

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility:		Reeves County Detention Center I & II	
Physical address:		98 County Road 204, Pecos, TX 79772	
Date report submitted:			
Auditor Information		Barbara Jo Denison	
Address:		3113 Clubhouse Drive, Edinburg, TX 78542	
Email:		denisobj@sbcglobal.net	
Telephonenumber:		956-566-2578	
Date of facility visit:		July 8-10, 2014	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
		P.O. Box 1560, Pecos, TX 79772	
Telephone number:		432-447-2926	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	Prison	
Name of PREA Compliance Manager:		Donna Fulgham	Title: Quality Control Specialist
Email address: dfulgham@geogroup.com		Telephone number: 432-447-2926 ext. 1283	
Agency Information			
Name of agency:		The GEO Group Inc.	
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:		One Park Place, Suite 700, 621 NW 53 rd St., Boca Raton, FL 33487	
Mailing address: <i>(if different from above)</i>			
Telephone number:		561-999-5827	
Agency Chief Executive Officer			
Name: George C. Zoley		Title: Chairman of the Board, CEO and Founder	

Email address: gzoley@geogroup.com	Telephone number:	561-893-0101
Agency-Wide PREA Coordinator		
Name: Phebia L. Moreland	Title:	Director, Contract Compliance, PREA Coordinator
Email address: pmoreland@geogroup.com	Telephone number:	561-999-5827

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Reeves County Detention Center I & II was conducted on July 8-10, 2014 by Barbara Jo Denison, Certified PREA Auditor. Prior to the audit the facility provided to the auditor policies, procedures and facility documentation related to each standard for review. Ongoing communication was held with the facility PREA Manager and the PREA Coordinator during this review period in preparation for the on-site visit. The pre-audit review of the documentation resulted in some recommendations for facility policy revisions to ensure compliance. These revisions were completed and forwarded to the auditor before the audit date. The evening prior the audit, the auditor was supplied with a list of inmates sorted by housing units, lists of inmates with special needs and special designations as well as a list of facility staff. From these lists inmates and staff were randomly selected to be interviewed during the audit. On the first day of the audit an entrance meeting was held with the following people in attendance: Bobby Thompson, Warden; Donna Fulgham, Quality Control Specialist/PREA Compliance Manager; LaVaughn Garnto, Assistant Warden, Programs; Robert Ellis, Assistant Warden, Correctional Services; Donna Garcia, Executive Assistant; Ashley Contreras, SIS; Luciano Reyes, Major; Jennifer Shaw, GEO Manager, Contract Compliance/PREA and John Yates, BOP Senior Secure Institution Monitor.

Following the entrance meeting a tour of the facility was held from 8:15 a.m. – 1:30 p.m. The following people accompanied the auditor on the tour: Bobby Thompson, Warden; Donna Fulgham, Quality Control Specialist/PREA Compliance Manager; LaVaughn Garnto, Assistant Warden, Programs; Robert Ellis, Assistant Warden, Correctional Services; Luciano Reyes, Major; Jennifer Shaw, GEO Manager, Contract Compliance/PREA; John Yates, BOP Senior Secure Institution Monitor; Todd Wertman, BOP Secure Oversight Monitor and Jeremy Bryan, BOP Secure Oversight Monitor. Housing units, day rooms and all areas where inmates program and work were toured. While touring a few inmates and staff in each housing unit were questioned about their knowledge of PREA.

A total of 27 staff was interviewed in the course of the audit. This number includes one volunteer who was interviewed by telephone and one contract employee. A random selection of 10 correctional officers chosen from both the day and night shifts included a combination of line staff and supervisors. The PREA Coordinator and the Agency Head were not in attendance during the audit and were interviewed by telephone the week prior to the audit. There is no SAFE or SANE staff at the facility; they are available by contract at the local hospital. Staff interviewed were well versed in their responsibilities in reporting sexual assaults and suspected sexual abuse. When questioned about evidence preservation, staff responses reflected agency policies and standard requirements.

