

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

Interim Final

Date of Report 11-28-2021

Auditor Information

Name: Robert Manville

Email: robertmanville9@gmail.com

Company Name:

Mailing Address: 168 Dogwood Drive

City, State, Zip: Milledgeville, Ga.

Telephone: 912-286-0004

Date of Facility Visit: October 26 – October 28, 2021

Agency Information

Name of Agency:

The GEO Group Inc.

Governing Authority or Parent Agency (If Applicable):

Physical Address: 4955 Technology Way

City, State, Zip: Boca Raton, FL 33431

Mailing Address:

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Chief Executive Officer

Name: Jose Gordo

Email: jgordo@geogroup.com

Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Trina Maso de Moya, Senior Director, Contract Compliance-PREA Coordinator

Email: tmasodemoya@geogroup.com

Telephone: 561-999-8116

PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 78
---	---

Facility Information

Name of Facility: North Lake Correctional Facility

Physical Address: 1805 W 32nd Street **City, State, Zip:** Baldwin, MI 49304

Mailing Address (if different from above):
 Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

The Facility 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"/> State	<input type="checkbox"/> Federal

Facility Type: Prison Jail

Facility Website with PREA Information www.geogroup.com/PREA

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

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

ACA
 NCCHC
 CALEA
 N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
 GEO Corporate Audit and Mock PREA Audit

Warden/Jail Administrator/Sheriff/Director

Name: Michael Breckon, Facility Administrator
mbreckon@geogroup.com 231-876-4901

Facility PREA Compliance Manager

Name: Gena Nowitzke
Email: gnowitzke@geogroup.com 231-876-4906

Facility Health Service Administrator

Name: Robyn Cross
Email: robcross@geogroup.com **Telephone:** 231-876-4331

Facility Characteristics

Designated Facility Capacity:	1800	
Current Population of Facility:	1710	
Average daily population for the past 12 months:	1564	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-82 age range	
Average length of stay or time under supervision:	72 months	
Facility security levels/inmate custody levels:	Low	
Number of inmates admitted to facility during the past 12 months:	1032	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1032	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1032	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or +city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: N/A	

Number of staff currently employed by the facility who may have contact with inmates:	258
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	95
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
Physical Plan	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	24
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	22
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	53
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe Office of Internal Affairs (OIA) and Office of Inspector General (OIG)) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity

<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component Other (please name or describe)</p> <p><input checked="" type="checkbox"/> Other (please name or describe OIA and OIG)</p> <p><input type="checkbox"/> N/A</p>
--	---

Audit Findings

Audit Narrative

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

Prior to the on-site visit, staff conducted an on-site “pre-audit” of the facility to assist with PREA audit preparation. Prior to the on-site visit, the PREA coordinator and facility staff forwarded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, memorandums, brochures, staffing plans, training information, and other reference materials for examination. Policies and documentation are in the form of agency directives and policies. Updates of the Pre-Audit Questionnaire, investigations and institutional supplements were also discussed prior to the beginning of the audit. The facility was provided with facility notices in English and Spanish prior to the on-site audit visit informing inmates of the scheduled audit dates, which included my name and mailing address if they wished to send me correspondence. Inmates were informed that all correspondences would remain confidential. The facility information document was posted throughout the facility on several occasions due attempts to conduct the audit in a timely manner. However, due to the pandemic, the dates changed, and the last posting was updated with a new PREA auditor address on August 3, 2021.

The on-site visit for the Prison Rape Elimination Act (PREA) audit of the North Lake Correctional Facility (NLCF) was conducted by certified auditor Robert Manville. The auditor completed the on-site review October 26 through October 28 and completed the document review on November 1, 2021. Upon arrival at the facility, an in-briefing was held with the acting facility administrator, Institutional PREA compliance manager (IPCM) and the regional manager for contract compliance with the GEO Group. The GEO Group regional manager for contract compliance accompanied the auditor during the onsite audit. Her role was to assist the facility in providing information needed during the onsite audit and provide any corrective

plan assistance during the audit. This was the first PREA audit at NLCF, with a relatively new IPCM and an acting facility administrator, so the GEO regional contract compliance was an extremely valuable resource in discussions with recommendations to improve the implementation of PREA standards. The standards used for this audit became effective August 20, 2012.

Prior to beginning the tour, the auditor requested and received a roster of staff on duty for the first shift, a roster of all inmates by locations, a list of inmates by the target population as found in the auditor's handbook, and copies or original PREA investigative files (the investigative files were locked from staff view until requested by the auditor). The tour of NLCF included the intake processing areas, all housing units, the restrictive housing unit (RHU), the health services department, recreation, food service, facility support areas, education, visiting rooms, and programming areas.

During the tour, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units. Postings regarding PREA violation reporting and the agency's zero-tolerance policy toward sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas. Inmates can shower, dress, and use the toilet without exposing themselves to employees of the opposite gender.

Staff Interviews

Eighteen (18) randomly selected correctional staff members were interviewed. Correctional officers and shift supervisors from all shifts were included in the interview process. These correctional staff also included staff assigned to supervise housing units, utility staff, escort staff and crisis response team members. A total of five (5) random staff including maintenance, secretaries, and administrative staff were also interviewed. All were aware of the agency's zero-tolerance policy and could explain their new employee and annual PREA training and their duties as first responders as part of a coordinated response.

The agency director, agency PREA coordinator and agency contract administrator had been previously interviewed (the auditor is in receipt of the completed interview questionnaires). Specialized staff members were also interviewed. This included the acting facility administrator, IPCM, two investigators, human resource specialist, restrictive housing supervisor, retaliation monitor, medical administrator, mental health director, case manager supervisor, three (3) case managers, and victim advocate from Communities Overcoming Violent Encounters (COVE). All interviewed staff demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position or roles with the organization and employment status. Other staff interviewed was the onsite Federal Bureau of Prisons (BOP) on-site monitor. Throughout the audit the acting facility administrator will be recognized as facility administrator due to his position of being the facility administrator during the PREA audit.

Inmate Interviews

A total of forty-one (41) inmates were selected to be interviewed. The interviewed inmates were of various ages, nationalities, and ethnic backgrounds. Inmate random interviews included inmates in every dormitory including RHU. The following targeted inmates were interviewed.

There were no inmates in protective custody for any PREA related issue. There were no inmates that identified as transgender during the intake process. The one legally blind inmate advised he was made aware of the audit and had no concerns or questions for the auditor.

Overall, all inmates interviewed demonstrated a good understanding of the PREA compliance program, the intake screening process, the prevention and protection process and reporting mechanisms. The inmates further stated that staff members were responsive to their needs and that they felt safe at the facility. Inmates with a history of victimization were offered follow-up interviews with mental health staff. According to the mental health staff all inmates with history of predatory behavior are offered mental health services. To date, all inmates have declined the services. Many of the inmate population are Spanish speaking. The facility does not provide the actual names of the Spanish speaking inmates, so the auditor utilized a translator during the interview process.

Employee Files Reviewed

Fifteen (15) employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors, investigator, and IPCM. All training has been completed in the last 12 months. Interviews with random staff indicated they had received refresher training during the last six (6) months. They are also provided weekly briefings during staff briefings about PREA. This was confirmed by interviews with shift supervisors and daily briefing logs. Most staff interviewed had received the questionnaire for their specific duties prior to the audit and were prepared for the audit.

Fifteen (15) background clearance files were reviewed including five (5) newly hired staff, five (5) staff that had been promoted and five random staff. All background checks had been completed prior to contact with inmates or prior to promotion. All staff had background checks

when the facility converted to housing BOP inmates, therefore there were no staff with five year tenure employed at the facility.

Inmate Files Reviewed

Twenty-four (24) inmates' records were reviewed. These records included the following information.

- Identification number
- Date of birth
- Date of arrival
- Date of screening
- Date of follow-up screening
- Date of initial PREA notification
- Date of PREA comprehensive training

Investigations

There were a total of 7 reported allegations of sexual abuse/sexual harassment. This included 3 allegations of sexual abuse and four allegations of sexual harassment. All cases were investigated. Five cases were closed, and two cases are ongoing. All cases were referred to local law enforcement, Office of the Inspector General (OIG), and the Office of Internal Affairs (OIA). OIA investigated one allegation of sexual abuse and referred all other cases back for the facility to investigate. One allegation of sexual abuse was substantiated and was referred to local law enforcement for prosecution. One case of sexual abuse was unfounded, and one case of sexual abuse is ongoing.

