure that inmates who are limited English proficient have access to PREA information that they can understand. All written and posted information is provided in both English and Spanish. Inmates receive a *New Mexico Corrections Department PREA Inmate Handbook*, available in English and Spanish. The PREA comprehensive education for inmates is presented in English and Spanish. The facility has six security staff and five non-security staff designated as Spanish translators. A contract with Language Line Services provides translation of any other language. At the time of the onsite audit, there was one inmate housed at the facility identified as limited English proficient (Spanish). When interviewed he responded he received written PREA information in English and viewed the English PREA video. Following the interview, he was given the Spanish information and was scheduled to see the Spanish PREA video.

**115.116 (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 that inmates were not to be used for this purpose.

## **Standard 115.17: Hiring and promotion decisions**

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

#### **115.17 (a)**

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

**115.17 (b)**

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

**115.17 (c)**

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

**115.17 (d)**

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

**115.17 (e)**

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

**115.17 (f)**

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

**115.17 (g)**

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



#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

**115.17 (a):** GEO policy 5.1.2-A, page 8 section C-2 and facility policy LCCF 12.005, page 8, section C-2, interview with the Human Resource Specialist, and review of employee files were used to verify compliance to this standard. Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with detainees and prohibits enlisting the services of any contractor who may have contact with detainees 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.

**115.17 (c):** The agency requires that all applicants and employees who may have contact with detainees have a criminal background check. Criminal background checks for all potential employees are completed through a contract with Career Builders and NCIC checks through NMCD. For those considered for promotions or who transfer from another facility, will have an internal background check through GEO and an NCIC through NMCD. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers shall be requested on the *PREA Questionnaire for Prior Institutional Employers* form. From information provided on the Pre-Audit Questionnaire, in the past 12 months, 78 criminal background checks were completed.

**115.17 (d):** The requirements of hiring contractors is found on page 16, section H-4 in facility policy LCCF 12.005. The facility will perform criminal background checks before enlisting the services of any contractor.

**115.17 (e):** Every five years employees and contractors have an NCIC criminal background check.

**115.17 (f):** The agency asks all applicants and employees who have contact with inmates directly about previous sexual misconduct. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check is completed as well as a GEO internal PREA verification. At the time of annual



performance appraisals, employees complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation* form.

**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 23 employees and 5 contractors were reviewed and were found to be complete with documentation showing adherence to standard and agency policy requirements and files were found to be in excellent order. The facility was found to exceed in the requirements of this standard.

## **Standard 115.18: Upgrades to facilities and technologies**

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

#### **115.18 (a)**

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

#### **115.18 (b)**

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

### **Auditor Overall Compliance Determination**

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

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

**115.18 (a) & (b):** GEO policy 5.1.2-A, page 8, section C-3 and facility policy LCCF 12.005, page 8, section C-3, 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.

According to information provided on the Pre-Audit Questionnaire and in interview with the Acting Warden, since the last PREA audit the facility has not acquired any new facility, expanded or modified the existing physical plant or monitoring technology; therefore, this provision of this standard is not applicable to this facility.

In interview with the Vice President, Risk Management at an earlier date 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 project development team to ensure the safety of inmates.

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

**115.221 (a):** GEO policy 5.1.2-E, pages 6-10, sections D-J outlines the agency'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.

**115.221 (b):** Per facility policy LCCF 12.005, page 28, section P-1-b, if sexual abuse is alleged, the facility will report the allegation to the Hobbs Police Department Sex Crimes Unit for criminal investigation. It is the policy of the agency and the Hobbs Police Department Sex Crimes Unit to ensure that all forensic evidence collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). The NMCD policy CD-150100, *Coordinated Response to Sexual Assault*, is followed in the investigation of sexual abuse allegations. Allegations are also reported to NMCD who sometimes conduct their own investigations.

**115.221 (c):** Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. In information reported on the Pre-Audit Questionnaire, in the past 12 months there were two SANE examinations conducted.

**115.221 (d):** The facility has an MOU with Arise Sexual Assault Services entered into in June 2013 to provide for SANE exams to be performed at the Lea County Correctional Facility.

