

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

Interim Final

Date of Report August 24, 2020

Auditor Information

Name: Barbara King

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Company Name: Click or tap here to enter text.

Mailing Address: 1145 Eastland Avenue

City, State, Zip: Akron, Ohio 44305

Telephone: 330-618-7456

Date of Facility Visit: July 23-25, 2019

Agency Information

Name of Agency:

Governing Authority or Parent Agency (If Applicable):

The GEO Group Inc

Physical Address: 4955 Technology Way

City, State, Zip: Boca Raton, Florida 33481

Mailing Address: 4955 Technology Way

City, State, Zip: Boca Raton, Florida 33481

Telephone: 561-999-5827

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Website with PREA Information: www.geogroup.com Social Responsibility Section

Agency Chief Executive Officer

Name: George C. Zoley

Title: Chairman of the Board, CEO and Founder

Email: gzoley@geogroup.com

Telephone: 561-893-0101

Agency-Wide PREA Coordinator/Compliance Manager

Name: Ryan Seuradge

Title: Director, Contract Compliance
PREA Coordinator

Email: rseuradge@geogroup.com	Telephone: 561-999-5875
PREA Coordinator/Compliance Manager Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator/Compliance Manager 111: 54 US Corrections; 46 Reentry Services; 8 Youth Services; and 3 Lockups

Facility Information

Name of Facility:	Rio Grande Detention Center		
Physical Address:	1001 San Rio Boulevard Laredo, Texas 78046		
Mailing Address (if different than above):	Click or tap here to enter text.		
Telephone Number:	956-718-4700		
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission:	The mission of the Rio Grande Detention Center is "The mission of the Rio Grande Detention Center is to achieve a level of excellence through professionalism while providing safety and security of the facility and surrounding community by maintaining the standards of the GEO Group and the United States Marshal Service.		

Facility Website with PREA Information: <http://www.geogroup.com> Social Responsibility Section

Warden/Superintendent

Name: Javier Aleman	Title: Facility Administrator
Email: jaleman@geogroup.com	Telephone: 956-718-4700 ext. 101

Facility PREA Compliance Manager

Name: Roberto Nieto	Title: Compliance Administrator/PREA Coordinator
Email: rnieto@geogroup.com	Telephone: 956-718-4700 ext. 115

Facility Health Service Administrator

Name: Manual Ruano	Title: Health Service Administrator
Email: mruano@geogroup.com	Telephone: 956-718-4700 ext. 209

Facility Characteristics

Designated Facility Capacity: 1,900	Current Population of Facility: 1,792 (first day of audit)
Number of inmates admitted to facility during the past 12 months	22,495

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		4,579	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		20,415	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-77	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		42 days	
Facility security level/inmate custody levels:		Medium	
Number of staff currently employed by the facility who may have contact with inmates:		318	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		98	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		4	
Physical Plant			
Number of Buildings: 9		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		8	
Number of Segregation Cells (Administrative and Disciplinary):		137	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of detainees, visitors, and staff inside and out of the building. The facility is monitored by exterior and interior cameras. There are 248 cameras. The cameras are monitored through the control centers. Cameras are located throughout the facility including hallways, intake, kitchen, laundry, and housing areas. The DVR has the ability to store data for up to 30 days. The Auditor viewed the camera views in the control center; there were no cross-gender viewing concerns.</p>			
Medical			
Type of Medical Facility:		Medical services contracted through Wellpath	
Forensic sexual assault medical exams are conducted at:		Laredo Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		23 volunteers 42 contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		Agency: 111 Facility: 7	

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Rio Grande Detention Center in Laredo, Texas, a facility under the operation of The GEO Group Inc. was conducted on July 23-25, 2019 by a Department of Justice (DOJ) certified PREA Auditor Barbara King. The purpose of the audit was to determine compliance with the DOJ PREA standards. The audit process began with communication between the GEO PREA Coordinator and the Auditor in December 2018. The Auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with detainees and staff. The facility houses male and female detainees for the U.S. Marshals Service (USMS). The detainees are pretrial and detainees that are sentenced up to one year. There is also a population of U.S. Immigration and Customs Enforcement (ICE) detainees housed as part of the USMS contract. The facility does not house juveniles/youthful offenders. This was the second PREA audit for the facility.