A total of 19 general population inmates and two inmates housed in the Special Housing Unit (SHU) were interviewed. Translation services were provided by Elvira Morales, Case Manager to assist the auditor in the interviewing of Spanish speaking inmates. Of the inmates interviewed, one was selected from each housing unit, with the exception of two from the SHU, as well as a representation of inmates with hearing loss, low visual acuity and those with special designations (potential victim, potential predator). There were no transgender or intersex inmates housed at the facility. An inmate letter was received prior to the audit claiming sexual harassment by an officer. That inmate was interviewed and the incident discussed. An administrative facility investigation proved the claim to be unfounded and the inmate was disciplined for a contraband issue as a result of the investigation.

Inmates interviewed acknowledged receiving PREA training and were aware of methods to report incidents of sexual abuse, assault or harassment.

There has been one staff-on-inmate sexual assault reported on 6/15/14. An ongoing investigation by OIG is in process. One inmate-on-inmate sexual assault was reported on 7/4/14. The allegation was investigated by the SIS Supervisor and was concluded on 7/7/14. Investigative files of both incidents were reviewed with the SIS Supervisor. In both cases the proper procedures were followed in the handling of sexual assault/abuse allegations.

At the conclusion of the on-site audit an exit meeting was held to discuss the audit findings. The following people were in attendance: Bobby Thompson, Warden; Donna Fulgham, Quality Control Specialist/PREA Compliance Manager; Robert Ellis, Assistant Warden, Correctional Services; Ashley Contreras, SIS Supervisor; Donna Garcia, Executive Assistant; Luciano Reyes, Major; Nelia Taboy, PNA Health Services Administrator; Jennifer Shaw, GEO Manager, Contract Compliance/PREA; John Yates, BOP Senior Secure Institution Monitor; Todd Wertman, BOP Secure Oversight Monitor and Jeremy Bryan, BOP Secure Oversight Monitor. In attendance via telephone was Patricia Persante, GEO Executive Vice President, Contract Compliance; Gerardo Maldonado, GEO Director of Operations, Central Region; Reed Smith, GEO Vice President, Central Region and Phebia Moreland, GEO Director, Contract Compliance/PREA Coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Reeves County Detention Center I & II (RCDC I & II) is a low/minimum-security facility located in Pecos, Texas approximately 120 miles from Midland, Texas. The RCDC I & II opened on May 1, 1986. The facility was established in a joint effort by the Reeves County Sheriff and Reeves County Commissioners' Court to relieve overcrowding of contract federal offenders within the county jail. The facility was designed as a 500-bed county jail and by May 2001, had expanded to house over 2000 offenders. The initial complex is now known as Reeves I & II.

The facility has previously housed unsentenced U.S. Marshal inmates, Bureau of Prison inmates and Texas Department of Justice inmates. In February 2007, a 10-year contract was awarded by the Federal Bureau of Prisons (BOP) to house 2407 low-security, criminal alien male inmates.

The GEO Group, Inc. began operating under a contract in 2004 with Reeves County for the administrative management of the prison. The remainder of the staff is employed by Reeves County. The Physicians Network Association (PNA) contracts for medical services. The commissary vendor is Midstate Services, Inc.

The facility consists of multiple housing units within a secure perimeter. All housing units have shared large dayrooms with television, phones and hobby crafts. Five of the ten housing units are of the same design. Some of the housing units are two-levels containing double bunks. Included on the compound are outdoor recreational areas, a central programs building, a centralized food service facility, a large medical unit and a support building consisting of a laundry and a warehouse. An administrative building is located outside of the perimeter fences.

The mission of RCDC I & II is to ensure that the Bureau of Prisons receives high quality, cost effective and comprehensive privately managed prison services.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	4
Number of standards met:	38
Number of standards not met:	0
Non-applicable:	1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. This policy was clearly outlined in GEO policy 5.1.2-A, page 1, section 1 and page 2, section III (a-g).