**115.221 (e):** The facility has a second MOU with Arise Sexual Assault Services entered into in January 2017 to provide rape crisis advocates to accompany and support the victim through the forensic medical exam.

**115.221 (f):** The Hobbs Police Department Sex Crimes Unit and NMCD investigators follow the requirements of this standard in investigation of sexual abuse allegations.

Inmates are made aware of the confidential emotional support services available to them and how to access them in the *PREA Inmate Handbook* and on PREA posters displayed throughout the facility in both English and Spanish. They are informed they can contact advocates through the Arise Sexual Assault Services hotline and through the NMCD Advocate line free of charge from any inmate

telephone. When interviewed, inmates were aware that support services were available to them. Most did not know the name of the agency, but knew where to access the information.

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

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

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

**115.22 (a):** GEO policy 5.1.2-E, page 4, section III-A-1 and facility policy LCCF 12.005, page 5, section A-2 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) and to NMCD office of Professional Standards. The NMCD conducts investigations in accordance with NMCD policy CDE-031800, *Office of Professional Standards (OPS) Personnel Investigations and Staff Misconduct*.

**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. Per contract, all allegations are referred to the Hobbs Police Department Sex Crime Unit for criminal investigation. 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 Monthly Incident Tracking Log*. The agency policy regarding the investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the GEO website 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 *Monthly PREA Incident Tracking Logs* and in interview with the PREA Compliance Manager, in the past 12 months five allegations were referred for criminal investigation.

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 page 13, section F-1 of policy 5.1.2-A and pages 12 & 13, section F-1 of facility policy LCCF 12.005. The *PREA DOJ 2017 Pre Service* and the *PREA 2017 In Service* training curriculums were reviewed and found to address all elements of this provision of the standard as required.

**115.31 (b):** The Lea County Correctional Facility houses adult male inmates. The training provided to all staff is tailored to meet the needs of the male population. Employees will receive additional training if transferring from a facility that houses female inmates.

**115.31 (c):** In information provided in the Pre-Audit Questionnaire and in review of random staff training records, employees of the Lea County Correctional Facility receive PREA education as required annually. Since the last PREA audit, there were 344 employees assigned to the facility that were trained. Between trainings, the facility has shift briefings and staff meetings where PREA is reviewed and discussed.

**115.31 (d):** Prior to 2018, staff completing PREA training signed a *PREA Basic Acknowledgement* form (attachment E to GEO policy 5.1.2-A), acknowledging they received and understood the training. The facility is now required to have staff sign a NMCD Acknowledgement form (attachment CD-060202.D) for PREA training. Staff also receive the *Guidance in Cross-Gender and Transgender Pat Searches* training. Documentation of annual PREA training for employees is maintained by the facility and electronically recorded on individual training records in LMS.

Review of 23 random employee training records confirmed training is being completed and documentation of this training being maintained by the facility. 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.

## 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):** Lea County Correctional Facility 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, page 14, section G-1 and facility policy LCCF 12.005, page 14, section G-1 outline the requirements for volunteer PREA training and GEO policy 5.1.2-A, page 15, H-1 and facility policy LCCF 12.005, page 15, section H-1 outline the requirements for contractor PREA training. The facility has 96 volunteers and 29 contractors. On information reported on the Pre-Audit Questionnaire, all volunteers and contractors completed PREA training in the past 12 months.

**115.32 (b):** The level of training that volunteers and contractors receive is based on the services they provide and the level of contact they have with inmates.

**115.32 (c):** Volunteers and contractors sign a *PREA Acknowledgement Form – New Mexico Corrections Department* (attachment CD-060202.D) when they complete PREA training acknowledging receiving and understanding the training. The facility maintains this documentation. In review of random contractor and volunteer training records, documentation of training is being maintained by the facility.

In interview with two contractors and four volunteers, they confirmed receiving PREA training and were knowledgeable of the agency/facility's zero-tolerance policies and of their responsibilities as outlined in the policies. They knew who to report to if an inmate alleged sexual abuse or sexual harassment to them.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
☒ Yes ☐ No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

**115.33 (a):** Based on GEO policy 5.1.2-A, page 12, section E-2 and facility policy LCCF 12.005, page 12, section E-2, 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. Upon intake inmates receive an *Inmate Handbook*, available in English and Spanish, which includes PREA information on pages 31-33. Inmates sign a *Property Form* acknowledging receipt of property issued, which includes the *Inmate Handbook*.