Facility Characteristic

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

North Lake Correctional Facility is located at 1805 W 32nd Street, Baldwin, MI 49304. The facility consists of an administrative building that includes non-secure areas of the perimeter and the control room that provides access to the secure area of the facility. Once entering the secure area of the facility, there is a large hallway that includes the intake holding and admissions area, laundry, medical area, RHU, visitation, food service, dining room, program area and one of three gymnasiums located at the facility. Off the main corridor, there is a housing unit on each side the corridor.

Following the main corridor, the facility has a perimeter area that has three housing units with a control room that provides access to the four dormitories that are located in the housing units. There are two gymnasiums and outdoor recreation areas. The recreation areas have non-secure fencing to provide for some level of separation for the inmate population utilizing the yards.

All housing units are very similar in styles. Each floor has a showering area with curtains.

There is a day room area located on the first floor of each unit. This area included telephones, bulletin boards, televisions, and tables. The bulletin board includes GEO PREA information posters, PREA related information on the BOP OIG, the hotline telephone number, and the BOP address. Also, a brochure about the COVE victim advocacy program containing the advocacy hotline and address was posted on the bulletin board. Telephones were tested in two housing units and each phone number provided assurance that inmates can use the telephone system to make an allegation of sexual abuse or sexual harassment.

The RHU has a control room that is sally ported to allow control into this area. The total capacity of 100 beds for administrative confinement, disciplinary confinement, or self-protection. The RHU includes an outdoor covered recreation area. There is a shower area located in the RHU that allows inmates to shower and change clothes without being viewed by a person of the other gender.

The health services department contains treatment rooms, a pharmacy, an X-ray room, and dental offices. There is a bulletin board that contains PREA information located in the waiting area. There are correctional officers assigned to the health care area whenever inmates are in this area. The infirmary is staffed with a correctional officer 24 hours daily. The health services program is staffed 24 hours per day, seven days per week. The location of the clinic provides easy access to the inmate population. There is an infirmary at the facility and local hospitals are used for treatment of life-threatening conditions.

The admissions area has an area for orientation and initial intake. Upon arriving at the facility, inmates are individually taken to an office for shake down and to be issued clothing. There is a partition for inmate privacy during the shake down. There are other offices located in this area which allow private interviews to be conducted. There were Sexual Abuse Awareness, and Zero Tolerance posters posted as inmates enter the receiving area. The education area contains classrooms and support services. The education department provides various programs for the inmates, including:

- General Educational Development (GED)
- Adult Continuing Education (ACE)
- English as a second language
- Law library
- Leisure library
- Computer center

The psychology department contains a small conference room and individual offices for staff. There is a bulletin board that includes several information posters for inmates and a hotline

number for PREA complaints.

The Food Service Department has a large dining room with a food service preparation area attached. Except for the staff dining room, all areas of food service are under constant surveillance with cameras, mirrors, or staff supervision. There are zero-tolerance posters in all food service areas.

The Laundry is supervised by correctional staff and employs inmate workers. The laundry is under continuous supervision and is monitored by cameras and mirrors. The laundry area had a bulletin board with PREA information including zero-tolerance and PREA audit notices.

The Visitation room is a large seating area with no blind spots noted. It is under supervision of staff whenever inmates and their visitors are present. There are private offices located in this area. There was PREA information located in the visitation room. Located next to the visitation room is a private area that is used to conduct strip searches of inmates following visitation.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded:

Standard 115.51: Inmate reporting; Standard 115.52: Exhaustion of administrative remedies

Standards Met

Number of Standards Met: 42

Standards Not Met

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

Number of Standards Not Met: 0

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NLCF Organization Chart

GEO Policy 5.1.2-A PREA

North Lake Correctional Center (NLCF) Policy 5. 1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA)

GEO Organizational Chart

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention addresses this standard. The policy/procedure mandate a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy/procedure included outlines, procedures and expectations related to approaches to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy also included sanctions for staff and inmates found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with the Employee Discipline policy, facility Rules of Conduct policy, and are subject to employment termination. Employees are subject to criminal prosecution. The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. Inmates who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook. The BOP and GEO have promulgated additional policies, procedures, codes, and memos to provide supplements for the agency or contracting agencies approaches to prevent, detect, respond, and investigate sexual abuse or sexual harassment.

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention and a facility organizational chart meet the requirements of this standard. The agency's zero tolerance stance on sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. GEO employs an upper-level, agency-wide PREA coordinator at the corporate level. The agency's organizational chart depicts her position within the agency. The PREA coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities.

GEO ensures that all its facilities have an IPCM with sufficient time and authority to coordinate the facilities PREA efforts.

The facility's organizational chart illustrates the IPCM's position within the facility. NLCF and GEO provides support staff for assisting the PREA compliance manager with her task in carrying out the PREA mandates from GEO and the BOP. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and inmates. While relatively new to this role, the IPCM has a wealth of experience in compliance and it was obvious through interview she had spent many days learning PREA standards and was an asset in the facility complying with PREA standards.

Throughout the tour, staff and inmates knew the IPCM's name and role at the facility. Both the IPCM and facility compliance manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The facility provides additional support for PREA related investigations, policy reviews, mock audits and follow up to the cooperate office

PREA coordinator's office questions or concerns. GEO conducts a PREA review of the facility annually to determine level of compliance and to identify concerns that need to be addressed by the IPCM and the facility administrator.

The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during intake and additional admission and orientation presentations.

The orientation is offered in English and in Spanish. Additional program information is contained in the Inmate Manual, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. Based on the yearly review of the facility, staff received refresher training and were provided questionnaires to prepare for the audit.

North Lake Correctional Facility Mission Statement is to integrate the delivery services and operations deemed necessary for the protection of society and care of inmates incarcerated in the facility. Specifically, the facility shall:

1. Maintain a safe and secure environment for both the inmate and the staff responsible for them.
2. Provide an environment making available and encouraging inmate participation in meaningful and constructive activities.
3. Provide care, security, and supervision of the inmate as prescribed by the sentencing jurisdiction and contracting authority.

It's the policy of NLCF, in cooperation with the BOP to provide all services outlined in the contract and the Statement of Work.

The institution meets the standards with the programs they have implemented to ensure the inmates and staff understand its position on zero-tolerance. While the facility has not reached the level of having a culture that provides PREA as more than an operational program, it was obvious through interviews with administrators, shift supervisors, and support staff that the center is working diligently to meet this high standard that most GEO facilities have accomplished. Compliance was determined by review of agency organization chart, agency and facility policies, both staff and inmate training orientation power point presentations, posters, and Inmate Manual. Interviews with staff and inmates further provided compliance with this standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
Client Contract
Statement of Fact

The GEO Group does not contract with other entities to house inmates. Compliance was determined by review of the facility's contract agreement and interviews with the GEO PREA coordinator and facility administrator.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
Unannounced Rounds
Picture of logbook on week prior to audit
Annual PREA Facility Assessment - Adult Prisons &
Jails
BOP Staffing Plan
NLCF Staffing Plan for 2020

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention requires the facility to review the staffing plans on an annual basis. Interviews with the facility administrator and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The prison provides the bimonthly reports that includes mandatory post and hold over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts and any staffing concerns during the pay period. The facility administrator meets weekly with his executive staff, including chief of security, administrative lieutenant, and the human resource manager (HRM) to address staffing issues. The latest staffing plan was reviewed in October 2020. The staffing plan is provided to the facility compliance manager and GEO PREA coordinator.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews and rosters. Supervisory and administrative staff members routinely make unannounced rounds. These rounds are documented in Unit Logs located in each housing unit.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision.

Staffing shortages have been a major concern for the facility based on the facility administrator and shift supervisors' interviews. The facility is mandated by contract and GEO expectations to man all mandatory posts. In order to accomplish the requirements, the facility has established overtime, call back, redeploing non-mandatory staff to maintain the mandated staffing profile. The facility administrator indicated that he receives an updated staffing daily and after the start of each shift the number of staff that are requested to work overtime is forwarded to the facility administrator. The BOP on-site monitor receives this same information and relayed that the facility has met the mandatory staffing during the pandemic.

