

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: December 17, 2017

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| Auditor Information | | | |
| Auditor name: David K. Haasenritter | | | |
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| Telephone number: 540-903-6457 | | | |
| Date of facility visit: July 17 – 19, 2017 | | | |
| Facility Information | | | |
| Facility name: Reeves County Detention Center III | | | |
| Facility physical address: 100 West County Road # 204, Pecos, Texas 79772 | | | |
| Facility mailing address: (if different from above) P. O. Box 2038, Pecos, Texas 79772 | | | |
| Facility telephone number: 432-447-2909 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Ronald Martinez | | | |
| Number of staff assigned to the facility in the last 12 months: 113 | | | |
| Designed facility capacity: 1356 | | | |
| Current population of facility: 1119 | | | |
| Facility security levels/inmate custody levels: Low | | | |
| Age range of the population: 18-71 | | | |
| Name of PREA Compliance Manager: Catarina Martinez | | Title: Education Instructor / PREA Compliance Manager | |
| Email address: robennett@geogroup.com | | Telephone number: 432-447-2909 | |
| Agency Information | | | |
| Name of agency: The GEO Group Inc. | | | |
| Governing authority or parent agency: (if applicable) Click here to enter text. | | | |
| Physical address: One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton Florida 33487 | | | |
| Mailing address: (if different from above) Click here to enter text. | | | |
| 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 III was conducted on July 17 - 19, 2017 by Mr. David Haasenritter. The announcement of the audit was June 19, 2017. Approximately three weeks prior to the audit, the auditor received the Pre-Audit Questionnaire and additional documents through a secure thumbdrive. Documents included examples from 2015, 2016, and 2017. The night before the audit the facility provided a roster of all inmates housed at the institution; lists of inmates for specific categories to be interviewed; and a list of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

The auditor contacted Just Detention International (JDI) about any information previously submitted by inmates at the Reeves County Detention Center III and reviewed both the GEO and Federal Bureau of Prisons website prior to the audit. The GEO website is one of the easiest to find PREA information of all agencies this auditor has audited. GEO PREA page is very informative and has general PREA information on: agency zero tolerance policy; how for staff, inmates, and third parties to report; information on investigations; and where questions and inquiries can be forwarded to the PREA Coordinator (phone number, email, and mailing address). It also has several links to include: PREA standards; GEO basic and investigative PREA policies; GEO facility PREA audit reports; and GEO's current annual PREA Report. Federal Bureau of Prisons website did have Reeves County Detention Center III annual statistics posted on its website in the Federal Bureau of Prisons annual PREA report.

Following the entrance meeting with staff, the auditor toured the facility on July 17, 2017 and went back to certain areas in the institution on July 18 - 19, 2017. While touring, random inmates and staff were informally interviewed (not counted in interview count) and questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and inmates informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. During the tour, the auditor reviewed staffing logs; physical plant; sight lines; camera coverage; tested the inmate phone system for reporting allegations and for emotional support services; and institution operations.

Following the tour, the auditor began the formal interviews of staff and inmates, review of investigations, checking of cameras, and random checks of personnel, medical, and training records.

Following the initial tour, the auditor began the formal interviews, review of investigations, checking of cameras, and random checks of personnel, medical, and training records. Some of the review of staff and inmate records were scanned for review after the on-site audit. The auditor conducted 41 staff interviews (16 random, 25 specialized). Staff interviewed knew GEO zero tolerance policy; PREA definitions; their responsibilities in identifying, reporting and responding to any allegations of sexual abuse, sexual harassment, and staff negligence; and proper pat searches of transgender inmates. It was obvious the staff was well trained and GEO has built a culture of zero tolerance.

A total of 45 inmates were formally interviewed: 45 random interviews and 31 targeted interviews (LGB (4); who disclosed sexual victimization during screening (8); who reported sexual abuse while confined (2); and limited English (15); disables (2)). Majority of the inmates interviewed acknowledged receiving PREA information and a PREA screening upon arrival; PREA comprehensive education within 30 days; and they knew GEO had a zero-tolerance policy and the reporting procedures; and acknowledged staff of the opposite gender announce before entering the housing areas. The inmates were aware of PREA.

The auditor reviewed the PREA investigation tracking log for 2015, 2016, and 2017; and ten (10) investigations of sexual abuse and sexual harassment at Reeves County Detention Center III during the audit cycle. Prior to the audit the auditor reviewed a case from 2015 (I-I SA Substantiated) and 2016 (I-I SH Unfounded). Of the ten (10) allegations in the 12 months prior to the audit, only four (4) were completed, the remaining investigations were still on going. The auditor reviewed the four (4) during the on-site audit. During the corrective action and report writing period two (2) more investigations were closed. Of the ten (10), six (6) were inmate-inmate allegations: four (4) inmate-inmate sexual abuse unfounded; one (1) inmate-inmate sexual abuse investigation on-going; and one (1) inmate-inmate sexual harassment investigation on-going. There were four (4) staff-inmate allegations: one (1) staff-inmate sexual abuse substantiated; one (1) staff-inmate sexual abuse unfounded; and two (2) staff-inmate sexual abuse investigation on-going.

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of his findings. A representative from the GEO PREA office was present during the audit and was very helpful during the audit.

During the interim report writing and corrective action period, the auditor reviewed additional documents, modified forms, and conducted staff interviews. It should be noted with each corrective action plan submitted by Reeves County Detention Center III, there was a preventive action section that established checks and procedures to ensure corrective actions were continuously checked and maintained.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Reeves County Detention Center III is a low minimum-security facility located in Pecos, Texas approximately 120 miles from Midland, Texas. The facility was constructed in December 2002, on approximately 80 acres. The GEO Group, Inc. began operating under a contract in 2004 with Reeves County to manage the facility. RCDC III originally housed male offenders from Arizona. In January 2007, a contract was awarded by the Federal Bureau of Prisons (BOP) to house low security criminal alien male offenders, the majority to be deported following the completion of their sentences. Prior to 2017, Reeves County Detention Center III was one of three facilities operated by GEO, of the Reeves Complex. In 2017, the Federal Bureau of Prisons only renewed the contract with Reeves County for Reeves County Detention Center III in 2017. It was not known at the time of the audit if the Federal Bureau of Prisons and Reeves County would sign an agreement for the other two Reeves County facilities. GEO continues to operate Reeves County Detention Center III for Reeves County. The administrative management team are employees of the GEO Group, Inc. Commissary services and Medical services are contracted. The remainder of the staff are employed by Reeves County. With the closure of the other two facilities, Reeves County Detention Center III hired 37 new staff.