The audit notices in English and Spanish were sent to the facility by the Auditor on June 24, 2019. The facility acknowledged receiving the audit notices and the postings were placed throughout the facility. The agency's PREA Coordinator emailed photos to the Auditor of the postings for verification on July 10, 2019. The Auditor observed the postings throughout the facility during the tour of the facility.

About three weeks prior to the audit, the Auditor received the PREA Pre-Audit Questionnaire (PAQ) and supporting documents on a thumb drive provided by the agency. The thumb drive contained a master folder of supporting documentation for all 43 PREA standards. The master folder contained separate files for each standard that included relevant policies and procedures and supporting documentation to demonstrate compliance. After the review of the PAQ and supporting documentation, on July 19, 2019 the Auditor emailed the agency and facility requesting further documentation for clarification and review on various standards. The documentation was provided during the audit visit. The Auditor reviewed the PREA Annual Reports for 2015, 2016, 2017, and 2018 plus the PREA information on the GEO Group, Inc. website under the Social Responsibility Section - PREA (www.geogroup.com) prior to the audit. Prior to the onsite visit, contact was made with the agency's PREA Coordinator and Contract Compliance Manager to discuss the audit process and set a tentative time schedule for the on-site audit.

The policies utilized for the policy and procedure review and documentation were:

Agency Policies:

- 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jail and Community Confinement Facilities
- 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

Facility Policy:

- 1300.05 Sexually Abusive Behavior Prevention and Intervention Program (PREA)

Also on July 17, 2019 the Auditor requested the following information be provided the first day of the audit: daily population report (use July 22), staff roster to include all departments (include title, shift, and good days), detainee roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of detainees with a PREA classification, list of lesbian, gay, bisexual, transgender, and intersex

(LGBTI) detainees, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of detainees that reported sexual abuse, list of disabled and limited English proficient (LEP) detainees, list of the first responders from the reported allegations, and list of how the allegations were reported (i.e. verbal to staff, grievance...). The facility provided the requested information the night prior to the on-site audit beginning. This information was utilized to establish interviews schedules for the random selection of detainees and staff to be interviewed (random and specific interviews protocols).

Before the start of the audit, an in-briefing was held. In attendance were the Facility Administrator, Chief of Security, PREA Compliance Manager, Assistant Facility Administrator (AFA) Security, Assistant Facility Administrator (AFA) Programs, Health Services Administrator, and the agency's PREA Senior Contract Compliance Manager. The Auditor provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, documentation review, and conducting both staff and detainee interviews. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the Auditor would meet with the Facility Administrator, PREA Compliance Manager, and the agency's PREA Senior Contract Compliance Manager, and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. The facility was informed no correspondence was received from a detainee or staff member prior to the audit. Key facility staff during the audit included the Facility Administrator, Chief of Security, PREA Compliance Manager, AFA Security, AFA Programs, and the agency's PREA Senior Contract Compliance Manager.

The facility administration provided information to the Auditor regarding the facility and the audit period. They shared there had been only one substantiated case of a staff member that was prosecuted and indicated. The work areas for the detainees are food service, laundry, and porters within the intake area. Three housing units are locked down for mumps. There was no cross-gender pat-down searches conducted. The facility had no transgender or intersex detainees housed. The facility does not house juveniles.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