The review of Institution Duty Officer (IDO) Unannounced PREA Rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night and on the weekends. Additionally, the IDO was interviewed. IDO visits areas of the facility during days, evenings, and weekends. The IDO documents the visits on logbooks located in housing unit control room. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by IDOs daily, including nights and weekends. The administrative lieutenant for each shift was interviewed. Each indicated that they visit each living unit a minimum of once per shift. The control room staff document these visits on the unit log. The facility provided a page from one of the logbooks that documented that a supervisor visited the unit on each shift. An examination of policy and supporting documentation and all interviews confirms compliance with this standard. The last PREA assessment by GEO was conducted in September 2021.

Compliance was further determined by staff interviews conducted during the tour of all areas of the facility and interviews with the chief of security, facility administrator, IPCM, HRM and correctional staff; reviews of documented staffing rosters, daily supervisory checks, and facility workforce meeting records; pay period staffing reports, and the examination of the video monitoring system. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing camera coverage, and available staff in areas that inmates are assigned. A detailed review of the cameras was conducted by the auditor during the onsite tour. It was determined that the additional cameras and mirrors have enhanced the facility and reduced the blind spots where possible.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO-BOP contract
Statement of Fact

There were no youthful inmates housed at the facility during this audit. A statement of fact from the facility administrator indicates that the agency does not allow for youthful inmates to be placed at this facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

- GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
- NLCF Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA)
- NLCF Training Curriculum
- NLCF Staff Training
- RostersStrip Search Log
- Gender Announcement
- Privacy Notices – Female Staff
- Transgender Search Preference Form
- Statement of Fact

NLCF Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) mandates that cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. All security staff at NLCF receive training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. Staff receive “Limits to Cross Gender Viewing & Searches” training. The lesson plan of this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and

understanding of the training received. A review of random staff training records and interviews with security staff revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of inmates of the opposite sex except in exigent circumstances.

Staff interviews indicated they received cross-gender pat search training during initial and annual training. The auditor observed that each unit has individual shower curtains for privacy. The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Inmates interviewed acknowledged they were allowed to shower, dress and use the toilet without being viewed by staff of the opposite gender. Postings are located throughout the living units that female staff are assigned to work in housing units. The facility maintains a log for staff of the other gender that announce their presence when entering housing units. The facility also maintains a log of all strip searches. This log indicates date, time, purpose and inmate's gender and gender of persons conducting the strip searches. A review of the strip search log revealed there have been no cross-gender searches by non-medical staff in the last 12 months. During the tour, the inmates in several of the dormitories announced a female on the floor prior to the female entering the dormitory.

Staff and most of the inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit. Unit staff also announce the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Showers in the living areas have curtains that provide for inmate privacy while showering. Toilet areas have partitions with doors to allow inmates to use the restroom without being viewed by staff. Based on the review of policies and notices regarding the presence of female staff in the units, observation of the showering/dressing areas, and interviews with staff and inmates, it has been determined that NLCF is in compliance with this standard.

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

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

115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No

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

115.16 (b)

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

impartially, both receptively and expressively, using any necessary specialized vocabulary?

Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
NLCF Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA)
BOP Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Inmate Handbook
TTY Tablet
Staff Training
Roster of Bilingual Staff
Memo of Record
Language Line Contract
Photographs of PREA Poster
Staff Translator List

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention and BOP Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program mandates that the facility shall not discriminate against inmates with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in

accordance with the Americans with Disabilities Act and the provisions established in this Policy.

Through policy and practice, facility staff ensure that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The English as a second language (ESL) inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures and handouts are available in English and Spanish. The facility has access to translation services for written access in other languages. Staff also may read information to inmates when necessary. 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. Several staff interviewed utilize inmates for interpreting information but would not utilize them for interpreting for inmates with reporting. Interviews with medical, mental health and investigativestaff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Four of the staff indicated they would utilize inmates to make a report of an allegation of sexual abuse or sexual harassment. The IPCM has provided information to be passed on during shift briefings that inmates may not be utilized as interpreters except for limited circumstances. Interviews with ESL inmates confirmed the availability and use of the staff interpreters and telephonic interpretive services. There were no deaf and one legally blind inmate housed at the facility during this audit period. The blind inmate advised he had access to information and how to communicate PREA concerns. He stated he felt safe at this facility and the facility staff and other inmates have been supportive in addressing his disability. The facility has TTY machines and hard of hearing telephones for deaf inmates. Compliance of this standard was confirmed by review of agency policy, contracting services for language interpretation services, interviews with the IPCM, case manager, mental health director, nurse, and ESL inmates, and the facility's corrective action plan to address the use of inmate interpreters.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

- Does the agency perform a criminal background record 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*)

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
 NLCF Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA)
 Background Checks for Contractors with Inmate Contact
 Promotion Letter and PREA Promotion Disclosure Waiver

Personnel Records Accurate Background Checks

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention does not allow hiring or promotions of anyone who has been convicted of sexual abuse in prison/jail or in the community. Background checks are completed for all employees, contractors, and volunteers. National Crime Information Center (NCIC) background checks are conducted on all new hires. The department is connected as a level II employer and any arrest is provided to the department upon entry into the system. All volunteer and contractors receive a background check annually and are up to date.

All employees, contractors and volunteers have had criminal background checks completed prior to being employed by NLCF. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor or volunteer that may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact with inmates. 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 accurate as well as NCIC checks through the BOP on-site monitor. For those considered for promotions or who transfer from another facility, will have an internal background check through GEO and an NCIC through the BOP. GEO utilizes the services of Accurate. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers shall be requested. According to information provided on the Pre-Audit Questionnaire, in the past 12 months, ninety-five (95) criminal background checks were completed.

Prior to a transfer to the facility or a promotion, the employee's background review is conducted utilizing the Accurate Background Check and employees are required to answer the following questions.

1. Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, Juvenile facility, or other institution? (Please note that sexual abuse in this setting includes sexual acts with the consent of inmate, detainee, resident etc.).
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse?
3. Have you ever been civilly or administratively adjudicated of engaging or attempting to engage In sexual activity In the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse?

Employees and contractors have a duty to disclose such misconduct. Material omissions regarding this type of misconduct are grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. The HRM confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. When an employer requests information of sexual abuse or sexual harassment, the employer is referred to corporate office personnel to receive this information. Interviews with staff and a review of documentation (PREA Screening Form) confirm compliance with this standard. Based on policy, review of background checks, and interviews with the HRM and facility administrator, it was determined that the facility was in compliance with this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by

information on specific corrective actions taken by the facility.

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Group Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
Facility Camera System

GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) mandates the company will consider the effect new or upgraded design, acquisition of correctional facilities, expansion, or modification of physical plant or monitoring technology might have on the facility's ability to protect inmates from sexual abuse. There have been no additional modifications or expansions to NLCF during the last audit period. Compliance was determined through review of facility camera coverage and interviews with the agency head designee, GEO PREA coordinator, facility administrator and chief of security.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

Performance Work Statement

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention

NLCF Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA)

MOU with Communities Overcoming Violent Encounters (COVE)

Resume Rape Crisis Center Advocate Resume

MOU with Lake County Sheriff's Office

Based on the performance of work, all investigations at NLCF may be conducted by the facility investigator, OIA and OIG. The facility has a MOU with Lake County Sheriff's Office to investigate criminal action. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence. Spectrum Medical Center provides SANE staff for SANE examinations.

A review of training records confirmed that internal investigative unit staff have received appropriate investigator training on the investigation of sexual abuse and harassment in a confinement setting. Interviews with staff, the local SANE nurse, local rape crisis center advocate and an examination of documentation confirmed compliance with this standard. Correctional and medical staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. Staff members were also aware of PREA

investigations relative to sexual abuse/harassment allegations.