Reeves County Detention Center III consists of three housing units: Unit A, Unit B, Unit C with ten (10) pods each and approximately 45-50 beds in each pod. There is also a Special Housing Unit which contains administrative segregation and disciplinary segregation. During the audit, there were 69 beds used in the Special Housing Unit. There is a centralized program building, food service, laundry, medical and indoor/outdoor recreation. An administration building, armory and warehouse are located on the exterior of the secure perimeter. There is also an outside separate building where Federal Bureau of Prisons contract staff provides oversight monitoring of Reeves County Detention Center III. The facility capacity is 1,356, count on the first day of the audit was 1,119 inmates.

“The mission of the Reeves County Detention Center III is to ensure the Bureau of Prisons receives high quality, cost effective, and comprehensive privately managed prison service. Reeves County Detention Center III shall accomplish our mission and perform our contractual obligations to the BOP through the continual assessment and improvement of all areas of operations. The working philosophy of Reeves County Detention Center III is built on the foundation of a sound correctional charter, preservation of public safety, provisions of a healthful environment, balanced nutritional diet, and productive activities including educational, vocational, and work opportunities to the criminal alien inmate population at Reeves County Detention Center III.”

SUMMARY OF AUDIT FINDINGS

On July 17 - 19, 2017, the on-site visit was completed. Within a week of the audit being completed, the auditor provided a list of not met standards, and standards requiring additional information. During the 45-day interim report writing period, three (3) standards were identified as requiring corrective action. The final results of Reeves County Detention Center III PREA audit closed on November 14, 2017 is listed below:

Number of standards exceeded: 5

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO operates the Reeves County Detention Center III to house BP inmates. GEO has very good written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment that outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The main PREA policies are GEO Policy 5.1.2, Sexual Abuse Behavior Prevention and Intervention Program (PREA); GEO Policy 5.1.2-A, Sexual Abuse Behavior Prevention and Intervention Program (PREA for Adult Prison, Jail, and Adult Community Confinement Facilities); and GEO Policy 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA). Other agency policies supplement these main PREA policies. Reeves County Detention Center III Policy 10.003 Sexual Abuse/Assault Prevention and Intervention Program is the main local policy.

GEO employs an upper-level, agency-wide facility PREA Coordinator and a PREA Compliance Manager. Ms. Phebia Moreland is the PREA Coordinator. She is very knowledgeable of PREA standards and is one of the top PREA Coordinators I have met. The GEO organization chart demonstrates Ms. Moreland is in a position of authority. Ms. Moreland has the authority to develop, implement, and oversee PREA compliance. She is very active in coordinating PREA, consistently sending updates to facilities, especially as FAQs are posted on the PREA website. She conducts training and meetings to keep unit PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO’s PREA program. The auditor has observed her develop, implement and oversee compliance during this and other audits the auditor conducted. Ms. Moreland keeps up with PREA FAQs and her facility audits to make any necessary modifications to policy, procedure, and training in order to make GEO facilities not only PREA compliant; but for detainee and staff to be safe from sexual assault and sexual harassment. She indirectly supervises 117 compliance managers 60 Prisons and Jails, 49 Reentry Services, and eight (8) Youth Services through three regional corrections coordinators, one community corrections coordinator, and one juvenile coordinator. She often goes directly to the compliance managers to coordinate changes, provide updates, conduct training, and on-site during audits.

Ms. Catarina Martinez is the facility PREA Compliance Manager, who reports to the Warden for PREA. Though she was recently reappointed to position of PREA Compliance Manager, she was knowledgeable of PREA standards and was actively involved in PREA activities. There is a facility organizational chart which designates the PREA Compliance Manager who reports to the Warden with dual supervision by the GEO Agency PREA Coordinator. During the audit, it was obvious she had the freedom and authority to discuss issues with the Warden.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO is a private provider and does not contract with other agencies for the confinement of inmates. GEO Policy 5.1.2-A states GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adapt and comply with the PREA standards. It also states contractors in its facilities that have direct contact with individuals in GEO facilities or programs shall be obligated to comply with PREA standards. These requirements are required to be in the contracts.

Contracts with the Federal Bureau of Prisons to PREA language and requirements. Federal Bureau of Prisons through its Programs Review Process conducts annual PREA inspections, as well as Compliance Managers are on-site and monitor PREA activities.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO ensures each institution it operates develops documents, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect detainees against sexual abuse by monitoring and reviewing the staffing plans. GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 establishes procedures to develop and monitor staffing plans uses the criteria found in standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or detainees may be isolated); composition of the detainee population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan.

The auditor reviewed the Reeves County Detention Center III staffing plan and 2015, and 2016 annual review. The staffing plan is reviewed annually by the facility, GEO Corrections Division, and PREA Coordinator. GEO has established a good form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. All findings and corrective action is documented by the PREA Coordinator. The plan follows generally accepted correctional practices. There have been no findings of inadequacy from any external or internal oversight bodies. All components of the facility's physical plant are considered, and blind-spots are acknowledged, and steps are taken to fix the blind spots. 2016 staffing review addressed adding four mirrors in the three housing units. There is a brief description of the inmate population and the times programs are occurring. The signature of the PREA Coordinator on the Annual Review confirmed that this was done in consultation with her.

By policy Reeves County Detention Center III would document all deviations to the plan and it is reported to GEO. Per the Pre-audit questionnaire and interview of the Warden and PREA Compliance Manager; and review of manning sheets; there were no deviations from the plan. During the evaluation period the client found Reeves County Detention Center III not meeting its hiring percentages, but uses overtime to ensure it meets its staffing plan. The closing of the other two facilities allowed Reeves County Detention Center III to fill some of the vacancies. The Warden authorizes overtime to fill all positions.