**115.33 (b):** Within seven days of arrival to the facility, inmates attend an orientation and receive a *PREA Inmate Handbook*, available in English and Spanish and view the PREA video. Orientation is verbally facilitated by staff in English and Spanish and sign an *Orientation Verification* form acknowledging completion of the orientation program. This provision of the standard requires the facility to provide comprehensive PREA education within 30 days of arrival to the facility. Inmates attend orientation within seven days of arrival, exceeding in the requirements of this provision of this standard.

**115.33 (c):** On information reported on the Pre-Audit Questionnaire, there were 1461 inmates admitted to the Lea County Correctional Facility in the past 12 months. All inmates received comprehensive PREA education. There are 126 inmates assigned to the facility prior to August 20, 2013 who also received PREA education.

**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 *Inmate Handbook*, the *PREA Inmate Handbook* and all verbal information given is provided in both English and Spanish. Staff proficient in Spanish are designated as Spanish translators. A contract with Language Line Services provides translation of any other languages. The facility has a TTY for deaf or hard of hearing inmates.

**115.33 (e):** The facility maintains documentation of inmate participation in PREA education sessions. Review of 22 Inmate training files confirmed this. Inmates interviewed acknowledged receiving PREA information upon arrival to the facility and viewing the PREA video. They were knowledgeable of the zero-tolerance policy and knew how to report incidents of sexual abuse and sexual harassment.

**115.33 (f):** Ongoing PREA information is provided on multiple posters, both in English and Spanish, prominently 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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### **115.34 (b)**

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

### **115.34 (c)**

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**115.34 (a):** Based on GEO policy 5.1.2-A, page 14, section F-3 and facility policy LCCF 12.005, pages 13 & 14, section F-3, 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):** Agency facility trained investigators complete *Specialized Training: Investigating Sexual Abuse in Correctional Settings*, facilitated by GEO's PREA Coordinator and complete NMCD's *Investigating Sexual Assault in a Correctional Setting*. The training curriculums were 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 on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion and sign a *PREA Basic Training Acknowledgement* form. In review of investigators' training files, all investigators have completed this specialized training and documentation was found to be maintained by the facility.

In interview of six investigators, they confirmed receiving specialized investigations 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? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

**115.35 (a):** GEO policy 5.1.2-A, pages 13 & 14, section 2 facility policy LCCF 12.005, page 13, section F-2, 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.

**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 on-site through an MOU with Arise Sexual Assault Services by SANE nurses.

**115.35 (c):** The facility's 28 medical staff are contracted through Centurion Medical. There are two behavioral health staff who are GEO employees. Medical and mental health staff complete NMCD's web based *Medical and Mental Health Specialized Training, Prevention, Detection and Response to Sexual Abuse in Detention* and receive certificates of completion. The curriculum was provided for review and found to include the training requirements as outlined in provision 115.35 (a) of this standard. The facility maintains documentation of this training electronically in LMS.

**115.35 (d):** Medical and mental health staff in addition receive the general PREA training that all employees and contractors receive. In review of the training files of random medical and mental health staff, documentation of general training is being maintained by the facility and documented electronically in LMS.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)



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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

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

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

**115.41 (a):** According to facility policy LCCF 12.005, pages 8 & 9, section D-1, all inmates are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility by a Case Manager. On information provided on the Pre-Audit Questionnaire, in the past 12 months, 1461 inmates assigned to the Lea County Correctional Facility were assessed for their risk of victimization or abusiveness and reassessed within 30 days of arrival to the facility.

**115.41 (b):** Intake screening takes place within 24 hours of an inmate's arrival to the facility. The facility exceeds in this provision of the standard as initial risk screenings are conducted within 24 hours of arrival to the facility exceeding the standard requirements of 72 hours.

**115.41 (c):** Risk assessments are conducted using an objective screening tool with the screener asking inmates the questions on the screening form when conducting the screening.