RCDC 10.003, page 2 & 3, section IV-A related to the designation of a PREA Coordinator and PREA Manager revealed that the agency employs an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA Standards. Based on interviews with the PREA Coordinator and the PREA Manager, both indicated they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

§115.12 - Contracting with other entities for the confinement of inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

A contract with the Federal BOP with Reeves County which was modified and signed on 1/10/13 to include the requirements of PREA was reviewed. The BOP has a Contract Facility Quality Assurance Plan that reviews contractors to ensure PREA requirements are being met. An interview with the BOP Senior Secure Institution Monitor verified that the BOP feels that the agency is ensuring that PREA requirements are being met.

§115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on RCDC policy 10.003, page 7, section E, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. There have been no incidences where the staffing plan was not complied with, as confirmed by interview with the Warden. An Annual PREA Facility Assessment is conducted by the Warden and the PREA Manager.

In review of RCDC policy 01.008 and post orders for Shift Supervisors (Captains) and Assistant Shift Supervisors (Lieutenants), there is a policy in place and a practice of unannounced rounds being conducted and documented. Housing logs were reviewed showing such documentation of unannounced rounds. Housing log books showed entries of announcements made when females entered the housing units. There was inconsistency in responses when inmates were asked if an announcement was made when females came to their housing units. Some responded that it was not announced; some responded that they sometimes announce it and others said it was announced. This information was shared with the Warden who immediately sent an e-mail to all staff to remind them of this procedure.

§115.14 – Youthful Inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

X Not Applicable

RCDC I & II is an adult male facility and does not house youthful offenders.

§115.15 – Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

There have been no incidences of cross-gender strip searches or cross-gender visual body cavity searches. GEO policy 5.1.2-A, pages 15 & 16 and RCDC policy 08.008 outlines the procedures if these type of searches were to occur. A training outline for cross-gender viewing and searches was reviewed that addressed all elements of the standard including transgender and intersex inmates.

The facility has policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. RCDC policy 10.003, page 3 section A, was reviewed regarding the announcement of staff of the opposite gender in inmate housing units (see [§115.13](#)). The inmates did confirm that they have privacy when they shower, toilet and change their clothing.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency takes appropriate steps to ensure that inmates with disabilities and inmates that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. GEO policy 5.1.2-A page 10, section E, 1, a, b & c and RCDC policy 10.003 pages 7 & 8 outline the procedures and policies related to this standard. PREA training in the form of posters, videos and handouts are available in both English and Spanish. Policy prohibits the use of inmate interpreters, inmate readers or other types of inmate assistants, 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 or the inmate's allegations.

§115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

In review of GEO policy 5.1.2-A, pages 7 & 8, sections C & H, and RCDC policy 03.004 pages 1 & 2, section III, the agency does not hire or promote anyone who may have contact with inmates, and does not enlist the 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, 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 has been civilly or administratively adjudicated to have engaged in the activity described above. The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

In interview with the Human Resources Manager and review of five random personnel files of employees hired within the past 12 months, the agency performs extensive criminal background records checks before hiring new employees. In review of three personnel files of employees who have been employed by the facility for at least five years, five-year background checks are being performed, including contractors as required by this standard.

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, section III, C – 3 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

The facility currently has 198 cameras that are monitored at Central Control. Due to blind spots in the kitchen, 14 new cameras are slated to be installed and due to the recent staff-on-inmate assault, 5 new cameras will be installed in the education department.

§115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-E, pages 6 & 7, section D, policy 10.003, page 16, section G and PNA policy C-13 pages 1 & 2, as well as interview with the PREA Compliance Manager, the agency complies with all elements of this standard.

To the extent the agency is responsible for investigating allegations of sexual abuse; the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The agency offers all victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. A contract with the Odessa/Midland Hospital provides SAFE and SANE services when necessary.