A facility tour was completed on the first day of the audit. The housing units, program areas, service areas, food service, control center, medical, and intake areas were toured by the Auditor. During the tour, the Auditor made visual observations of the service, program, and housing areas. The Auditor examined sight lines for potential for blind-spots, cross-gender viewing, the officers post sight lines, and camera locations. The Auditor closely reviewed video camera footage and determined opposite gender staff viewing was not occurring and the detainees had privacy during the state of undress. During the course of the tour the Auditor conducted several informal interviews both with staff and detainees, questioning them on their knowledge of PREA, reporting methods, response to an allegation, and facility practices. The Auditor observed opposite gender staff announcing their presence when entering the housing units. PREA audit notices were observed throughout the facility including in each housing unit. The housing units have bulletin boards strategically located so that detainees are aware of the information available to them; PREA educational information, zero tolerance policy, DHS PREA posters containing the name of the facility PREA Compliance Manager, and methods for reporting sexual misconduct, all in multiple languages. Detailed information regarding these services will be outlined within the

corresponding PREA standards noted throughout the report. The Auditor placed a successful PREA hotline call while in the detainee housing unit. Detainees can place PREA hotline reporting calls with anonymously by simple dialing the numbers *77 internal reporting to the facility, *88 to the Department of Homeland Security Office of Inspector General, and *99 to the Health and Human Services. The detainees once dialed must follow the prompts. The Auditor tested all the hotline numbers, all were successfully connected and went to voice mails to leave a message. There is a reporting poster by the phones or on the bulletin boards that states the calls can be made at no cost and will not be monitored. The Auditor also reviewed the housing unit logbooks to verify supervision and unannounced rounds by staff and verification of cross gender announcements conducted.

During the tour, the Auditor identified blind spots in the medical hallway corner near the bathroom and in the kitchen by the prep area. The facility installed mirrors to eliminate the blind spots. Cross gender viewing of showers was identified in the RHU/Stepdown housing unit. The facility installed partial shower barriers that eliminated the cross-gender viewing.

All required facility staff and detainee interviews were conducted on-site during the three-day audit. Staff interviews were held in the administrative conference room which afforded privacy for the staff interviews. The detainee interviews were held in an office within the secure area of the facility that afforded privacy. The Auditor utilized the PREA Auditor Handbook table for inmate interviews for determination of interviews to be held at the facility. Detainee interviews were based on the detainee population size of 1,001 – 2,500 detainees; a requirement of 40 detainee interviews with at least 20 from the target groups and 20 random interviews. Forty-nine (49) formal detainee interviews were conducted and twenty-six (26) detainees were informally interviewed during the facility tours, (4.2% of the 1,792 detainee population). The random detainee interviewees were selected by the Auditor from the housing unit rosters and designated lists of detainees provided by the facility. Random detainee interviews from different housing units (26), Disabled (2), Limited English Proficient (8), LGBTI (6), Reported Sexual Abuse (3), and Who Disclosed Sexual Victimization (4) were interviewed. Interviews were not conducted for Detainees Placed in Segregation Housing for Risk. There were no detainees placed or housed in segregation housing for risk during the audit period. The detainees knew the methods to report. Most detainees indicated they felt safe at the facility. The detainees acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting.

A total of forty-five (45) formal staff interviews was conducted and an additional fourteen (14) informal staff interviews were also conducted during the facility tours (18.6% of 318 staff). Staff was randomly selected from the three shift rosters and different departments within the facility (16). Additionally, specialized staff were interviewed including the Facility Administrator (1), PREA Compliance Manager (1), Intermediate-Higher Level Staff (3), Medical and Mental Health (3), Human Resources (1), Volunteers/Contractors (4), Investigator (1), Staff Who Perform Risk Screening (2), Staff Who Supervise Segregated Housing (1), Incident Review Team (2), Staff Who Monitor for Retaliation (2), First Responders (2), Intake staff (2), and Staff Who Perform Cross Gender Strip Searches (2). Interviews for the Agency Director and PREA Coordinator was provided to the Auditor; both positions were available for additional interviews if needed. Interviews for Program Staff for Youthful Inmates, Line Staff Who Supervise Youthful Inmates, and Contract Administrator was not held. The facility does not contract to house detainees with another agency or house juveniles/youthful detainees. There were no staff that conducted cross-gender searches during the audit period, however, the Auditor interviewed two staff on the process. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations.