**115.41 (d):** The *PREA Risk Assessment* form was reviewed and found to contain all requirements of this provision of this standard.

**115.41 (e):** The screening includes the screener's thorough review of any available records available to assist with determining the inmate's risk assessment. Initial PREA screenings are completed by the Classification Case Manager electronically in the NMCD Offender Management Program (OMP) on the Sexual Risk Indicator Screening forms (SRNS I & SRNS II). Thirty-day reassessment screenings are completed the same way by the inmate's assigned Case Manager.

The screening form was found to consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse in assessing inmate for risk of being sexually abusive.

**115.41 (f):** Within a set time period, not to exceed 30 days of the inmate's arrival to the facility, inmates are reassessed for their risk for victimization and abusiveness by their assigned Case Manager.

**115.41 (g):** An inmate's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

**115.41 (h):** Inmates may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to the screening form, a thorough review of any available records that can assist in determining risk assessment is completed.

**115.41 (i):** Information regarding an inmate's identification as "at risk" is available to those staff that need to know only.

In interview with Classification Case Manager and Case Managers and in review of random inmate records the screening process is in place.

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

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

**115.42 (a)**

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

**115.42 (b)**

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

**115.42 (c)**

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

**115.42 (d)**

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

**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-a-c and facility policy LCCF 12.005, page 10, section D-3-a-c explains the use of

PREA screening information. On interview with the PREA Compliance Manager, the Classification Case Manager and other Case Managers, 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. Those identified to be at risk are tracked on an *SRNS Tracking and Referral Log*, which is kept current and includes housing locations. The Count Room utilizes colored dots on large wallboards to indicate inmates that cannot be housed or programmed together. In random review of inmate files, those that screened at risk for victimization or abusiveness were offered referrals and were found to be tracked on the *SRNS Tracking and Referral Log*.

**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 in facility policy LCCF 12.005, pages 10 & 11, section D-3-c-f. 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 lesbian, gay, bisexual, transgender or intersex are tracked on an *LGBTI Facility Log*. At the time of the onsite visit, there were no inmates who self-disclosed being intersex.

Transgender and intersex inmates are housed in medical for up to 72 hours (excluding weekends, holidays and emergencies), until the proper housing determination can be made the Transgender Care Committee (TCC). The TCC meets with the inmate and documents the meeting on the *Transgender Care Committee Summary*. In interview with three transgender inmates, they reported meeting with the TCC.

**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 views of their safety is taken into consideration. When the TCC meets with transgender or intersex inmates they are given an opportunity to express their views.

**115.42 (f):** Transgender and intersex inmates will be offered the opportunity to shower separately from other inmates. In interview with ... transgender inmates, they stated they were given the option of showering alone.

**115.42 (f):** GEO does not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated units or wings solely based on such identification.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

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

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

**115.43 (a):** GEO policy 5.1.2-A, page 18, section K-1 and facility policy LCCF 12.005, page 18, section K-1 were used to determine compliance to this standard. Lea County Correctional 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. Medical observation cells will be utilized for this purpose rather than Restrictive Housing Unit, if possible. The facility will use the *Sexual Assault/Abuse Available Alternative Assessment* form (Attachment G of policy LCCF 12.005) to document the assessment

**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 Lea County Correctional 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 inmate'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 Acting Warden and security staff who supervise inmates in segregation, in the past 12 months there has not been a time that an inmate found at high risk of victimization or an inmate who alleged sexual abuse has been placed in involuntary segregated housing.

## REPORTING

## Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

#### 115.51 (c)

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

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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



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

**115.51 (a):** As stated in GEO policy 5.1.2-A, pages 18 & 19, section L-1, and facility policy LCCF 12.005, page 18, section L-1, 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 on page 33 of the *Inmate Handbook* and on pages 6 & 7 of the *NMCD PREA Handbook* that they can tell any employee, contractor or volunteer verbally or in writing or they can file a grievance. They can also have a family or friend 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 are informed they can write or call the New Mexico Statewide PREA Coordinator and are given the address and telephone number. They can also call the Statewide PREA Reporting Line at 575-523-3303 or write to the PREA Reporting Office. They are given the mailing address and telephone number to the GEO PREA Coordinator and the Inspector General. External reporting options information is found in the *Inmate Handbook and the NMCD PREA Handbook* and on posted information in all living areas and common areas of the facility. Inmates are informed that they can remain anonymous upon request. Inmates detained for solely for immigration purposes are provided information on how to contact relevant officials at the Department of Homeland Security.