The agency makes available to the victim a victim advocate from a rape crisis center. There is a MEMORANDUM OF UNDERSTANDING between the agency and Angel House located in Odessa, TX to provide advocacy services if requested by the victim. The victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-E, page 4, section 1, a-d, BOP Program Statement 5324.11, Page 25, sections a, b, & e and RCDC policy 10.003, Pages 2 & 3, page 13, section E, 1 and page 23 section P, as well as interviews with the agency head and investigative staff, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Referrals of allegations are first investigated by the facility. If the allegation involves potentially criminal conduct, it is referred to the Office of Professional Responsibility for review and to the Office of Internal Affairs (OIA) and then to the Office of Inspector General if warranted. The investigative files of the two recent allegations were reviewed with the SIS Supervisor. The staff-on-inmate investigation was referred for prosecution.

§115.31 – Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 11 & 12, section F and RCDC policy 10.003, and review of the PREA Training curriculum, employees are provided with excellent PREA training at this facility. The policies as well as the training curriculum reviewed address all elements of this standard. The training is tailored to the gender of the inmates at the facility. Additional training shall be provided to employees who transfer from a facility that houses only females. Staff at the facility that was interviewed formally and informally was very knowledgeable about PREA, the agency's zero-tolerance policy and how to report/respond to allegations of sexual abuse. All staff is trained as first responders. Random employee training records were reviewed. Employees acknowledge by signature that they have received and understand the training.

§115.32– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 13, section G and page 14, section H and RCDC policy 10.003, page 3, section D, 2 and section E outline the requirements for training for all volunteers and contractors who have contact with inmates. An excellent curriculum was reviewed that was very comprehensive with the objectives of the training ensuring that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. A random review of volunteer and contractor training records and by interview with a volunteer and a contractor, the agency is exceptional in their efforts to provide this training. Volunteers and contractors acknowledge by signature that they have received and understand the training.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 11, section 2, c-e and g-i, RCDC policy 10.003, page 10, section C and page 12, section 7 and RCDC policy 10.002, section IV-D, all inmates receive PREA education. The training is provided as part of the Admission and Orientation program and provided by education staff of the facility. The inmates receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and harassment. The inmate handbook was reviewed as well as the PREA Admission and Orientation training and handouts. Information is provided in both English and Spanish and provided to inmates who have low vision or low hearing or with limited reading skills in a manner they can understand. Within 30 days of intake, the agency provides a comprehensive education to inmates either in person or through a video for additional education on PREA information. A random review of inmate records showed that inmates acknowledge through signature that they have received and understand the training. Formal and informal interviews with inmates indicated they had an understanding of the training they received. Posters about being free from sexual abuse were displayed throughout the facility.

§115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 13, section 3 and RCDC policy 10.003 as well as the PREA Specialized Training Investigations outline, shows that in addition to general training provided to all employees, the agency provides specialized training to its investigators. This training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Sign-in sheets of facility investigators who received this training were provided as well as investigators specialized training certificates of completion.

§115.35 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 12, section 2, a & b, RCDC policy 10.003, page 10 and RCDC/PNA policy C-13 were used to verify compliance of this standard. The agency ensures that all medical and mental health practitioners have additional training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. The agency maintains documentation that all medical and mental health practitioners have received this training. They also receive the training mandated for all employees as well. Training records reflect that all have received this specialized training.

The facility medical staff does not conduct forensic examinations. These are conducted by contract at the area hospital.