Reeves County Detention Center III has procedures for intermediate and higher level unannounced rounds on all shifts. Prior to and during the audit, the auditor reviewed unannounced rounds documentation from 2015, 2016, 2017. Reeves County Detention Center III PREA Unannounced Rounds Questionnaire is used as the main document to document unannounced rounds. Throughout the site review, the auditor saw evidence that intermediate and higher-level supervisors conduct unannounced rounds to deter and identify staff sexual abuse and sexual harassment. Interviews of staff who do unannounced rounds and review of Reeves County Detention Center III PREA Unannounced Rounds Questionnaire demonstrated unannounced rounds were not conducted on all shifts and documentation was not properly completed to document unannounced rounds on all shifts. Those interviews and documents also demonstrated the immediate and higher-level staff knew the unannounced rounds are focused on staff and inmate PREA safety, requires checking specific items (e.g., announcing, blind spots, inmate information posted) and questioning staff and inmates about PREA. Corrective Action Plan: Conduct training for all staff who conduct unannounced rounds. Provide the auditor training outline and 60 days of unannounced rounds documentation following the PREA Audit Report

training. Reeves County Detention Center III conducted training for all Executive staff, Department Supervisors, and Security Supervisors staff re-affirming requirements of the PREA unannounced rounds and required documentation for filling out unannounced rounds and provided training documentation of the training. Following the training Reeves County Detention Center III implemented a revised Reeves County Detention Center III PREA Unannounced Rounds Questionnaire, provided 114 Reeves County Detention Center III PREA Unannounced Rounds Questionnaire from August, September, and October to the auditor. Additionally, Reeves County Detention Center III PREA Compliance Manager is now required and has conducted monthly audits of the Reeves County Detention Center III PREA Unannounced Rounds Questionnaire to ensure unannounced rounds are done on all shifts and properly documented. The auditor found Reeves County Detention Center III compliant with the standard on November 14, 2017.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A

Reeves County Detention Center III does not house youthful inmates. GEO policy 5.1.2.A does cover all parts of the standards for GEO facilities that do confine juveniles.

Standard 115.15 Limits to cross-gender viewing and searches

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003, outlines institutions shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances; and shall document all cross-gender strip searches and cross-gender visual body cavity searches. Based on documents reviewed (strip search log from 2015, 2016, 2017) and interviews of staff and inmates, Reeves County Detention Center III has not conducted cross-gender strip searches or cross-gender visual body cavity searches in the last 12 months.

Based on review of GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003, review of training material, and interview of staff and inmates; inmates are able to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. Most inmates interviewed stated they could shower and change clothes without being observed by female staff. Observation of during the audit identified inmates were unable to perform bodily functions without non-medical staff observing their genitalia or buttocks on one toilet on the second tier in each housing unit with two tiers (housing units A4 – A9; B4 – B9; C4- C9). The Corrective Action Plan was to modify the toilet walls, so inmates were able to perform bodily functions without non-medical staff observing their genitalia or buttocks on the one toilet in housing units with two tiers (housing units A4 – A9; B4 – B9; C4- C9) that their genitalia or buttocks were exposed. Photos need to be provided to

the auditor from the locations identified by the auditor. Additionally, the corrective action plan included the Reeves County Detention Center III PREA Compliance Manager conducted monthly inspections of the Reeves County Detention Center III housing areas to ensure inmates can shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks, mainly checking to ensure physical plant has not been modified or removed. Photos of all areas was provided to the auditor on August 18, 2017. The modifications allow inmates to perform bodily functions without non-medical staff observing their genitalia or buttocks on the one toilet in housing units with two tiers (housing units A4 – A9; B4 – B9; C4- C9). All the modifications done were done professionally and was not rushed to simply meet a standard. The auditor found Reeves County Detention Center III compliant with the standard.

Review of training records and lesson plans demonstrated staff had been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Reeves County Detention Center III asks transgender inmates whether they want to be searched by a male or female staff, if they prefer to shower separately, and the pronoun they want to be referred by. Examples of the form that captures this information was provided to the auditor. Interviews of staff to include demonstrating on the auditor, demonstrated staff conduct proper pat down searches of transgender and intersex inmates. Reeves County Detention Center III reported no transgender in the three-year PREA audit cycle. Transgender searches have been a strength at GEO facilities this auditor has audited while other agencies/facilities are still not performing transgender searches correctly.

Staff of the opposite sex announces themselves when they enter the housing units. Inmates and staff interviewed confirmed that this practice is being adhered to and inmates indicated that they feel they have privacy when staff of the opposite sex is in their housing unit.

Standards 115.15 b and part of c does not apply as Reeves County Detention Center III is a male only facility.

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

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Corporate Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 ensure inmates with disabilities and who are limited English proficient have access to PREA information and programs. GEO and Reeves County Detention Center III has taken appropriate steps to ensure that inmates who are limited English proficient or disabled have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All inmates receive information which addressed Sexual Abuse and Sexual Harassment during intake and at orientation which is communicated orally and in writing in English and Spanish. The PREA posters and fliers, inmate handbooks, the PREA orientation video is in English and Spanish. GEO has a contract with Language Line Solutions and Reeves County Detention Center III also has access to a Homeland Security Interpreter service. There is also facility designated Spanish interpreters. The auditor used Language Line Solutions for a Korean interpreter during interviews and staff for Spanish interpreters. There are TTD phones available for the inmate population. Reeves County Detention Center III has access to Communication Access Ability Group Hearing Loss Resource Specialist Program for assistance with signing. The auditor used this service which provides by video remote interpreter services for deaf or hard of hearing while conducting an interview with someone who was deaf. Reeves County Detention Center III staff reads to those with low vision or intellectual disability to ensure they understand the PREA basics of definitions and reporting. The Pre-Audit Questionnaire (PAQ) and inmates and staff stated no inmate interpreters had been used.

Standard 115.17 Hiring and promotion decisions

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Corporate Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program, and Reeves County Detention Center III Policy 10.003 Sexual Abuse/Assault Prevention and Intervention Program addressed this standard. addressed this standard.