**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.

**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 carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of inmates.

The facility was found to exceed in the requirements of this standard. Inmates are provided with multiple internal and external reporting methods.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not

ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

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

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

**115.52 (a):** In review of GEO policy 5.1.2-A, pages 19 & 20, section K-2, and facility policy LCCF 12.005, page 19, section L-2, 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 on pages 13 & 14 of the *Inmate Handbook*.

**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 ground 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 10 grievances filed alleging sexual abuse or sexual harassment.

**115.52 (c):** Based on GEO policy 5.1.2-A and facility policy LCCF 12.005, 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. On information provided on the Pre-Audit Questionnaire, in the past 12 months there was one grievance alleging sexual abuse that involved an extension because the final decision was not reached in 90 days.

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.

**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 have been 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 19, section L-2-b of facility policy LCCF 12.005. After receiving an emergency grievance of this nature, the Warden 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. On information provided on the Pre-Audit Questionnaire, in the past 12 months no inmates were disciplined for filing a grievance alleging sexual abuse 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? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### **115.53 (b)**

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

#### **115.53 (c)**

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

**115.53 (a):** GEO policy 5.1.2-A, page 20, section N-8 and facility policy LCCF 12.005, pages 24 & 25, section N-8, addresses the agency's policy on providing inmates with access to outside victim advocates for emotional support services related to sexual abuse. The Lea County Correctional Facility enables reasonable communication between the inmates and these agencies in a confidential manner. Inmates are given the telephone numbers to the Arise Sexual Assault Services and to the RAINN National Hotline Network where advocates are available 24 hours a day, seven days a week. They can also request from their Case Manager or the PREA Compliance Manager to speak to an advocate from Arise. For inmates solely detained for immigration purposes, the telephone number to the Mexican Consulate is provided.

**115.53 (b):** Inmates are informed in the *NMCD PREA Inmate Handbook* of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

**115.53 (c):** The facility has an MOU with Arise Sexual Assault Services who provide confidential emotional support services to inmate victims of sexual abuse.

#### 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 LCCF 12.005, page 19, section L-3, 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 page 31 of the *Inmate Handbook*. The method for third party reporting procedures is made available on the GEO website at [http://www.geogroup.com/PREA \(Social Responsibility-PREA Certification Section\)](http://www.geogroup.com/PREA (Social Responsibility-PREA Certification Section)). Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. Inmates interviewed were aware of this method of reporting.

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.

## 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 page 20, section N-4 of GEO policy 5.1.2-A and on pages 20, section N-4 of facility policy LCCF 12.005. Reporting duties for volunteers and contractors are found on pages 14 & 15, of GEO policy 5.1.2-A and facility policy LCCF 12.005. 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.

**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 that they are required to report sexual abuse and to inform inmates of the practitioner's 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):** The Lea County Correctional Facility houses adult males only, none of whom according to their classified level of care are considered vulnerable adults under then New Mexico Vulnerable



Persons Statue; therefore, this provision of this standard is not applicable to this facility. In interview with the Warden, he confirmed this information.

**115.61 (e):** Lea County Correctional Facility will report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the facility's 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 LCCF 12.005, page 20, section M-1. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive and non-judgmental.

In interview with the Acting Warden, as well as documentation provided on the Pre-Audit Questionnaire, there were two times during the past 12 months that it was necessary for the facility to take immediate action in regards to an inmate being in substantial risk of sexual abuse. The Acting Warden stated that if it was suspected that an inmate was at substantial risk of sexual abuse, immediate corrective action would be taken. Staff interviewed was aware of their responsibilities if they felt an inmate was at risk for sexual abuse.