The facility MOU was signed with COVE to provide rape crisis advocacy services. The MOU stipulates that COVE will provide a victim advocate to accompany the inmate victim during the sexual abuse forensic exam if requested by the inmate victim, as well as a SANE staff if requested by the law enforcement agency. The MOU also requires that the inmate victims of sexual abuse receive the appropriate contact information, including the hotline number and mailing address for the agency. The facility has postings of the crisis center hotline phone number and mailing address for COVE throughout the facility. COVE staff were interviewed and indicated they were aware of and always advised residents of the nature of privileged communication between rape crisis center staff or volunteers and inmates and abide by all state and federal laws governing confidentiality. Staff at the crisis center undergo over 40 hours of training yearly. The center offers a hotline for reporting, advocates including legal advocates to accompany victims for SANE evaluations, access to SANE staff, emotional support programs and a 24-bed victim home. They are staffed with licensed mental health professionals, and volunteers including pro-bono attorneys.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
NLCF Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA)
Monthly PREA tracking report
GEO Website
BOP Program Statement 5324.11
BOP Program Statemen 1350.01
OPR/OIA Referral
Lake County Sheriff's Office MOU
Contract

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection mandates compliance with this standard. In all cases, investigations will be referred to an agency with authority to conduct criminal investigations unless the act does not rise to the level of criminal. At NLCF, all cases of sexual abuse or sexual harassment at the facility are referred to OIA, Office of Professional Responsibility (OPR), OIG, and the local sheriff's office. In the event an inmate is alleged to have perpetrated sexually abusive behavior against another inmate, the facility refers allegations to the Office of Inspector General. All sexual abuse allegations are investigated by the OIG. Facility staff are required to preserve the crime scene until the investigator arrives to

process and collect the evidence. Facility investigators and the OIG staff are trained in conducting sexual assault investigations in confined settings/prisons. A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff, as well as an examination of policy/supporting documentation, confirm compliance with this standard. A review of training documents confirmed that all investigators received training in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff as well as an examination of supporting documentation confirm the facility's compliance with this standard.

All sexual harassment allegations must be investigated by the facility trained Investigator. A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigations were conducted by investigators that received training in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff as well as an examination of supporting documentation confirm the facility's compliance with this standard. 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>.

The two facility investigative staff were interviewed and proved very knowledgeable concerning the protocols for conducting investigations of alleged sexual abuse/sexual harassment. A review of the investigative packets revealed the investigations were complete and met the requirements of the standard. The documentation related to the investigations was contained in the Investigation files and was reviewed by the auditor. A review of training documents confirmed that all investigators received training in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and investigator, as well as an examination of supporting documentation confirm the facility's compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
 NLCF Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA)
 Training and Roll Call Meetings
 Annual Refresher Training
 ABSORB PREA
 ABSORB ART
 Staff Attendance Record
 Random Staff Training
 Records.

All staff are provided an employee training which includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the inmates and preserving the possible crime scene. Training includes:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Inmates' right to be free from sexual abuse and sexual harassment.
- Right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement.
- Common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with inmates.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

- How to conduct cross gender pat searches

Prior to having contact with inmates, newly hired employees receive 40 hours of classroom training. Contractors and volunteers are provided training relative to their duties and responsibilities by the facility volunteer coordinator or facility training officer. Employees carry a PREA first responder reference card. All staff receive annual refresher training on all areas of the PREA standards. Yearly refresher training is through the computer based PREA training program. A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they understood it. Policy mandates that the facility will be required to modify training to meet needs of a different population. Staff assigned to these specific programs receive additional training. This includes correctional staff assigned to RHU, prison industries, mental health, transportation, and intake.

Interviews with the IPCM, shift supervisor and staff confirmed that the facility has conducted additional PREA refresher training during the last six (6) months. Shift supervisors interviewed indicated they are doing roll call PREA training on a regular basis and the facility has provided questionnaires for staff to study in preparation for the upcoming audit.

A sampling of fifteen (15) staff annual training files was reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated they received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed and officers assigned to the RHU also receive additional training. The extensive training provided and staff members' knowledge of PREA requirements confirmed that the facility is compliant with this standard. A review of documentation and staff interviews further confirmed that the facility is compliant with this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

Contractor Training Curricula
Contractor Staff Training Handbook
Contractors Personnel files
Contractor Signed Acknowledgement

NLCF ensures that all 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. The facility has six contractors. All contractors completed PREA training in the past 12 months. All contractors sign a PREA Acknowledgement Form when they complete PREA training, acknowledging they've received and understand the training. The facility maintains this documentation. Random contractor training records were reviewed and documentation of training is being maintained by the facility. A review of training files and interviews with contractors and the IPCM confirmed that the facility is compliant with this standard. At the present time, the facility does not have any volunteers. Interviews with the facility administrator indicated the facility is planning to retrain, conduct background checks, and restart the volunteer program that was discontinued during the pandemic.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
NLCF Policy 5.1.2 PREA
Inmate Handbooks (English & Spanish)
New Arrival (Transfer) Packet
Admission & Orientation (A&O) Checklist
Photos of Bulletin Board
PREA Posters
Roster of Inmates Received PREA Education.
Inmate Handbook Signature

Inmates receive information during the intake process that includes a PREA handout and Inmate Handbook, printed in both English and Spanish. There are PREA posters throughout the facility and in each housing unit, and a PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment is posted on the unit bulletin boards.

There is an interpretive language service available for inmates with limited English proficiency. A review of A&O checklists verified that inmates received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All inmates are required to acknowledge in writing they have received PREA education. Within ten days of arrival to the facility, inmates attend an orientation and receive a PREA Inmate Handbook, available in English and Spanish. Orientation is verbally facilitated by staff in English and Spanish and inmates sign an Orientation Verification form acknowledging completion of the orientation and comprehensive training program. The present orientation does not include a signature sheet showing they received PREA orientation. The facility has added PREA orientation to the orientation signature page. A staff member conducts an additional education program regarding the PREA for all inmates within 30 days of their arrival at the facility. If an inmate is transferred to another facility, policy requires that this training process be repeated at the new institution, as confirmed through interviews with newly arrived inmates. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities.

Case managers interviewed indicated that the day the resident is assigned to their unit, a case manager meets with the residents, reviews the handbook, including PREA, shows inmate where the telephones are located, and shows inmates how to utilize the phones to make an allegation of sexual abuse or sexual harassment.

The auditor reviewed a random sampling of twenty-four (24) electronic files to determine that inmates had received initial orientation and comprehensive PREA training. The inmates selected had the documentation located in their files. All inmates are required to acknowledge completion of PREA education. During the interview process, randomly selected inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment, and their right not be punished for reporting sexual abuse/sexual harassment. All inmates said they received additional training after being at the facility. Based on interviews, the timeline for the training was 10 to 30 days. Inmates were aware of available services outside of the facility for dealing with sexual abuse.

Compliance was determined by review of inmate documented training, training curriculum, and observation of training and interviews with intake staff, case managers and inmates. Compliance was further demonstrated through the facility's addition of PREA orientation to the intake orientation signature page.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative.

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
NLCF Policy 5.1.2 PREA
Investigative Training Curriculum
Specialized Training Certificates
Training Rosters
Statement of Fact

The policies and directives above meet the mandates of this standard. The auditor reviewed specialized training documentation to include the Investigator Training Instructor Guide, the course completion list for Investigating Sexual Abuse in a Confinement Setting training, and the PREA Criminal Investigator Certification Training List. The facility investigator has completed training on investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. Training includes "Investigating Sexual Abuse" through GEO and PREA Resource Center Investigator training. 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. The facility investigator has attended training provided by GEO and the PREA Resource Center. Throughout the review of investigations, the investigator was able to explain reasoning behind findings, interviews, collection of physical evidence, and relationships with local law enforcement, OIA, and OIG staff.

Interviews with the facility investigator, a review of certifications for the facility investigator, and previous interviews with OIG confirmed the investigators receive specialized investigations training.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical

or mental health care practitioners who work regularly in its facilities.) Yes No NA

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
NLCF Policy 5.1.2 PREA
Medical and Mental Health Training Curriculum
ABSORB Specialized Training Report
ABSORB Basic Training Report
Medical Employee Rosters

The facility has full-time medical and mental health care staff on site. The agency requires that all mental health staff receive training beyond initial PREA training. In compliance with the requirements, GEO has developed and implemented specialized training for mental health and medical staff. This training includes PREA basic training as well as additional specialized training for medical and mental health staff. All mental health and medical staff have received the required specialized training on:

- How to detect and assess signs of sexual abuse and sexual harassment
- How to preserve physical evidence of sexual abuse,
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment, and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment,
- Victim identification,
- Interviewing,
- Reporting
- Clinical interventions.