§115.41 – Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 8 & 9 section D and RCDC policy 10.003, page 10, 11 & 12 were reviewed along with the Initial PREA Intake Screening Assessment and the 30-day Reassessment Screening documents. Upon intake to the facility all inmates are screened using an objective screening instrument. The screening tool was complete and covered all required criteria for assessment of inmates for the risk of sexual victimization. Based on interview with a Case Manager responsible for intake screenings, the question on the screening form asking if the inmate perceived himself to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming was not being asked. The Case Manager Coordinator was then interviewed who verified that this was the practice of all Case Manager who are responsible for completing intake screenings per the training they had received. The Case Manager Coordinator scheduled an in-service training for all Case Managers the following day and provided the auditor with a training roster and training information that included asking this question as part of the screening process. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

Within 30 days of the inmates arrival at RCDC I & II, all inmates are reassessed for their risk of victimization or abusiveness based upon any additional, relevant information received since the initial intake screening. An inmate's risk level is also reassessed due to a referral, request, and incident of sexual abuse or on receipt of additional information that may have bearing on the inmate's risk of sexual victimization or abusiveness.

Screening information is maintained in the Case Managers office to ensure that sensitive information is kept confidential.

§115.42 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 10, section 3, RCDC policy 10.003, pages 21 & 22, and RCDC policy 11.002, were utilized to verify compliance with this standard. Interview with the PREA Manager and the staff responsible for risk screening showed consistency in how the information from the risk screening is used to determine housing, bed, work, education and program assignments to ensure safety of each inmate. The facility does not receive transgender or intersex inmates. If they were to receive them, placement and programming assignments for each transgender or intersex inmate would be reassessed at least twice each year to review any threats to their safety. Transgender and intersex inmates would be given the opportunity to shower separately from other inmates.

The agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units or wings solely on the basis of such identification or status, unless such 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 such inmates.

§115.43 – Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 16, section J-1 and RCDC policy 10.003, page 22 & 23, section 6, prohibits the facility from placing inmates at high risk of victimization in involuntary segregation unless there is no alternative available. If placed there inmates must be provided program, privileges, education and work or document why they did not have the opportunity to participate. On interview of the Warden and staff who supervise segregated inmates, segregation has not been used during the last 12 months to house inmates at high risk for victimization.

§115.51 – Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 17 and RCDC policy 13.002, page 2, the Inmate Handbook and the PREA pamphlet provided to inmates at Admission and Orientation were utilized to verify compliance to this standard. Staff and inmate interviews verify that inmates have multiple internal ways to report incidents of abuse or harassment. They can report verbally, in writing or through report of a third person.

The facility has a Memorandum of Understanding with Angel House to provide private reporting of sexual abuse and harassment by telephone. During the tour in one of the housing units the auditor attempted to telephone Angel House using the information that was posted above the telephones in every housing unit. The number could not be accessed using the posted information. The phone line was checked and was found to be in service, but it was determined that the sequence of the steps to access the number

were posted incorrectly. Information provided to inmates during the Admission and Orientation sessions was the correct procedure. The signs were immediately removed, corrected and reposted the following day.

§115.52 – Exhaustion of Administrative Remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, pages 17 & 18, RCDC policy 10.003, page 6 and RCDC policy 12.006, pages 8-12, the agency has administrative procedures in place to address inmate grievances regarding sexual abuse. The policy states there is no timeline for filing regardless of when the alleged incident occurred. The agency ensures 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. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. Inmates are informed of grievance procedures in the inmate handbook. To date there have been no grievances received alleging sexual abuse.

§115.53 – Inmate Access to Outside Confidential Support Services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 23, section 8 and RCDC policy 10.003, page 5 sections C, 1 & 3, verifies that inmates have access confidential support services. A Memorandum of Understanding with Angel House of Odessa, TX provides for victim advocacy for emotional support services related to sexual abuse. The Memorandum of Understanding describes the services to be provided which includes confidential support services 24 hours a day, seven days a week. Inmates are given information through signage in housing units and other places throughout the facility and receive a pamphlet in Admissions and Orientation detailing this service and how to access it. Inmate interviews revealed that inmates are aware of this outside resource.

§115.54 – Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency has a method to receive third-party reports of sexual abuse and sexual harassment. This information can be accessed on the GEO website. The information available on the website explains how to report sexual abuse and sexual harassment on behalf of an inmate.