An interview was conducted with a representative of the Methodist Healthcare System after the onsite audit regarding the SANE services provided at the hospital. There is a Memorandum of Understanding (MOU) between the facility and the hospital. The Auditor tried to contact the service organization, Crisis Center of Southeast Texas, on three occasions and was unable to interview an organization representative. This organization would provide emotional support services and crisis counseling to the facility; there is no MOU between the facility and the organization.

There were twelve allegations of sexual abuse and sexual harassment reported during the audit period. There were three staff on detainee allegations and nine detainee on detainee allegations. The staff on detainee allegations were three staff on detainee sexual abuse allegations. The administrative findings of the staff on detainee allegations of sexual abuse were two unsubstantiated and one substantiated. The one substantiated case was referred for criminal investigation. The staff was prosecuted and indicated. The nine detainee on detainee allegations were five sexual abuse and four sexual harassment. The administrative findings of the five detainee on detainee allegations of sexual abuse were one unsubstantiated and four unsubstantiated. The administrative findings of the detainee on detainee sexual harassment allegations were three unsubstantiated and one unfounded. A review of twelve administrative investigations was conducted.

An exit meeting was conducted by the Auditor at the completion of the on-site audit with the Facility Administrator, Chief of Security, PREA Compliance Manager, AFA Security, AFA Programs, and the agency's PREA Senior Contract Compliance Manager. The Auditor discussed observations made during the onsite portion of the audit and was able to give some preliminary findings. Tension was nonexistent between staff and detainees and the Auditor observed constant interactions in a positive manner throughout the on-site visit. Both staff and detainees interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual misconduct if needed. It was clear to the Auditor, staff take PREA seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct. The detainees stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared the staff was professional and trained in their PREA knowledge and responsibilities. While the Auditor could not give the facility a final finding, the Auditor did provide a preliminary status of their findings and request for further documentation needed to demonstrate compliance on five standards. Standards 115.15, 115.41, 115.53, 115.71, and 115.73 could not be cleared at the end of the on-site audit process. Recommendations and the non-compliant issues were shared with the facility. The recommendations and non-compliant issues of these standards will be addressed under the appropriate standard in the narrative section. The Auditor suggests the facility continue to expand their operating policies and procedures including detailing the procedures demonstrated throughout the audit; this would provide written procedural directives for staff. The current policy are policy statements mirroring the PREA standards and agency policy without procedural direction.

The Auditor thanked the Facility Administrator, PREA Compliance Manager, and the staff of the Rio Grande Detention Center for their work and commitment to the Prison Rape Elimination Act. The Auditor thanked and appreciation of the hospitality received and for the professionalism provided by all staff during the visit.

The time frame for the final report was extended upon mutual agreement between the agency and the Auditor, based on the Auditor's request. The Auditor had unforeseen circumstances during this time period and the documentation submittal and communication was affected during the COVID pandemic.

The Auditor based the decision of standard compliance on: data gathered during the onsite audit; review of documentation; observations during the tour of the facility; interviews with staff and detainees; staff and detainee file reviews; and the agency and facility's policy and practices review.

Facility Characteristics

The Rio Grande Detention Center is comprised of a single facility located in Laredo, Texas. The facility opened in October 2008. The facility houses male and female medium security level detainees for the U.S. Marshals Service (1,228 beds). The detainees are pretrial and detainees that are sentenced up to one year. There is also a population of U.S. Immigration and Customs Enforcement detainees housed as part of the U.S. Marshal's contract (672 beds). The facility does not house juveniles/youthful offenders. The age range of detainees is 18 - 77 years of age. The facility's design capacity is 1,900. The detainee population was 1,792 (1,737 male and 55 female) on the first day of the audit. The average daily population for the audit period was 1,800. There were 22,495 admissions in the last twelve months with 4,579 housed longer than 30 days. The average length of stay is 42 days. The three largest detainee populations are from Mexico, El Salvador, and United States. The facility is accredited through the American Correctional Association and National Commission of Correctional Health Care.