All medical and mental health staff have received PREA specialized training and basic PREA training during the last 12 months. Compliance was determined through a review of the training curriculum, a review of training acknowledgements, and interviews with medical and mental health staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Screening Risk of Victimization and Abusiveness Screening Intake Screening Form
30-Day Vulnerability Reassessment Questionnaire

All inmates are assessed during the intake screening process for their risk of being sexually abused or being sexually abusive. The screening instrument includes questions to determine risk of vulnerability and the risk of being a predator or sexually assaultive inmate. The screening occurs within twenty-four hours after the inmate's arrival. Policies and procedures

require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education, and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive. A medical staff conducts an initial medical screening including questions of prior sexual abuse.

The Screening for Risk of Victimization and Abusiveness includes the following:

- Whether the inmate has a mental, physical, or developmental disability.
- The age of the inmate.
- The physical build of the inmate.
- Whether the inmate has previously been incarcerated.
- Whether the inmates' criminal history is exclusively nonviolent
- Whether the inmate has prior convictions for sex offenses against an adult or child.
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the inmate has previously experienced sexual victimization.
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes

Policy requires an inmate's risk level to be reassessed within thirty days or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The facility screening tool addresses all issues required for this standard. Controls are in place to ensure that information received during the screening is only available to staff on a need-to-know basis. Agency policy prohibits inmates from being disciplined for refusing to answer or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history, and perception of vulnerability. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status.

All screenings are referred to mental health staff for follow-up if the inmate claims history of sexual victimization, history of predatory sexual actions, or if inmate self admits to being transgender. A review of twenty-four (24) screening and rescreening revealed that all inmates were screened and rescreened as required by standards. Interviews with case managers supervisor, mental health staff, medical administrator, case managers, and inmates including target population inmates support the findings of this review.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given

serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
NLCF Policy 5.1.2 PREA
Population Monitoring Census (Possible Predator; Possible Victim and DUAL PREA
Screening Risk of Victimization and Abusiveness Screening
LGBT Tracking Log
Packet Intake
Transgender Care Summary
Risk Assessment
Statement of Search/Shower Preference Form

Screening information is used to determine housing, bed, and work assignments within the facility in order to keep potential victims away from potential abusers. The facility maintains a population monitoring census that includes possible predators, possible victims, and dual personality or historical data. The log is kept current and includes current housing locations. Following a reported allegation of sexual abuse, the PREA Compliance Manager ensures victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is deemed "unfounded," the victim may be removed from the "at risk" log. Considerations on a case-by-case basis include the inmate's health and safety, operational management, security, and mental health needs. Serious consideration is given to the inmate's own views regarding safety.

Placement and programming assignments for each transgender or intersex inmate must be reassessed using processes outlined in Gender Dysphoria. In making housing and programming assignments for transgender or intersex inmates at the NLCF, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. At the present time, all transgender inmates are being housed in BOP facilities. The facility still has a Transgender Care Committee (TCC) and all applicable policies and procedures to manage this population.

By GEO and NLCF policy, serious consideration shall be given to the inmate's own views with respect to his/her own safety. The TCC will meet to determine proper housing within 72 hours of arrival. The TCC shall, at minimum, consider: The individual's documented criminal history and passed/present behavior, the individual's physical, mental, medical and special needs, the individual's self-assessment of his/her safety needs (do they feel threatened or at risk of harm), privacy issues, including showers, available beds and/or housing, all records and prior assessments of the effects of any housing, and all records and prior assessments of the effects of any housing placement on the individual's health and safety. The TCC will attempt to reach consensus on all decisions. Summary notes shall be documented on the TCC Summary for each TCC meeting to include persons attending and conclusions reached. A copy of the summary shall be retained in the

individual's institutional file and copy forwarded to the Corporate PREA coordinator upon completion. LGBTI inmates at the NLCF shall not be placed in housing units solely based on their identification as LGBTI. Transgender and intersex Individuals shall be given an opportunity to shower separately from other inmates. NLCF utilizes a form for inmates to request to shower by themselves and to determine appropriate staff to conduct pat down searches.

The case manager supervisor, medical, and mental health personnel meet on a weekly basis to assess the status of any inmates who have made allegations of sexual abuse or sexual assault or who may be exhibiting adjustment problems. The case managers exceed expectations in monitoring, interviewing and reviewing status of all at risk inmates.

The interview with the agency's PREA coordinator confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific facility. Review of GEO Policy 5.1.2-A provides document to confirm compliance with this standard. There were no transgender or intersex inmates housed at NLCF during the review. Compliance was determined by interviews with the agency PREA coordinator, case manager supervisor, three casemanagers, and the IPCM.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual

victimization have access to: Work opportunities to the extent possible? Yes No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
NLCF Policy 5.1.2 PREA
Housing Preference Form
Statement of Fact

GEO Policy 5.1.2-A and NLCF Policy 5. 1.2 meet the mandates of this standard. A victim may be housed in protective custody confinement upon their consent or request. When a sexual abuse victim indicates he wishes to remain in general population, the facility is required to consider available alternatives. If no alternatives exist, the inmate can be placed in protective custody involuntarily. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. GEO Policy 5.1.2-A policy also mandates that inmates assigned in the protective housing unit receive the same privileges as those in general population within the limits that allow for the safety and security of the facility. There were no inmates housed in involuntary protective custody for a PREA related allegation or concern based on interview with the RHU manager and a statement of fact from the facility administrator. Compliance was determined through reviewing policy, reviewing documentation, investigative reviews, and interviews with unit correctional staff, the case manager supervisor, the IPCM and the facility administrator.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention

NLCF Policy 5.1.2 PREA

Reporting Phone Numbers Located Next to All Telephone

PREA Reporting Posters for Inmates

PREA Reporting Poster for Staff

Sexual Abuse Victim Hotline

Inmate Handbook

Verbal Reporting

Investigative Packet

CORE Victim Advocate Hotline

GEO Website

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention provides information on reporting allegations of sexual abuse or harassment. Below are ways for inmates to report allegations of sexual abuse or sexual harassment:

- A verbal report to any staff member, volunteer, or contractor.
- Calling an outside entity (COVE Advocacy Center)
- Contacting GEO cooperate Office
- Contacting GEO PREA coordinator
- Filing an informal and/or formal grievance.
- Have a family member, friend, or other member of the public fill out the online
- Have a family member, friend, or other member of the public submit a third-party grievance.
- Write Office of Inspector General; and
- Write or email the GEO PREA coordinator.
- Call the 24-Hour Crisis Hotline which is not monitored or recorded. Dial from any Inmate Phone: 1-800-950-5808 or write to; Federal Bureau of Prisons Building 400 320 First St., NW Washington, DC 20534

Inmates are provided with information on how to report sexual abuse or harassment to facility staff as well as public and/or private agencies not affiliated with NLCF and procedures for permitting third-party reports of sexual abuse/harassment on behalf of an inmate. Information for third-party reporting, such as from friends or family, can be found on the GEO websites. This information is given during intake, orientation, and is made available through posters, handbooks, and pamphlets. Inmates may submit a Request to Staff form to report such incidents or utilize any telephone in the living unit. A mobile phone is located in the RHU and may be used for reporting.

All staff will accept reports made verbally, in writing, anonymously, and from third parties. Staff will promptly document any verbal reports and will immediately report any such information to the shift

supervisor. A review of supportive documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately, and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations.

Throughout the facility, there are posters and other documents on display which also explain reporting methods. Staff members promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse/sexual harassment. NLCF provides the inmates with a third-party line to the National Sexual Assault hotline for reporting any abuse or harassment and they can write to the OIG. Inmates at the facility are not detained solely for civil immigration purposes. Compliance finding of exceeds is based on the number of ways inmates and third parties can report allegations of sexual abuse or sexual harassment. Compliance was validated through a review of the inmate handbook, postings throughout the facility, company policies on inmate reporting sexual abuse or sexual harassment, and interviews with staff and inmates. Interviews with staff and inmates, the observation of posters addressed reporting methods. The agency's policy regarding referral of allegations for sexual abuse and sexual harassment is available on the agency website at: www.geogroup.com (Social Responsibility Section) The website was reviewed and provided reporting opportunities.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

immediate corrective action may be taken? (N/A if agency is exempt from this standard.).