Review of HR documents and interview with Human Resources and general interviews with staff support all aspects of this standard.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 outlines policy and procedures to ensure staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 also requires the institution to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Prior to and during the audit, the auditor reviewed four (4) employee application packets, three (3) employee promotion packets, and one contractor packet. Through review of staff and contractor records and staff interviews it was determined Reeves County Detention Center III and contractors are not hired or promoted if they have engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated GEO and the facility considers incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 requires background checks for staff; and 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. Prior to the audit, the auditor reviewed one background check of an employee. During the audit, 29 additional background checks that demonstrated background checks were done prior to employment were reviewed, and none had a background check more than five-years old. Interviews of Human Resource staff and staff, and review of application packets also demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background checks include checks through ACCURATE Inc, though GEO recently changed the contract to AURICO LLC to do the background checks.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 requires criminal background records check before enlisting the services of any contractor who may have contact with inmates. The auditor reviewed one (1) contractor background check prior and seven (7) during the audit. Interviews of Human Resource staff and contractors, and review of contractor packets demonstrated background checks were conducted.

GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 establishes the procedures to conduct criminal background records checks at least every five years of current staff and contractors who may have contact with inmates. During the audit, the auditor reviewed 36 background checks conducted on staff (29) and contractors (7). All had a background check less than five years old. Interviews of Human Resource staff demonstrated the process of conducting background checks every five years were in place.

GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 states shall ask all applicants and staff who may have contact with inmates directly about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current staff; and imposes upon staff a continuing affirmative duty to disclose any such misconduct. GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 requires information be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Any individual promoted must complete a PREA Disclosure and Authorization and successfully complete a new background check. All staff in are required to complete a PREA Disclosure annually. The PREA Disclosure and Authorization must be completed as part of the

employee's annual performance evaluation. Prior to the audit, the auditor received one (1) staff application, one (1) promotion packet, and two (2) annual PREA Disclosure and Authorization demonstrating Reeves County Detention Center III addressed previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or promotions and in any interviews or written self-evaluations conducted as part of reviews of current staff. Both of these policies were confirmed through interviews and review of additional personnel documents to include examples of employee annual affirmation during the audit. During the audit 31 additional staff files that demonstrated staff who may have contact with inmates directly are asked about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications and written self-evaluations conducted as part of reviews of current staff; and imposes upon staff a continuing affirmative duty to disclose any such misconduct were reviewed. All employee's files had PREA Disclosure and Authorization forms.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 states GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Per interview of Human Resource Staff, Reeves County Detention Center III would 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.

Standard 115.18 Upgrades to facilities and technologies

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through review of GEO Policy 5.1.2-A and interviews of the Agency Head representative, PREA Coordinator, PREA Compliance Manager, and Warden it was determined that the GEO considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. There has been no facility or major technology modifications in the last three years. Currently 120 cameras. No new cameras in the last three years, though mirrors were added to improve security and address PREA concerns.

Standard 115.21 Evidence protocol and forensic medical examinations

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Sexual Abuse/Assault Prevention and Intervention Program outline evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals.

There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The protocols were reviewed and found to be in line with DoJ's National Protocol for Sexual Assault Medical Forensic Examinations. Staff interviewed were very knowledgeable of the evidence protocols, and could explain the protocol for obtaining useable evidence when an inmate alleged sexual abuse. The auditor interviewed one of the Reeves County Detention Center III investigator, who had a good understanding of the investigative procedures and responsibilities and evidence protocols.

Reeves County Detention Center III makes available to the victim a victim advocate from a rape crisis center. Reeves County Detention Center III has a MOU with Crisis Center/Angel House to provide services that includes: victim advocate services and support through medical exam process and investigator interviews, provide confidential emotional support services, crisis intervention, information, and referrals. Additionally, the MOU provides for the Crisis Center/Angel House to provide sexual assault focused training to Reeves County Detention Center III staff.

GEO Policy 5.1.2-E and Reeves County Detention Center III Policy 10.003 requires all victims of sexual abuse are provided access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate, by Sexual Assault Nurse Examiners (SANEs) where possible. Reeves County Detention Center III sends sexual assault victims to Midland Memorial Hospital for forensic exams. There were no forensic exams for last 12 months, though one inmate was sent for a forensic exam and declined when at the hospital. The auditor reviewed the declination.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-E requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation by the appropriate authority.

The auditor reviewed the PREA investigation tracking log for 2015, 2016, and 2017; and ten (10) investigations of sexual abuse and sexual harassment at Reeves County Detention Center III during the audit cycle. Based on review of the investigative case files and PREA investigation tracking logs; and interview of staff and inmates; an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment. GEO's investigative policy is available on the GEO Web site.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Corporate Policy 5.1.2-A, GEO Corporate Policy 5.1.2 –E, and Reeves County Detention Center III Policy 10.003 addressed PREA staff training requirements. Reeves County Detention Center III staff receive PREA training annually through scheduled training and roll call. The PREA training curriculum was reviewed and verified that the training provided to staff is very comprehensive. Review of the lesson plan and slides demonstrated the training covered: zero-tolerance Policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and staff to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The PREA Coordinator modifies GEO wide PREA training curriculum annually highlighting areas identified as areas needing emphasis. 2016 and 2017 PREA training emphasizes inmate searches, specifically pat searches of transgender inmates.

Staff sign an acknowledgement form that they have received and understood the PREA training they received during pre-service training. The auditor reviewed documentation of staff acknowledging they understood the 2015, 2016, and 2017 PREA training prior to the audit (two per year). The auditor randomly selected 25 staff training records, all 25 had PREA training acknowledgment documentation for their respective last two years of training unless at facility for less than two years.