The facility is comprised nine buildings which includes an administrative area, 19 housing units, kitchen, library, laundry, intake and booking area, visiting area, chapel, a segregation unit and outside recreation area. Entrance into the secure section of the facility is through a sallyport controlled by the master control center. Entrance in the facility for staff and visitors is through the front entrance.

The housing consists of three single cell housing units, eight multiple occupancy housing units, and eight open dorm housing units. The housing units are under direct supervision and indirect supervision. Indirect supervision is provided through the control center in each housing unit and direct supervision through the officers that rove through the housing units. The male general population housing buildings (1, 2, 3, 4, and 5) all have the same design and house 336 bunk beds, averaging 84 per housing unit. Each building is divided into four housing units circling a control center. Each individual housing unit has a bathroom area separated from the housing area by a half wall. The area contains showers, toilets, and sinks. The showers and toilets have barriers that provide privacy and eliminate cross-gender viewing. The female housing building (7 and 8) consists of a dorm (7) of 54 bunk beds and a segregation unit (8) of seven cells that are double occupancy. The female dorm has a bathroom area separated from the housing area by a half wall. The area contains showers, toilets, and sinks. The showers and toilets have barriers that provide privacy and eliminate cross-gender viewing. The female segregation unit cells have a toilet and sink in each cell. There is a shower within the unit that provides privacy for the detainees. The male segregation unit, Restricted Housing Unit (RHU), is a two-tier linear design with two sides (A and B) separated by the control and office area. The A and B downstairs ranges have 32 cells and the upstairs has 33 cells. The A ranges are restricted housing and B ranges are step-down controlled general population. Each cell has a toilet and sink. A bank of showers is located at the end of each range. During the tour, cross gender viewing of showers was identified in the housing unit. The facility installed partial shower barriers that eliminated the cross-gender viewing.

Each housing unit has a Case Manager's office, two multipurpose rooms, a medical triage room, and a barbershop. Each housing building has its own secured recreation yard. There is a sign posted on each housing unit door that states "Announce Before Entering." Within each housing area there are cameras, telephones, televisions, shower area, grievance box, PREA information on bulletin boards, and dayroom area containing chairs and tables. In each housing area, there are three cameras that cover the whole unit that are monitored by the control center. All showers have privacy curtains. Phones are available for the detainees which allows reporting accessibility. Signs are posted above the phones that state phone calls are not monitored are confidentiality indicating for numbers *77 (facility GTL services) and *88 (DHS OIG) and at no cost to the detainee. PREA information posters/brochures posted on the bulletin boards

include the PREA posters, zero tolerance posters, information on correspondence including addresses and numbers, reporting methods including how to report outside the facility, contact information for the PREA Compliance Manager, and foreign consulates with addresses and phone numbers.

Other holding areas include the intake/processing area and medical. The intake/processing area has seven holding cells, five male and two female. Each cell has a camera with no viewing of the toilet area. The cells have a phone, radio transmitter in which the detainees use to hear the orientation video through their radio. The orientation and PREA video plays in each cell. The holding cells have toilets with privacy barrier. Detainees do not remain in holding cells longer than 12 hours. The medical area contains five male medical housing cells. The toilet in each cell provides privacy with a barrier. Cameras are in the hallway providing observation of the area. The medical area is monitored by 24-hour medical staff and security staff.

Areas where detainees work are the kitchen, laundry area, and intake area. The kitchen has an open design and has eight cameras that provide a cross view of the area and mirrors to assist with observation of the detainees. The cameras are monitored by the control center. The kitchen office has views into the kitchen for supervision and staff provide direct supervision. The kitchen coolers, freezers, and dry storage are always locked and opened only by staff. The laundry area is an open area with no blind spots. And always staffed when detainees are in the area. The area is usually staffed by one to two staff members with a work force of about eight detainees. There are PREA information is posted in all the areas.