Yes No NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention

NLCF Policy 5.1.2 PREA
BOP Program Statement 1330.18
Inmate Handbook
Administrative Remedy
Statement of Fact

NLCF utilized the BOP Administrative Remedy Program. Inmates are provided information on the facility grievance system during initial orientation and through the inmate handbook. All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation.

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 also file on the inmate's behalf. 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.

The agency shall 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. 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, the agency will notify the inmate in writing of any such extension and provide a date by which a decision will be made. If the inmate does not receive a response within the time allotted for reply at any level of the administrative process, including the final level, the inmate may consider the absence of a response to be a denial at that level.

Administrative Code also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. Policy states that there is no time limit for filing a grievance relating to sexual abuse/sexual harassment. Policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response will be provided. The inmate shall clearly mark "Emergency" on the Administrative Remedy form. If an inmate files an emergency administrative remedy with the facility administrator, the local administrative remedy coordinator shall make a determination as to whether the remedy alleges a substantial risk of imminent sexual abuse. If the local administrative remedy coordinator agrees that the administrative remedy meets the criteria for an emergency administrative remedy, the request shall be accepted and receive expedited processing as stated below. If the remedy is rejected for failing to meet the criteria of an emergency grievance under this section, a rejection notice will be provided to the inmate, and the remedy will be processed in accordance with the usual time frames indicated above. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is insubstantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. If an inmate files the emergency grievance with the institution response shall be provided within 48 hours. Best efforts to provide responses within five calendar days should also be made in accordance with the provisions on exhaustion referenced above. If the inmate does not receive a response within the time allotted for reply, the inmate may consider the absence of a response to be a denial at that level.

There were no grievances alleging sexual abuse and no grievance that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Compliance was determined through a review of the agency's policies and procedures, grievances, inmate handbook, brochure and interviews with staff and inmates.

The BOP Program Statement also provides for inmates to file "sensitive" administrative remedies regarding allegations of sexual abuse. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the remedy became known at the institution, the inmate may submit the remedy directly to the appropriate regional director.

All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision.

This information is posted on each living unit bulletin board and is included in the inmate handbook. Disciplinary action would generally be taken if a grievance were filed in bad faith. Compliance was determined by review of policies and grievance logs, as well as interview with the administrative remedy coordinator and IPCM.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support

services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation ~~was~~were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
NLCF Policy 5.1.2 PREA
Inmate Handbook
Housing Unit Posters
Memo of Understanding with Communities Overcoming Violent Encounters (COVE)

The facility does not house inmates solely due to having an immigration detainer. The facility has successfully entered into an agreement with COVE, a local advocacy group to provide emotional support services related to sexual abuse (confirmed through a telephone interview with a victim advocate from the agency). Inmates are informed as part of their orientation process that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. Phone calls to the COVE program are not monitored. When the auditor called the COVE phone number from the inmate phone system, he was advised that this call would not be monitored by staff. Inmate handbook covers reporting procedures and provides a phone number of the advocacy group and outlines the steps on how inmates may contact the COVE staff for emotional support. The facility has postings of the crisis center hotline phone number and mailing address of COVE throughout the facility. The COVE interview indicated they were aware of and always advised inmates of the nature of privileged communication between rape crisis center staff or volunteers and inmates and abide by all state and federal laws governing confidentiality. Staff at the crisis center undergo over 30 hours of emotional support training.

Compliance was determined through a review of policy and documentation of training records. The inmate handbook provides information to inmates on limits of confidentiality. When calling COVE, inmates are not required to utilize a pin, so confidentiality is maintained and there is no concern about the facility tracking the phone call. Interviews with mental health staff and advocacy representatives confirmed that, prior to providing services, inmates are advised of limits of confidentiality. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Interviews with staff and inmates, auditor observation of postings in the housing unit, interviews with the local victim advocates, and an examination of policy/documentation confirm compliance with this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual

harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
NLCF Policy 5.1.2 PREA
Sexual Abuse Awareness brochure
PREA Third Party Reporting Poster
GEO Website
Inmate Handbook

PREA Reporting Posters and the GEO website meet the requirements of this standard. PREA reporting posters are visible in the visitation room, lobby and are found in the inmate handbook. GEO provides a reporting system on the GEO Website; <https://www.geogroup.com/prea>. The website provides information on ways for third party reporting to include anonymous reporting. Posters include information stating that anyone needing to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the facility administrator's office in the facility where the alleged incident occurred or where the individual is housed. Reports can be made over the phone, in person, in writing or anonymously if desired. Persons can also contact the corporate PREA office directly (561) 999-5827.

The inmates interviewed indicated they were aware of third-party reporting. Compliance was determined through a review of policy, posters, the GEO website, calling the GEO PREA office, and interviews with inmates, staff, and the IPCM.

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 person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention
 NLCF Policy 5.1.2 PREA
 GEO Inservice PREA training (Mandatory Reporting)
 Employee Reporting Posting
 Inmate Reporting Posting
 Basic Training Acknowledge
 Michigan Reporting Laws
 Investigative Reports
 Allegation Report
 Referral to OIG
 Staff of Fact

GEO Policy 5.1.2-A mandates that staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report.

Interviewed staff members were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The reporting is ordinarily made to the security supervisor on site or IPCM, but could be made privately or to a third party. Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident. Staff were aware of the many ways to receive reports from inmates, families, friends or other third parties.

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. 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.

NLCF houses adult males only, none of whom, according to their classification level of care, are considered vulnerable adults under Michigan Vulnerable Persons Statute; therefore, this provision of this standard is not applicable to this facility. In an interview with the facility administrator, he confirmed this information.

The staff were also aware of the several ways they may report this information to the GEO Group or the facility. GEO has developed several methods for staff to make anonymous reports: the GEO website has specific instruction for employees to report directly to GEO PREA coordinator or outside resource for anonymous reporting. A review of established policy, websites and interviews with staff members support the finding that the facility is in compliance with this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
Housing Assignments
PREA Sexual Abuse Investigations
Transfer/Designation within 30 days
Training Curriculum (Reporting)
Transgender Care Committee Summaries
Correspondence inmate separation from other inmates.
Statement of Fact
PAQ

Policies and operating procedures addresses the mandate of this standard. If staff learns that an inmate may be at substantial risk of imminent sexual abuse, immediate action will be taken to protect the inmate. This may include a change in housing and notification to classification supervisor, chief of security, and facility administrator. Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, to include separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence, and contacting the shift supervisor and medical staff. Staff carry PREA information cards which includes what to do if staff members determine that an inmate in responding to inmate protection if he was subject to a substantial risk of imminent sexual abuse. In the past 12 months there were no instances in which inmate was at risk of imminent danger. Interviews with the inmate and staff confirmed that facility staff protect the inmate victim and separate victim from the alleged predator. Compliance was determined by review of policies and interviews with RHU supervisor, PCM, investigators and facility administrator.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or

appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
Notification to and from Outside Facility
Statement of Fact

Policy requires that any inmate allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility where the alleged abuse occurred within 72 hours of receipt of the allegation. Procedures are in place that require the facility administrator to immediately notify the facility administrator or director of the other confinement facility, in writing, of the nature of the sexual abuse allegation. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. All inmates will be referred to mental health staff and investigation staff for follow up and investigations. There were no allegations from receiving

institutions that inmates were sexually abused or sexually harassed at NLCF and one allegation that an inmate was sexually abused or sexually harassed at a sending facility. A review of the facility administrator to facility administrator emails and investigative reports confirmed compliance with this standard. Compliance was also determined through review of agency policy, PAQ, and interviews with the IPCM and facility administrator.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
PREA Response Plan Showing First Responder's Duties
First Responder Cards.