GEO does both class room and computer based training for all staff annually. Staff interviewed were well versed in the GEO zero tolerance policy; their responsibilities in reporting sexual abuse; sexual harassment, and staff negligence; first responder duties; evidence preservation, and conducting proper and professional searches to include pat searches of transgender inmates.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and the PREA training curriculum outline training requirements for volunteers and contractors who have contact with inmates. All contractors and volunteers 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. Prior to the audit, the auditor reviewed three (3) contractor and three (3) volunteer PREA training material; and four (4) volunteer training records and memorandum stating they understood the training. While on-site the auditor randomly reviewed seven (7) contractor and two (2) volunteer training records, each have signed they understand the PREA training they received. Interviews of the contractor and volunteer demonstrated their knowledge of PREA, their responsibilities, and the agency zero tolerance policy. The contractors receive the same training as staff.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 requires that all inmates receive PREA information upon arrival; PREA education within 30 days of intake; and the information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

The inmate receives an Inmate Handbook and PREA trifold upon arrival. The trifold is provided and explained, and the inmate signs saying such. The auditor reviewed three (3) inmate’s files that included signing for the trifold upon arrival and comprehensive education within 30 days of arrival. There are PREA posters located and posted throughout the facility and in each housing unit. The inmate handbook, PREA trifold and PREA posters are in English and Spanish.

Auditor reviewed the Reeves County Detention Center III inmate handbook, Break the Silence Flier, and the PREA trifold brochure. The Reeves County Detention Center III inmate handbook has a lot of good information to include covers zero tolerance, definitions, how to report PREA incidents, inmate right to be free from sexual abuse and sexual harassment and retaliation for reporting; how to avoid sexual assault; how to receive emotional support; and administrative remedies. The PREA trifold covers zero tolerance, how to report, what to do, and definitions.

PREA posters are posted in the housing units in formats accessible to all detainees to ensure that key information is continuously and readily available or visible to detainees. The GEO posters include ways to report, GEO zero tolerance policy, and what actions will occur upon reporting a PREA allegation.

Interviews with staff and inmates verified inmates received information upon arrival and comprehensive education within 30 days. The inmates interviewed knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. Prior to the audit, the auditor reviewed three examples (one from 2015, 2016, and 2017) of inmates’ documentation of receiving information and receiving comprehensive training; and reviewed 44 files of inmates interviewed, all received information upon arrival and comprehensive education within 30 days.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A requires the facility investigator receives specialized training in addition to the general education provided to all staff. GEO PREA Coordinator attended the Moss Group “Train the Trainers Specialized Training; Investigating Sexual Abuse in Corrections Setting” sponsored by the PREA Resource Center. She then tailored the program for GEO investigators and is the instructor for all GEO investigator training. The auditor reviewed the specialized training for investigators, and it covered all requirements of the standard to include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigators have been trained. The agency maintains documentation that the investigator has received both the general and investigative PREA training. All current investigators are trained. The lesson plans, slides, understand PREA training acknowledgement, investigator training certificates, and sign in sheets were reviewed. Interview of the investigator demonstrated good understanding of how to conduct a sexual abuse investigation in a confinement setting. Investigative files further demonstrated the investigators understood the training.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A outlines the training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. The auditor reviewed three (3) training records prior to audit and the medical training plan used to train medical and mental health staff on specific medical and mental health PREA training. The auditor requested and reviewed five (5) medical personal documents to demonstrate they had received PREA and medical PREA training. It should be noted Medical staff are contractors with Correct Care Solutions (CCS) who also provides PREA basic training which includes a test. The auditor also reviewed the slides from the CCS PREA training, and determined it was very good. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; how and to whom to report allegations or suspicions of sexual abuse and sexual harassment; and the process for sending someone for a forensic exam and follow-up procedures upon the inmates return from the hospital. Medical staff does not conduct forensic medical examinations.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A requires facilities to: conduct a screening for risks of sexual victimization and abusiveness within 24 hours of arrival; a follow-up screening for risks of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the inmate's arrival at the facility; and reassesses inmate's risk level again 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. Reeves County Detention Center III uses the GEO PREA screening tool. The auditor reviewed examples of inmate screening forms (initial screen and follow-up screen) prior to the audit. Within 24 hours the inmate from the inmate's arrival at Reeves County Detention Center III, staff assess the inmate's risk of victimization or abusiveness. Within 30 days from the inmate's arrival at Reeves County Detention Center III, staff reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by Reeves County Detention Center III since the intake screening. An inmate's risk level is reassessed 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 screening instrument is objective in determining if the inmate is at risk for victimization or abusiveness.

All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. Prior to the audit, auditor reviewed two (2) examples of inmate screening forms (initial screen and follow-up screen), one each from 2015 and 2016. The auditor randomly selected 44 inmates and reviewed their screens during the on-site and report writing period. All screens were done IAW timeline requirements. An inmate's risk level is also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The screening instrument is objective in determining if the inmate is at risk for victimization or abusiveness. During inmates' interviews, most inmates who arrived within the last 12 months remembered receiving the PREA screen.

The auditor had staff who conduct the screens perform the screen of the auditor to demonstrate the process of filling out the screening form. The process was done very professionally. Some information is provided through asking the inmate questions, others through review of inmate records. All the criteria referenced in the standard are on the form; and inmates are asked all of the questions required to be asked of the inmate except whether the inmate has a mental, physical or developmental disability. Additionally, though the screener does make his/her own assessment of whether the inmate is gender non-conforming; majority of the screeners interviewed did not know the definition of gender nonconforming. The Corrective Action Plan is to train all staff who conduct screens on PREA definitions, specifically gender nonconforming, and practice identifying persons who are gender nonconforming. Provide the auditor documentation of such training; and the auditor conduct follow-up interview with screeners following at least 30 days after training. The facility provided training on all PREA definitions, gender expression and housing/programming assignments to staff who perform the PREA screens. Staff who perform PREA screens were also provided a "What I need to know-PREA Risk Screening Protocol" Handout to assist with the screening process. On August 15, 2017 training was complete. Their supervisors and the PREA Compliance Manager observed the intake screening process on random unit team staff. On October 5, 2017 the auditor conducted interviews of three staff who performs screens. The auditor found Reeves County Detention Center III compliant with the standard.