## 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, page 24, section M-5 and facility policy LCCF 12.005, pages 23-24, section M-5, were used to verify compliance to this standard. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden or the Assistant Warden, in the absence of the Warden 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 information reported on the Pre-Audit Questionnaire and in interview with the Acting Warden, in the past 12 months the facility received one allegation that an inmate was abused while confined at another facility and 11 allegations of sexual abuse the Lea County Correctional Facility received from other facilities. Documentation provided showed notifications are being made per standard and policy requirements.

## 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 & 22, section M-2 and facility policy LCCF 12.005, pages 20 & 21, section M-2, 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 21 allegations of sexual abuse reported with 21 responded to by security staff and one by non-security staff. Two allegations reported were within a period that allowed for the collection of physical evidence and were referred for a SANE exam.

Interviews with security and non-security staff revealed that they knew the policy and procedures to follow if they were the first responder to an allegation of sexual abuse. Staff who were first responders to allegations of sexual abuse confirmed what steps they took in response to the allegation and interviews with inmates who alleged sexual abuse confirmed their information.

## 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:** GEO policy 5.1.2-A, page 6, section A-4 and review of the Lea County Correctional Facility's *PREA Coordinated Response Plan* 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 plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment* is completed to ensure that all steps of the plan are carried out and proper notifications are made. This checklist is

filed with the completed investigative packet. The Warden, Shift Supervisor, Investigative Staff, the Behavior Health Director and the PREA Compliance Manager are responsible to ensure compliance to the 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 12.005, page 6, section 3-b, 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 resident pending the outcome of an investigation.

**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" orders will be documented. In all cases, the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment.

In documentation provided for review, GEO and the Lea County Correctional Facility has a collective bargaining agreements with the International Union, Security, Police and Fire Professionals of America (SPFPA) And its Amalgamated Local 725, effective 1/11/18 thru 1/10/21. That agreement was provided for review. Page 15, Article 14, *Just Cause*, section 14.1, states that officers may be placed on administrative leave without pay during an internal GEO investigation. Information on page 16, Article

14, section 14.3 states that sexual and other forms of harassment constitutes Just Cause for immediate dismissal.

In interview with the Vice President, Risk Management (agency head designee), he stated GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an investigation. The facility provided e-mail communications informing key personnel that staff were reassigned due to not being allowed contact with alleged victim.

## **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 as 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 LCCF 12.005, pages 25 & 26, N-2.

**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 NMCD PREA Department remotely in an automated system at 15, 30 and 45-day intervals. Items to be monitored include inmate disciplinary reports, housing, or program changes. Staff who allege abuse will be monitored by the Human Resource Manager. Items to be monitored are negative performance evaluations or reassignments of staff.

**115.67 (d):** Monitoring of inmates will also include periodic status checks. After 45 days an e-mail is sent to the facility's PREA Compliance Manager for them to conduct a face-to-face check with the inmate and document this meeting in the automated system. Based on the severity of the allegations, will determine the amount of periodic checks to be conducted.

**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 Behavioral Health Director and the Human Resource Manager, past 12 months there were no incidents of retaliation that occurred.

In interview with the Vice President, Risk Management (agency head designee) at an earlier dated stated that if an inmate who alleges sexual abuse or sexual harassment or cooperates with an investigation expresses fear of retaliation, management would consider the best options to protect that person and offer emotional support.

In review of the 35 investigative files, six of the files did not contain required monitoring retaliation logs; therefore, the facility was found non-compliant to the requirements of this standard and entered into a corrective action period for the duration of 45 days. The following is the recommended corrective action:

**Recommended Corrective Action:**

In coordination with GEO's PREA Coordinator and the facility, the facility will need to complete the following steps to bring this standard into compliance:

1. The facility must provide all retaliation monitoring logs for eight investigations that are currently ongoing.
2. The facility must provide retaliation monitoring logs for all new allegations reported between November 1 – November 30, 2018.



3. The facility is to forward the retaliation monitoring logs to the agency PREA Coordinator who will forward them to me.