§115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 13, section G-2, page 14, section H-2 and page 18 sections 4 and RCDC policy 10.003, page 6, 1-3, were reviewed to verify compliance with this standard. Policies require that all staff are required to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment. Texas reporting laws for vulnerable persons as well as the training curriculum for staff reporting was reviewed. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary. The facility reports all allegations of sexual abuse and sexual harassment to the facility's designated investigators.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, section 1-a and RCDC policy 10.003, page 3, section V-C), When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Through interview with the Warden, there have been no incidents in the past 12 months where it was necessary for the agency to take any action in regards to an inmate being in substantial risk of sexual abuse.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 22, section 5 and RCDC policy 10.003, page 3 section C, 1-3, requires when a sexual abuse allegation that an inmate was sexually abused while confined to another facility, the Warden of the facility that received the allegation shall notify the Warden of the facility of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. Interview with the Warden and the PREA Manager demonstrated that they knew the procedures to follow. To date this has not occurred.

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 19, section 2, a-e and RCDC policy 10.003, page 25 & 26, attachment A, outlines the requirements of the first security and non-security staff members who respond to a report of sexual abuse. Random interviews with security and non-security staff revealed that they knew the policy and practice to follow. They reported that they knew that the alleged victim and abuser must be separated, how to preserve the crime scene and knew how to preserve any evidence.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

RCDC I & II's Emergency Plan 23 outlines a very comprehensive written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan clearly defines the responsibilities of each and the procedures to follow in detail. Interviews with specialized staff confirmed that they are knowledgeable about the plan.

§115.66 – Preservation of ability to protect inmates from contact with abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any individual in a GEO facility or program pending the outcome of an investigation. Interview with the agency head revealed that the agency has not entered into any collective bargaining agreements since August 2012. In fact, no collective bargaining units exist.

§115.67 – Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 24, section 2, a, c, f, g, i, and RCDC policy 10.003, page 4 sections a, c & d, describes the policy and practice to be followed to ensure that there is no retaliation against any inmate or staff member who report sexual abuse or sexual harassment. Donna Fulgham, PREA Compliance Manager, is responsible for monitoring for retaliation. She was able to explain her role in preventing retaliation and what measures she takes to protect inmates and staff from retaliation.

§115.68 – Post-Allegation Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 16, section 1, b, d and f and page 22 #6 and RCDC policy 10.003, page 23, #4, involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. As indicated in standard 115.43, use of protective custody to protect alleged victim is only used as a last resort for a very short time. Interviews with the Warden and segregation staff showed that segregation has not been used during the last 12 months to protect any alleged victims.

§115.71 – Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

In review of GEO policy 5.1.2-E, pages 4 & 5, section B-1, pages 5 & 6, section B-2 and page 10, section J-6, BOP policy 5324.11, page 43, section b-i, and RCDC policy 10.003, pages 32 & 33, the facility investigators conduct investigations immediately when notified of an allegation of abuse. Interview with the SIS Supervisor and review of her training records showed she and her Investigation Officers have received special training. If the investigation supports criminal prosecution, the case is referred to the Office of the Inspector General.

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-E, page 6, section b-d and RCDC policy 10.003, the agency shall impose no standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the SIS Supervisor was asked what standard of evidence was used in determining if an allegation is substantiated, she confirmed the agency policy.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, pages 10 & 11, section K and RCDC policy 10.003, pages 34 & 35, were utilized to verify compliance to this standard. The recent pending investigation is in the early stages of investigation. The policies reviewed indicate that the intent of the standard requirements if the allegation proves to be substantiated, unsubstantiated or unfounded providing proper notification as per the standard. Based on interview with the Warden and the SIS Supervisor this process is in place and required notifications will be documented. The agency's responsibility to report shall terminate if the inmate is released from the agency's custody.