Appropriate controls are implemented on the dissemination within Reeves County Detention Center III of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Standard 115.42 Use of screening information

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 outlines the use of the screening form to include: using the information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each inmate. GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 states the agency shall consider on a case-by-case basis whether to assign a transgender or intersex inmate to an institution for male or female inmates, housing and programming assignments, based on the inmate's health and safety, inmate's own views with respect to his or her own safety, and whether the placement would present management or security problems; reviewing twice a year placement and programming assignments for each transgender or intersex inmate to review any threats to safety experienced by the inmate; allowing transgender and intersex inmates the opportunity to shower separately from other inmates; and not placing 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 institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Through a review of screening forms, housing and program decisions, inmate and staff interviews, it was determined Reeves County Detention Center III uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. The decisions are made on a case-by-case basis using information from the screen, assigned PREA classification, and good correctional judgment. The process is

clearly defined in the policies and implemented in the use of PREA and classification forms.

Inmates interviewed who identified as bisexual or gay acknowledged they were treated with respect; and were not housed in a dedicated housing unit. Review of housing unit assignments of all bi-sexual and gay inmates documented they are not placed in a designated housing unit.

Reeves County Detention Center III has not received nor had an inmate identify as transgender or intersex. GEO has a form titled Statement of Search/Shower/Pronoun Preference Form that is used for inmates who self-identify as transgender. It allows the inmate to identify the inmate's preference in pronoun, search, and shower. For the purpose of searches it does identify their preference will be respected unless the situation is an emergency, there is no one of that sex available, or the failure to conduct a search will jeopardize the safety of the staff or other inmates. GEO also has a transgender care committee form that addresses the inmate's preferences, inmate concerns (safety and others), relevant health and mental health information that is used with the PREA screening form and any security and management concerns in deciding where the transgender inmate should be housed.

Standard 115.43 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers; if placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; that the facility shall document any access to programs, privileges, education, or work opportunities that was restricted, duration of restriction and why; and that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. Interviews of the Warden, PREA Compliance Manager, and segregation staff verified inmates at high risk of sexual victimization would not be placed in involuntary segregation unless other measures have been assessed. Other measures included moving housing areas or facilities. It was confirmed through Pre-Audit Questionnaire; investigative paperwork; and during interviews with the Warden, staff who supervise segregated inmates, and inmates; that no inmates at high risk for sexual victimization had been placed in involuntary segregated housing during the past 12 months prior to the audit. GEO documents any review of alternatives using a form that addresses possible alternatives reviewed prior to placing inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing.

Standard 115.51 Inmate 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

Reeves County Detention Center III Policy 10.003 and Reeves County Detention Center III inmate handbook, PREA handouts, and posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. There are multiple ways for inmates to privately report sexual abuse and sexual harassment. Inmates can report a PREA allegation: verbally or in writing to staff; call the PREA reporting hotline to Crisis Center/Angel House (public or private entity or office that is not part of the agency); write to Office of the Inspector General (public or private entity or office that is not part of the agency); GEO PREA Coordinator; through a third party; and file a grievance or emergency grievance. The auditor tested the hotlines while on-site.

Interviews of inmates and staff and review of investigations verified inmates knew of and used multiple internal and external ways to report incidents of abuse or harassment, and retaliation. Auditor tested the PREA reporting hotline while on site from the inmate phone system. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are promptly documented any verbal reports.

GEO staff reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the GEO Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the internet or through the toll-free phone number. Staff may also contact the GEO PREA Coordinator directly.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed GEO policy 5.1.2-A, Reeves County Detention Center III Policy 10.003, Reeves County Detention Center inmate handbook. Inmate handbook contains relevant information for filing a Sexual Assault/Harassment related grievance. Reeves County Detention Center does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; 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, and such grievance is not referred to a staff member who is the subject of the complaint; and issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. There were no grievance or emergency grievances filed pursuant to this standard in the 12 months prior to the audit. The auditor did review one in 2016.

Reeves County Detention Center may discipline an inmate for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Reeves County Detention Center Policy 10.003, states inmates shall be provided 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; and the facilities shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Reeves County Detention Center III makes available to the victim a victim advocate from a rape crisis center. Reeves County Detention Center III has a MOU with Crisis Center/Angel House to provide services that includes: victim advocate services and support through medical exam process and investigator interviews, provide confidential emotional support services, crisis intervention, information, and referrals. The Inmate Handbook has contact information on the Crisis Center/Angel House for inmates to call for confidential emotional support services. The PREA fliers also address contacting the Crisis Center/Angel House for inmates to call for confidential emotional support services. Recommend fliers be more specific about emotional support and not in same sentence reference reporting PREA since same agency. The auditor tested the hot line in the housing unit during the audit. The auditor was provided a victim advocate for confidential emotional support from the Crisis Center/Angel House.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. GEO websites outlines GEO methods to receive third party reports of sexual abuse and sexual harassment. GEO website provides a number and mailing address. Posted PREA fliers also provide third party reporting information. Discussion with inmates demonstrated they knew how third-party reporting could be accomplished.

Standard 115.61 Staff and agency reporting duties

- 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)

Auditor discussion, including 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 standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and employee handbook require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Health practitioners 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. Health practitioners during interviews stated they are required and would report sexual abuse. Review of investigative files; and interviews of staff verified staff immediately report to the facility's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility's designated investigator.

Standard 115.62 Agency protection duties

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 requires staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Investigator, PREA Compliance Manager and Warden. Per the interview with the PREA Compliance Manager and Warden, no inmate has reported substantial risk of imminent sexual abuse. Inmate interviews did not identify a time where an inmate was subject to substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 requires when an allegation that a detainee was sexually abused while confined at another institution, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation; that all sexual abuse allegations reported by another institution regarding any detainee that was confined at the Reeves County Detention Center be fully investigated. Interviews with the Warden, PREA Compliance Manager, and investigator confirmed their knowledge of the policies and responsibilities to report any allegations and investigate any allegations that may have occurred at Reeves County Detention Center. Auditor was provided the emails documenting contacting the Wardens of the other two

facilities by email as a follow-up, initially contacted by phone. These were the only two cases during the audit cycle. No facilities contacted Reeves County Detention Center of former inmates reporting PREA allegations. Examples of notifications made by the warden.