**Post onsite audit:** the PREA Coordinator provided an email communication forwarded to her by the PREA Compliance Manager who received on 5/24/18 from the NMCD PREA Administrator of a new directive regarding retaliation monitoring. Effective 6/1/18 retaliation monitoring would be completed by the NMCD PREA Department generated when information of allegations are entered into the NMCD PREA Incident Management System (PIMS).

In addition, in fulfillment of provision 115.67 (d), periodic status checks will be conducted by the facility. The NMCD PREA staff will send an e-mail to the facility when a face-to-face- status check is required. It will be the responsibility of the PREA Compliance Manager to obtain a copy of the retaliation monitoring forms to be filed in the corresponding investigative file.

## 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 18, section K-1 and facility policy LCCF 12.005, page 18, section K-1, 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 Acting Warden and staff who supervise inmates in segregated housing, in the past 12 months there were no inmates who alleged sexual abuse placed in involuntary segregated housing.

## 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 the Lea County Correctional Facility, promptly (see below), 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 4-6, section III-B, in facility policy LCCF 12.005, pages 28 & 29, section P-1. And NMCD policy CD-15010, *Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA*.

**115.71 (b):** GEO's statewide-trained investigators and facility investigators have completed specialized training in the investigation of sexual abuse allegations. The facility has 10-trained investigators. The facility provided documentation of completion of specialized investigative training.

**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 a resident or staff. A resident 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.

**115.71 (h):** Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. On information reported on the Pre-Audit Questionnaire, since the last PREA audit there were no allegations of sexual abuse referred for prosecution. Criminal investigations are conducted by the Hobbs Police Department. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility and to NMCD Office of Professional Standards for investigation.

**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 the PREA Coordinator, she reported that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required. In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation.

In review of all investigative files of allegations reported in the 12 months preceding the onsite audit and one investigation outside of the 12-month period, and in a review of a list of investigations reported in 2016 and 2017, in most cases the investigations were not started promptly after being reported or were not completed timely. Many of the investigations for all three years were closed in recent weeks prior to the onsite audit. Due to the review of investigative files, the facility was found non-compliant in the requirements of this standard and entered into a corrective action period for 45 days.

**Recommended Corrective Action:**

In coordination with GEO's PREA Coordinator and the facility, the facility will need to complete the following steps to bring this standard into compliance:

1. The eight open cases have to be promptly and thoroughly investigated and closed within 30 days.
2. Any new cases reported November 1 – November 30, 2018 have to be investigated and closed within 30 days.
3. The facility will need to forward case closure e-mails to the PREA Coordinator for her review who will forward them to me.

## **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, the agency/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 LCCF 12.005, pages 26 & 27, section N-4 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 preparing the *Notification of Outcome of Allegation* form and the she or the Shift Supervisor presents the form to the inmate. The inmate receives a copy of the form and a copy is forwarded to the agency 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, unless the facility has determined that the allegation was unfounded. 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. The new procedure per directive from NMCD opening and closing letters are sent to alleged victims generated by information entered into PIMS, but the facility will continue to provide notifications as well.

**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 interview with the PREA Compliance Manager and other facility investigators, they knew their responsibilities of providing notifications at the conclusion of an 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 11 & 12, section L-1 and facility policy LCCF 12.005, page 27, section O-1

**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. The *GEO Employee Handbook*, provided to all staff, page 17, explains the zero-tolerance policy for employees and the sanctions that would be imposed for violations of the policy.

In interview with the Acting Warden and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there was one staff members who were disciplined for violating the agency sexual abuse or sexual harassment policy.

## 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-E, page 12, section L-3 and facility policy LCCF 12.005, page 14 & 15, section G-2 for volunteers and pages 15 & 16, section H-3 for contractors, 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 facility will take appropriate remedial measures and will consider whether to prohibit further contact with inmates.

In interview with the Acting Warden and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no violations of the zero-tolerance policy by contractors or volunteers. The Acting Warden stated if this were to occur, the volunteer or contractor would be removed and not allowed access to the facility 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)

- 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, page 12, section L-2 and facility policy LCCF 12.005, pages 27 & 28, section O-2, 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.

**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. The referring agency will determine if the inmate will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse.

**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 Acting Warden, in the past 12 months there were no disciplinary sanctions imposed for inmates violating the sexual abuse and sexual harassment policies.