§115.76 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, page 111, section L-1 and RCDC policy 10.003, page 6, section 5 state that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policies. Staff is informed of these policies in the RCDC and GEO Employee Handbooks and in the RCDC Standards of Employee Conduct.

§115.77 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, section 3 and RCDC policy 10.003, page 8, section A-1 & 2, states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and she be reported to law enforcement agencies. In interview with the Warden, there have been no incidences of sexual abuse by contractors or volunteers. If it were to occur, appropriate remedial actions would be taken. Interviews with a contractor and volunteer confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on RCDC policy 10.003 and review of the Inmate Handbook, inmate-on-inmate sexual activity will result in disciplinary sanctions. The agency disciplines an inmate for sexual conduct with staff only upon a finding that the staff member did not consent to such contact.

§115.81 – Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

As outlined in GEO policy 5.1.2-A, page 9, section 2, b-d and RCDC policy 10.003, pages 11 & 12, section 2-6, any inmate reporting any prior victimization or any inmate who previously perpetrated sexual abuse, is seen by mental health staff within 14 days of intake screening. Staff responsible for intake screening and the Health Services Administrator that were interviewed verified that this process was in place. Informed consent is obtained from inmates before reporting about prior sexual victimization that did not occur in an institutional setting.

§115.82 – Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 16, section 1 –f & g, page 20, section K, 2-4 and page 22, section 7, a & b; and, PNA policy C-13, page 1, section 1 and page 2, section 3, 4 & 5 mandate that inmate victims of sexual abuse have immediate access to medical and mental health services and crisis intervention services. The facility medical and mental health staff and a contract with the Odessa/Midland Hospital provide this care. Interview with the Health Services Administrator confirmed this practice.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2A, page 16, section I, d-h, RCDC policy 10.003, page 20, section K, 2-4 and page 22, 7 a & b and PNA policy C-13, page 1, section 1 and interview of the Health Services Administrator were utilized to verify compliance to this standard. The facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse. They will be offered prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, counseling and testing and referred to the mental health staff for crisis intervention as necessary. Treatment will be provided at no cost to the inmate.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, pages 24 & 25, section 3, a-c and RCDC policy 10.003, pages 29 & 30 and on interview with the Warden, PREA Compliance Manager and the SIS Supervisor who are all members of the Incident Review Team, the facility conducts a sexual abuse incident review for every sexual abuse investigation. An After Action Review Committee consisting of the Warden, Associate Warden responsible for Correction Services, the SIS Supervisor, the HSA and PREA Compliance Manager meet and review the incident within 48 hours. As a result of the recent staff-on-inmate assault, the After Action Review Committee assessed the area where the abuse occurred. As a result of their review and their findings, five cameras will be installed in the education department. The agency has a very comprehensive PREA After-Action Review Report that addresses all elements of this standard.

§115.87 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 25, Section N and RCDC policy 10.003, page 34 are in place to provide for data on all allegations of sexual abuse to be collected and maintained. The PREA Manager prepares a Monthly PREA Incident Tracking Log that she forwards monthly to the PREA Coordinator. This information is compiled for the Federal BOP Annual PREA Report that is available on the BOP website.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-A, page 25, section 2 and RCDC policy 10.003, pages 35 & 36 and on interview with the PREA Coordinator, the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response to policies, practices and training. The report includes a comparison of the current year's data and corrective actions with those from prior years. The Annual PREA Report is made available on the BOP website.

§§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 25 & 26 and RCDC policy 10.003, page 25, section G were utilized to verify compliance with this standard. The agency ensures that data collected pursuant to standard 115.87 are securely retained for at least 10 years after the initial date of collection or longer if required by state statute. All aggregated sexual abuse data is available annually on the BOP website. Before publishing aggregated sexual abuse data, the agency removes all personal identifiers.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Barbara Jo Denison

July, 14, 2014

Auditor Signature

Date