Standard 115.64 Staff first responder duties

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 outlines procedures to respond to an allegation of sexual abuse for both security and non-security staff. Staff are issued a PREA First Responder Card with instructions on what to do if there is a sexual assault incident. There is a GEO Incident Checklists to be used when responding to sexual abuse or sexual harassment. Random interviews with security and non-security staff confirmed both security and non-security staff were very knowledgeable what to do upon learning an inmate was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence. Per interviews, and review of policy and investigations; the first security staff member to respond to an allegation that an inmate was sexually abused shall: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. No forensic exams were conducted by SANE/SAFE staff in the 12 months prior to the audit.

Standard 115.65 Coordinated response

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reeves County Detention Center III PREA Coordinated Response Plan (Emergency Plan 22) coordinates actions taken in response to an incident of sexual abuse and sexual harassment among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan includes a checklist which is used during PREA incidents. Interviews with staff (first responders, medical and mental health practitioners, investigators, and institution leadership), and review of investigative files confirmed staff were very knowledgeable about the PREA plan and the coordinated duties and collaborative responsibilities. The plan also has a section for steps to take for sexual harassment allegations and sexual activity not PREA. Staff has also been issued a card with first responder information.

Standard 115.66 Preservation of ability to protect inmates from contact with 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 states in every case remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. Reeves County Detention Center III does not have a collective bargaining agreement. Review of investigations demonstrates that Reeves County Detention Center III will separate the victim from the accused staff member in both sexual abuse and harassment usually by placing the staff member in a position where there would be no contact with the detainee. If the alleged abuser was an inmate, the alleged abuser is normally moved to restrictive housing or another housing unit.

Standard 115.67 Agency protection against retaliation

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 require a staff member be designated to monitor for retaliation against staff or inmates who reported or had been sexually abused or harassed; provided multiple protection measures for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; monitoring the conduct and treatment of inmates or staff who reported the sexual abuse and 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; and conducting periodic status checks through interviews at least every seven days; monitoring will occur for at least 90 days following the report of the allegation; and may go beyond the 90 days if the monitoring indicates a continuing need.

Prior to the audit, the auditor reviewed three examples of monitoring (2015, 2016, 2017) of the inmates. GEO uses a form titled Protection from Retaliation Log to monitor PREA alleged victims. During the audit, the auditor reviewed nine additional Protection from Retaliation Logs. Interviews of the Warden, PREA Compliance Manager, and inmates demonstrated monitoring of inmates was being conducted. Reeves County Detention Center uses 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. For at least 90 days following a report of sexual abuse, Reeves County Detention Center monitors the conduct and treatment of inmates and staff who reported the sexual abuse or harassment mainly through weekly meetings. Per the PAQ and interviews there were zero incidents of retaliation.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 states involuntary segregated housing for inmates who have alleged to have suffered sexual abuse may be used only after an assessment of all available housing alternatives has shown there are no other means of protecting the inmate; and use of protective custody to protect alleged victim is only used as a last resort for a very short time. If placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; and that the institution shall document any access to programs, privileges, education, or work opportunities that was restricted and that every 30 days, the institution shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. GEO form Sexual Abuse/Assault Alternative Assessments is used to determine if other alternatives can be used and if not, it is documented why not. Per interviews of the Warden, PREA Compliance Manager, and staff; and review of GEO form Sexual Abuse/Assault Alternative Assessments, alternatives to protective custody is reviewed and if an inmate must be placed in protective custody they will be provided access to programs, privileges, education, and work opportunities to the maximum extent possible. The Warden identified one inmate during his interview that was placed in involuntary protective custody after other alternatives were reviewed. There was one inmate who have alleged to have suffered sexual abuse in protective custody during the audit. Other alternatives had been reviewed and determined could not be used (i.e., remainder of sentence was too short to transfer to another facility). The inmate was provided access to programs, privileges, education, and work opportunities to the maximum extent possible.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of GEO Policy 5.1.2-E, Reeves County Detention Center III Policy 10.003, and PREA investigations; interviews of Reeves County Detention Center III Warden, PREA Compliance Manager, and investigator it was determined an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Reeves County Detention Center III conducts its investigations using uniform evidence protocols. The PREA Investigator has received the GEO specialized training for PREA investigators. This is a very extensive training program.

When conducting administrative investigations, the investigator always decides whether staff actions or failures to act contributed to the abuse. The departure of the alleged abuser or victim from the employment or control of Reeves County Detention Center III or agency shall not provide a basis for terminating an investigation. There were examples where the alleged victim and/or abuser were no longer at Reeves County Detention Center III and the investigation was still being conducted. Per policy GEO retains all written investigation reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.

The auditor reviewed the PREA investigation tracking log for 2015, 2016, and 2017; and ten (10) investigations of sexual abuse and sexual harassment at Reeves County Detention Center III during the audit cycle. Prior to the audit the auditor reviewed a case from 2015 (I-I SA Substantiated) and 2016 (I-I SH Unfounded). Of the ten (10) allegations in the 12 months prior to the audit, only four (4) were completed, the remaining investigations were still on going. The auditor reviewed the four (4) during the on-site audit. During the corrective action and report writing period two (2) more investigations were closed. Of the ten (10), six (6) were inmate-inmate allegations: four (4) inmate-inmate sexual abuse unfounded; one (1) inmate-inmate sexual abuse investigation on-going; and one (1) inmate-inmate sexual harassment investigation on-going. There were four (4) staff-inmate allegations: one (1) staff-inmate sexual abuse substantiated; one (1) staff-inmate sexual abuse unfounded; and two (2) staff-inmate sexual abuse investigation on-going.

The investigator stated that he collects the appropriate direct and circumstantial evidence, reviews the video tapes, interviews the alleged victim, suspected perpetrators, and witnesses. He also reviews prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigator also stated that the credibility of the victim, suspect, or witness is always assessed on an individual basis. Polygraphs are not used in PREA investigations. These were also evident through review of the investigative files.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of GEO Policy 5.1.2-E, Reeves County Detention Center III Policy 10.003, and investigations; and interviews with the investigator confirmed the Reeves County Detention Center III has no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 requires facilities to inform the inmate as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if investigated by an outside agency, request the outside investigative agency inform the inmate as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the inmate whenever the

staff member is no longer posted within the inmate's unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented.