GEO Policy 5.1.2-A PREA and NLCF Policy 5.1.2 PREA policies and directives establish mandates for staff, volunteer, and contractor's roles for inmate allegations of sexual abuse. Policy and several documents (such as the PREA card provided to all staff interviewed on how to respond to allegations of sexual assaults) provide initial guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. Six random staff including administrative, program and support staff were interviewed. All persons interviewed had received PREA training and all responded they would ask the inmate to not destroy any evidence, would remain with the inmate, and notify the closest correctional staff. There were two (2) case of sexual abuse in the last 12 months in which correctional staff were the first responders. There were no cases in which non-correctional staff were the first responders. NLCF Policy 5.1.2 PREA policies and staff training mandates that If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and/or if the abuse occurred within a time period that still allows for the collection of physical evidence, 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. The one case was reported in time for collection of evidence. The inmate refused to cooperate with the officers, medical, or mental health staff. Compliance was determined through review of the policy and interviews with non-correctional staff and correctional staff. There was one allegation that was reported in time to collect evidence and request inmates to receive a SANE examination. The inmate was interviewed by the auditor and confirmed that he declined a SANE examination or collection of evidence.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first

responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
NLCF Coordinated Response Plan
Investigative File
PAQ

The agency policy and facility directives specify the guidelines and procedures that prevent sexual abuse/sexual assault and provide for prompt and effective intervention in the event a case of abuse or assault occurs. The coordinated response plan includes procedures for the reporting, protecting, physical care, psychological crisis intervention, crime scene preservation, and after-action review. The coordinated response plan provides direction to security staff, medical/mental health practitioners, investigators, staff and community victim advocates, the forensic examination service providers (SANE) and facility leadership. Staff and community service provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. During the last 12 months, two (2) inmate have made allegations of sexual abuse. A review of the investigation files and interviews with medical staff revealed that there was one case that allowed time for the collection of evidence. In all allegations, inmates that made the allegations of sexual abuse were immediately seen by the medical staff and seen by mental health staff within 24 hours. Staff took appropriate action to protect the inmate and notified medical and mental health. The one inmate that notified staff in timeto collect evidence refused a SANE examination. Compliance was determined through review of the policy, investigative files, and interviews with first responders, the IPCM, the facility administrator and the inmate who made the allegation of sexual assault.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Prevention and Intervention
Collective Bargaining Agreement; Correctional Officers
Separation Notification
Statement of Fact

Neither NLCF nor any other governmental entity responsible for collective bargaining on NLCF's behalf have entered or renewed any collective bargaining agreement or other agreement that limits the 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. According to a statement of fact, NLCF does have a bargaining agreement with correctional officers. The contract does not limit the ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an allegation or of determination of whether and to what extent discipline is warranted. There were three incidents in which staff were placed on non-contact status pending an investigation. Compliance was determined through review of the collective bargaining agreement and evidence of staff separation pending investigations.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

disciplinary reports? Yes No

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
Retaliation Monitoring Log
Retaliation Monitoring Log
Retaliation Posters
Separation Notification

GEO Policy 5.1.2-A PREA and NLCF Policy 5.1.2 PREA mandates that retaliation by staff or inmates against any staff or inmate for reporting an alleged sexual abuse or sexual harassment case is strictly prohibited. The Retaliation Monitor and investigators monitor all reported cases of sexual abuse or sexual harassment for at least 90 days following any such report to ensure retaliation does not occur. In the case of inmates, this monitoring will include thirty-day status checks by investigative staff. The facility has several protections and reporting measures for inmates. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation. Any use of involuntary protective custody for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is no other housing alternative. There is a form for documenting retaliation against staff and inmate retaliation monitoring is documented in the GEO inmate electronic database. The IPCM will conduct periodic status interviews with inmates. A review of the retaliation monitoring confirmed that all inmates that made allegations of sexual abuse were provided retaliation monitoring. Compliance was determined through a review of policy, retaliation monitoring forms, interviews with inmates who made an allegation of sexual abuse and, and interviews with the investigator, IPCM, and facility administrator.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
Transgender Care Summary
Housing Assignments
Transfer/Designation within 30 days
Correspondence Inmate Separation from other inmates

GEO Policy 5.1.2-A PREA mandates 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. According to policy 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. When an inmate alleges, he has been sexually abused, the shift supervisor will notify IPCM, investigator, medical and mental health staff. Compliance with this standard was determined by a review of policies and documentation, as well as staff interviews including shift supervisor, RHU supervisor, IPCM and facility administrator.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See

115.21(a.) Yes No
NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

BOP Program Statement 5324.12

GEO Policy 5.1.2-A PREA

NLCF Policy 5.1.2 PREA

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior

OIA/OPR Investigation Referral

Investigative Packet

Specialized Investigative Training Certificate

BOP Program Statement 5324.12 and GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior mandates an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at NLCF. Allegations, including third party and anonymous reports will be promptly, thoroughly, and objectively investigated. The initial investigation will begin immediately by correctional staff, to ensure preservation of physical and/or circumstantial evidence. In accordance with contract requirements, the local sheriff's office, OPR and OIG will be notified immediately and will assume control of the investigation when appropriate. Administrative investigations will include an effort to determine whether staff actions or failures to act contributed to the abuse and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and investigative facts and findings. Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence will be attached where feasible. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution. Investigators will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All written reports of administrative and criminal investigations will be maintained for as long as the alleged abuser is incarcerated or employed by GEO, plus an additional five years. The departure of an alleged abuser or victim from the employment or control of GEO does not provide basis for terminating an investigation. The facility investigator tracks sexually abusive or sexual harassment investigations. The facility staff will endeavor to remain informed about the progress of the investigation. To the extent possible, the facility administrator will request that outside investigative authorities conduct the investigation in accordance with PREA investigation standards.

Should the OIG determine that the allegations can be investigated locally, the facility investigator, who has received special training in sexual abuse investigations, will conduct such investigations. These investigations will be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff.

The facility investigator staff will cooperate fully with all outside investigative authorities and, when required, will gather and preserve physical and DNA evidence consistent with evidence gathering/processing procedures outlined in the coordinated response plan. When the quality of evidence appears to support a criminal prosecution, compelled interviews will be conducted only after consulting with prosecuting attorneys to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution. Inmates who allege sexual abuse will not be submitted to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

GEO maintains data collection, reviews, and storage in accordance with PREA standards. The NLCF investigator provided documentation of completed of Sexual Abuse and Harassment investigator's training. Discussion with the investigator validated training included all aspects of the standards for sexual abuse and harassment training.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

BOP Program Statement 5324.12
GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior
Investigative Packet
Specialized Investigative Training Certificate

The evidence standard is a preponderance of the evidence in determining whether administrative allegations of sexual abuse or sexual harassment are substantiated by policy, or by review of investigative reports. Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. The evidence standard was utilized in the cases reviewed by the auditor. Compliance was determined through a review of policy, investigations, investigator training curriculum, and interviews with investigators.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in determining compliance with this standard:

BOP Program Statement 5324.12

GEO Policy 5.1.2-A PREA

NLCF Policy 5.1.2 PREA

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior

Statement of Fact
Notice of outcome memo to Inmate
Notice of Separation

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior “Finding Notifications Memo” address the mandates of this standard. The agency has a policy requiring any inmate who alleges that he suffered sexual abuse at NLCF be informed, in writing, whether the allegation has been determined to be unsubstantiated, substantiated, or unfounded at the conclusion of the investigation. When an allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member were indicted on a charge related to sexual abuse within the facility, or the agency learned that the staff member was convicted on a charge related to sexual abuse. These findings would also be communicated to the inmate if the investigation were completed by an outside agency. When an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

When the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, the agency requests the relevant information from the investigative agency in order to inform the inmate. When an inmate alleges that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. When an inmate alleges that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. When the allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member were indicted on a charge related to sexual abuse within the facility, or the agency learned that the staff member was convicted on a charge related to sexual abuse. During this auditing period, there were two (2) administrative investigations of alleged sexual abuse or sexual harassment that required notification in accordance with this standard. There was one (1) notification provided to inmates. One inmate had discharged from custody and his whereabouts were unknown. The documentation of the notifications and inmate interviews support the finding that the facility follows this standard. Compliance with this standard was further determined by a review of policy, interviews with staff and inmates, and copies of notifications an inmate shared with the auditor.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
BOP Program Statement 5324.12
GEO Policy 5.1.2-A PREA

Staff members are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. Discipline would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were no staff that resigned or terminated pending an allegation of sexual abuse during this audit period. Compliance with this standard was determined through a review of policy, investigations, referrals, personnel actions, and interviews with the facility administrator.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA

BOP Program Statement 5324.12

GEO Policy 5.1.2-A PREA

NLCF Policy 5.1.2 PREA

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior

Statement of Fact

Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and law enforcement agency or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the previous year, there no incident where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at NLCF.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the

inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

- BOP Program Statement 5324.12
- GEO Policy 5.1.2-A PREA
- NLCF Policy 5.1.2 PREA
- GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior
- Disciplinary Report and Action
- Inmate Handbook

NLCF utilizes the BOP Discipline Program for Inmates. The Inmate Handbook address the mandates of this standard. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Inmates interviewed indicated a good understanding of their freedom to make allegations without consequences for making good faith allegations. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act.

Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. Prior to the disciplinary hearing, mental health staff access the above information. The facility considers the therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There was one disciplinary action regarding PREA violations. Compliance with this standard was determined through a review of policy/documentation and the inmate discipline process, as well as staff and inmate interviews

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
PREA Risk Assessment
Mental Health Screening Evaluation
Population Monitoring Census (Possible Predator; Possible Victim and Dual Personality
Traitor History.
Referral to Mental Health for Prior Victim
Intake Screening
Risk of Victimization and Abusiveness Screening
Mental Health Follow-up
Referral to Mental Health for Prior Perpetrator

Interviews with medical and mental health staff confirm the institution has a very thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. Inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Additionally, inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate. This was confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by medical, mental health and case management staff during in-processing procedures. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or in the community.

During the intake process, a mental health staff member and a medical provider separately interview the incoming inmate. During this process, mental health staff offer follow-up meetings with inmate that have history of sexual abuse or are identified as a sexual predator. Staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening.

Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments, and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization which did not occur in an institutional setting.

All screenings are recorded in the medical and mental health inmate records. All information is handled confidentially and interviews with intake screening staff support a finding that the facility is in compliance with this standard. The facility maintains a population monitoring census for possible predator, possible victim and dual predator/victims that is utilized by unit managers and mental health staff for housing of inmates.

Compliance was confirmed by a review of policies and intake screening documents, as well as interviews with inmates who self-identified as having experienced prior victimization during intake. Compliance was also determined by interviews with medical and mental health staff.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

standard for the relevant review period)

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
Forensic Information and Procedure in the Event of Sexual Assault
Coordinated Response Plan
PREA Checklist
First Responders cards
Nursing Protocol for Sexual Assault
Statement of Fact

The facility medical and mental health personnel provide emergency medical services to inmates. Medical personnel are on duty 24 hours a day, seven days a week. Mental health providers are five days per week and are also available for call-back during off duty hours. Victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. This access includes offering timely information about and timely access to sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim. No attempt will be made by medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing and placed in the victim's medical record. NLCF medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/abusers will be examined by a SAFE or SANE at local medical center. All refusals of medical services shall be documented. The results of the physical examination and all collected physical evidence are provided to the local law enforcement. Mental health counselor or ICPM will meet weekly with the alleged victim in private to ensure sensitive information is not exploited by staff or others and see if any issues exist. These meeting will be documented on the Retaliation Log.

Agency policy prohibits inmate co-pays for medical treatment to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on

sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Compliance with this standard was determined through a review of policy/documentation and interviews with SANE medical staff and the mental health director.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA

NLCF Policy 5.1.2 PREA

Statement of Fact

Medical and Mental Health Assessment

The facility provides sexually abused victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse, while incarcerated, will be offered tests for sexually transmitted infections, as medically appropriate. All treatment services are 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. The facility will 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. Health services include medical and

mental health aftercare plans to be developed no later than 30 days prior to the anticipated date of release for inmates subjected to sexual abuse. The facility would assist in the arrangement of referrals for continued care following their transfer to or placement in other facilities or after their release from custody, if needed. Victims would also receive timely and comprehensive information about and timely access to all necessary medical services. Compliance to the standard was verified through review of policy mental health PREA allegation follow up interviews and interviews with medical and the mental health directors.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to

supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA

NLCF Policy 5.1.2 PREA

GEO After Action Report (Incident Review Team) the following:

Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the chief administrative officer, shall review the case and:

- (a) Determine what may have been the motivation for the incident or allegation such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
- (b) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
- (c) Assess whether monitoring technology should be deployed to supplement staff supervision.

- (d) The review team shall prepare and submit to the chief administrative officer and facility ICPM a written report of their findings and any recommendations for improvement.
- (e) Documentation for any recommendation not implemented shall be maintained.

NLCF's facility administrator identified staff that are part of the core Incident Review Team. The facility administrator, assistant facility administrators, the ICPM, the HSA and mental health staff make up the facility's Incident Review Team. There was one (1) allegation that required an Incident Review. Compliance was determined by review of incident review team meeting, interviews with several incident review team members, and interviews with the facility administrator.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
Month PREA Incident Logs
GEO Website (2020 Annual Compliance Report)
Federal Bureau of Prisons Annual Report
GEO PREA Portal Survey

The Federal Bureau of Prisons Annual Report mandates that private institutions will follow BOP mandates that the information concerning sexual abuse. The facility must maintain secure investigative files and data, which include:

- The victim(s) and perpetrator(s) of sexually abusive behavior.
- A factual description of the events.
- Formal and informal action(s) taken.
- All collateral reports, supporting memoranda, and videotapes.
- Medical forms (e.g., injury assessments).
- Any other evidentiary materials pertaining to the allegation.

The GEO PREA coordinator aggregates and reviews data from all sources annually. GEO and BOP aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall 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. A review of the BOP Annual Report for 2020 documented there were no substantiated cases of sexual abuse at NLCF. At the time of the collection of data, there were 2 cases of sexual abuse that were reported by BOP. Neither case was substantiated.

GEO requires that the IPCM ensures that the data is compiled and forwarded to the PREA coordinator monthly on the *Monthly PREA Incident Tracking log*. In addition to submitting the Monthly PREA Incident Tracking Log, the IPCM 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. The data collected will be, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 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. A review of documentation supports the finding that the GEO and has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected includes information required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The GEO PREA coordinator will provide the above data to the BOP PREA coordinator at least annually. Compliance with this standard was determined by a review of policy/documentation, websites for the BOP and GEO, and an interview with the IPCM and GEO PREA coordinator.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A PREA
NLCF Policy 5.1.2 PREA
BOP Website - 2020 Corrective Action Plan
GEO Log of Incident in 2020
GEO Website

The agency and facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues, or problematic areas, and to take corrective action if needed. The IPCM forwards data to the agency PREA coordinators for GEO and BOP. Compliance with this standard was determined by a review of policy/documentation, review of the BOP and GEO websites, and interviews with the GEO PREA coordinator.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in determining compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Prevention and Intervention
GEO Policy 1.1.1-a (11)
Program Statement 5324.12
BOP annual Report
GEO Group annual Report

GEO Website

All PREA files and related data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state, or local law requires otherwise. The agency makes the information available on the GEO website. The reports cover all data required in the elements of this standard. Staff interviews and a review of documentation confirmed compliance with this standard. The required reports cover all data required in this standard and are retained in a locked file. Compliance with this standard was determined by a review of policy/documentation and interviews with IPCM and facility administrator.

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is the first audit for this facility under the BOP contract. The facility opened for BOP inmates in 2019. The facility was scheduled to undergo its first audit in April 2020. However, due to the pandemic, the facility was unable to schedule the audit. With each spike in the pandemic and local concerns, the facility moved dates. In June 2021, the agency completed an internal review of audit status readiness, and the audit was scheduled for October 26 through October 28, 2021. The onsite audit was for two days, and a documentation audit was conducted on November 1, 2021. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. The auditor was provided supporting documentation before and during the audit. Notifications of the audit (posted throughout the facilities) allowed inmates to send confidential letters to the auditor prior to the audit on August 3, 2021. There were no correspondences from inmates or staff during this audit period.

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The institution has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates, and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency and facility's leadership are fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Allegations of sexual abuse or sexual harassment are processed in accordance with the standards, to include retaliation monitoring, disciplinary actions, if required, outcome notifications and an incident review team.

PREA training for staff and inmates is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated into the intake and allegation of sexual abuse processes. Medical networks for the inmates are established in the community. The public has access to reporting mechanisms and PREA trends data via the website. NLCF currently meets or exceeds all applicable PREA standards.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

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

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

Robert Manville

11/28/2021

Auditor Signature

Date