## 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 LCCF 12.005, pages 9 & 10, section D-2. Medical and mental health providers according to their professional judgement determine the nature and scope of these services.

**115.81 (b):** Any inmate who reports during initial PREA screening 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 initial screening. In interview with the Behavioral Health Director, inmates referred from screening are seen with the first week of arrival, exceeding in the requirements of this provision of this standard.

**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. The *NMCD Consent/Refusal Treatment* form (CD180101.1) is used for this purpose. Inmates have a right to refuse these services.

In interview with the Behavioral Health Director and in review of referrals to Behavioral Health from initial inmate 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 being obtained. In review of inmate records of inmates who disclose at screening prior victimization are consistently being referred to Behavioral Health for an evaluation. The facility was found to exceed in the requirements of this standard.

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

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

**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 LCCF 12.005, page 24, section 7. Medical and mental health providers according to their professional judgement determine the nature and scope of these services.

**115.82 (b):** The facility employs full-time medical and mental health staff. Security staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health practitioners. Forensic exams are not performed by facility medical staff. An MOU with Arise Sexual Assault Services provides for forensic exams by SANE nurses who come to the Lea County Correctional Facility.

**115.82 (c):** Inmate victims are offered prophylactics 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.) ☐ Yes ☐ No ☒ NA

### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

**115.83 (a):** The facility offers ongoing medical and mental health care to all the inmates of the Lea County Correctional Facility 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 LCCF 12.005, page 25, section N-1, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.

**115.83 (c):** The facility provides victim with medical and mental health care consistent with the community level of care.

**115. 83 (d):** The Lea County Correctional Facility does not house female inmates; therefore, this provision of the standard is not applicable to this facility.

**115.83 (e):** The Lea County Correctional Facility does not house female inmates; therefore, this provision of the standard is not applicable 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, 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, pages 27, section N-3 and facility policy LCCF 12.005, page 26, section N-3, 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 SART within 30 days of the conclusion of the investigation.

**115.86 (c):** The Warden, Assistant Wardens, the PREA Compliance Manager, the HSA and the Behavioral Health Director make up the facility's SART, 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) 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 its reasons for not doing so.

In interview with the PREA Compliance Manager and review of investigative files, in the past 12 months, sexual abuse incident reviews are being completed when required. When interviewed, the members of the SART 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 pages 27 & 28, section O-1 of GEO policy 5.1.2-A and facility policy LCCDF12.005, page 29, section 1. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control.

**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. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ.

**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.

## 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-2, facility policy LCCF 12.005, pages 29 & 30, section 2, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. The PREA Coordinator stated that a database program is used at the corporate level to maintain the data and monitored by a Data Specialist.

**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. 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. The New Mexico Corrections Department PREA Coordinator also prepares an annual report containing data collected for all of the New Mexico Corrections Department facilities.

**115.88 (c):** The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice 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>. The New Mexico Corrections Department annual report is forwarded to the Corrections Secretary for approval and made public on the New Mexico Corrections Department website at <https://cd.nm.gov/>.

**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.

## 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 28, section O-3, GEO ensures that data collected are securely retained for at least 10 years or longer if required by state statute.

**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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
☒ Yes ☐ No ☐ NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

#### 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, inmates, 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-C, page 18, section Q, 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. The initial PREA audit of the Lea County Correctional Center was conducted by a DOJ certified PREA auditor August 11-13, 2015. This audit, conducted three years after the initial PREA audit, 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 policies and procedures during the on-site audit phase and while on-site.

**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 the Lea County Correctional Facility.

**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 and electronic inmate records.

**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 letters from four inmates assigned to the Lea County Correctional Facility.

**115.401 (o):** During the Pre-Onsite Audit Phase I contacted the Director of the Arise Sexual Assault Services to confirm and review the MOU's that the facility has with that agency.

## **Standard 115.403: Audit contents and findings**



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

**115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

**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 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 10 for a summary of my 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.

<h2>AUDITOR CERTIFICATION</h2>
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I certify that:

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

Barbara Jo Denison

January 7, 2019

**Auditor Signature**

**Date**