Prior to the audit, Reeves County Detention Center III provided copies of notifications to the inmates from 2015, 2016, and 2017. All notifications from the last 12 months were reviewed by the auditor. Review of the notifications, and interviews of inmates and staff demonstrate notifications are provided to inmates using the GEO notification form.

Standard 115.76 Disciplinary sanctions for staff

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Does Not Meet Standard (requires corrective action)

Per GEO Policy 5.1.2-E, Reeves County Detention Center III Policy 10.003, GEO employee handbook, and interviews with staff: staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Most cases against staff have been unfounded, though the auditor was informed of one of the open investigation was concluded as a substantiated case after the audit was conducted. At the time of the report the auditor did not have what disciplinary action had taken place. Per the Warden during the last 12 months one staff member resigned during the investigation, and one was terminated.

Standard 115.77 Corrective action for contractors and volunteers

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policies 5.1.2-A and 5.1.2-E, and Reeves County Detention Center III Policy 10.003 prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff. The Senior Warden reported that there have been no allegations of sexual abuse by contractors or volunteers.

Standard 115.78 Disciplinary sanctions for 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per review GEO policies 5.1.2-A and 5.1.2-E, and Reeves County Detention Center III Policy 10.003, and interviews with Reeves County Detention Center III staff; inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are 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; and considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. One inmate was disciplined in 2015 and 2016, none during this audit cycle. Reeves County Detention Center III prohibits all sexual activity between inmates and discipline inmates for such activity.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 requires all new inmates receive a PREA screen upon arrival, along with a medical and mental health screen. If any of these identify someone as having experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community, they will be offered a medical and mental health follow-up meeting within 14 days. Prior to and during the audit, reviewed PREA screens and medical and mental health records from five (5) inmates who reported who reported prior sexual victimization or previously perpetrated sexual abuse. Each were offered consults with medical and mental health practitioners within 14 days of the screen. Interviews of screeners, medical and mental health staff confirmed referrals are offered, scheduled and conducted; and that any information related to sexual victimization or abusiveness that occurred in the institution is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. Interview of inmates who previously experienced prior sexual victimization reported they were offered medical and mental health consultation, one said he declined.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment; inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The services at no costs are provided regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Qualified medical practitioners are on duty 24 hours. Victims of alleged sexual assaults are sent to medical, pending transportation to Midland Memorial Hospital for a forensic examination by SAFE/SANE when necessary. Forensic exams are done for up to 96 hours since the time of the incident. There were no forensic exams for last 12 months, though one inmate was sent for a forensic exam and declined when at the hospital. The auditor reviewed the declination. Upon returning from the hospital a nurse evaluates and documents the inmate’s health status, and refers the inmate for mental health services. The inmate is prioritized for sick call and if the emergency room does not complete testing sexually transmitted diseases, testing is done at the facility. One inmate interviewed who alleged sexual abuse remembers seeing a Psychologists.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003, and medical and mental health documentation; and interviews with staff and inmates; Reeves County Detention Center III offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Reeves County Detention Center III provides victims with medical and mental health services consistent with the community level of care. 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. Mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse. There is no financial cost to the inmate for medical or mental health treatment due to an incident of sexual abuse regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standards 115.83 (d) and (e) are non-applicable as Reeves County Detention Center III is a male only facility.

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Reeves County Detention Center III Policy 10.003 identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor reviewed a 2015, 2016, and 2017 incident review prior to the audit. The review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Incident review team members were interviewed and were very knowledgeable of the process. The Warden stated during his interview the review team looks at how each event could have been prevented and what contributed to the incident occurring. GEO has an excellent PREA after action review form that addresses all elements of the standard.

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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A requires the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. GEO facilities provide monthly reports and PREA surveys to GEO headquarters. A monthly PREA Incident Tracking log is used to collect and provide the GEO PREA Coordinator data on sexual abuse and harassment incidents. Per conversation with GEO staff the data is aggregated. Upon request from DoJ, GEO provides the data. The auditor reviewed Reeves County Detention Center III monthly PREA tracking log, and GEO 2016 annual PREA report. Review of 2015 DoJ Survey of Sexual Violence reports, 2016 annual agency PREA reports, and data submitted by the institution demonstrated the agency collects uniform data to be used by GEO. Data on Reeves County Detention Center III provided to Bureau of Prisons who posts in their annual report.

GEO does not contract its inmates to other facilities (115. 87 (e)).

Standard 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A requires GEO to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. GEO prepares an annual PREA report. The GEO PREA annual report is very comprehensive in scope, provides data, an assessment of its PREA program and areas of focus, and includes the agency’s progress in meeting the PREA Standards. The GEO home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, and the GEO PREA annual report. The auditor previously reviewed the GEO 2013, 2014, and 2015 PREA annual reports. Following the audit, the auditor reviewed the 2016 GEO PREA annual report. The GEO PREA annual report is a very good report with comparison of current and previous year data; and an assessment GEO’s effectiveness of its sexual abuse prevention, detection, and response policies and actions to eliminate sexual abuse and sexual harassment. The GEO website PREA tab is easy to find, and is very informative.

Data on Reeves County Detention Center III provided to Bureau of Prisons who posts in their annual report.

Standard 115.89 Data storage, publication, and destruction

- 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)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

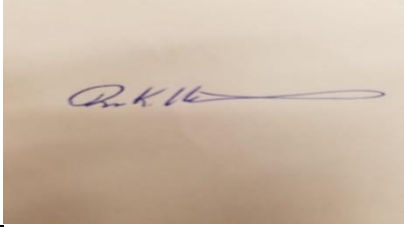
Review of GEO Policy 5.1.2-A, website, storage of documents at the facility, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All GEO institution data is in the annual report and posted on the website, only the last report is posted. GEO maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the GEO Retention Records Schedule. Before making aggregated sexual abuse data publicly available, GEO removes all personal identifiers.

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.



December 16, 2017

Auditor Signature

Date