The master control center is manned by staff 24 hours a day 7 days a week with two officers. The master control center controls entry into the facility and doors within the facility. The control center monitors the cameras within the facility. The control center monitors all radio traffic and intercom system. Volunteers and visitors must sign a log when entering the facility at the control center. Each housing building also has a control center in the center of the unit that monitors cameras and controls the doors within the unit.

The law library/library is monitored by staff hourly when utilized. There are four cameras statically placed for cross viewing of the area. The area has PREA information posted including the reporting methods: on the tablet, medical request, grievance, hotline numbers, and staff. The visiting is non-contact and the visiting area has PREA posters posted in the area. The lobby has PREA posters and information posted.

The facility has 318 staff positions. The security staff supervisors include the AFA of Security, Chief of Security (2), Intake/Transportation Supervisor, Special Housing Supervisor, Shift Supervisors for each shift, Assistant Shift Supervisor for each shift, Intelligence Officer (2) and Disciplinary Hearing Officer. The facility operates three shifts, each supervised by a Shift Supervisor and Assistant Shift Supervisor. The first shift 5:30 am – 2:00 pm has 53 correctional officers, 2nd shift 1:30 pm – 10:00 pm has 45 officers, and 3rd shift 9:30 pm – 6:00 am has 36 officers. Staff make random security rounds in all the housing units every 30 minutes and document the rounds in the logbooks. Rounds are verified through a rounds pipe system in the medical, female segregation unit, and the male restricted housing unit. Each pipe location must be checked by the officer making rounds. The pipe location is on the farthest wall to ensure staff enter and observe the whole housing unit. Shift supervisors are required to make unannounced rounds on each shift to all housing areas which are documented on the shift logbooks. The logs were reviewed during the tour.

All essential services within the jail are provided by facility staff with the exception of medical and commissary which are provided through contracts. Medical care is contracted through Wellpath. The commissary is provided through a contract with Keefe. The facility also has two GTL contractors onsite for the phone systems.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of detainees, visitors, and staff inside and out of the building. The facility is monitored by exterior and interior cameras. There are 248 cameras. The cameras are monitored through the control centers. Cameras are located throughout the facility including hallways, intake, kitchen, laundry, and housing areas. The DVR has the ability to store data for up to 30 days. The Auditor viewed the camera views in the control center; there were no cross-gender viewing concerns.

The mission of the Rio Grande Detention Center is to achieve a level of excellence through professionalism while providing safety and security of the facility and surrounding community by maintaining the standards of the GEO Group and the United States Marshal Service.

The facility is managed by a Facility Administrator, Assistant Facility Administrator Security, and Assistant Facility Administrator Programs.

Summary of Audit Findings

The PREA Audit of the Rio Grande Detention Center found forty-three (43) standards in compliance with six standards exceeding the requirement of the standard. This standards exceeding are is 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator, 115.13 Supervision and Monitoring, 115.17 Hiring and Promotion Decisions, 115.31 Staff Training, 115.32 Other Training, and 115.35 Specialized Training: Medical and Mental Health Care. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in the narrative section of the report.

Number of Exceeds Standards: 6

- 115.11 Zero Tolerance of Sexual Abuse, PREA Coordinator
- 115.13 Supervision and Monitoring
- 115.17 Hiring and Promotion Decisions
- 115.31 Staff Training
- 115.32 Other Training
- 115.35 Specialized Training: Medical and Mental Health Care

Number of Standards Met: 39

- 115.12 Contracting with other Entities for the Confinement of Inmates
- 115.14 Youthful Inmates
- 115.15 Limited to Cross-Gender Viewing and Searches
- 115.16 Inmates with Disabilities and Inmates Who Are Limited English Proficient
- 115.18 Upgrades to Facilities and Technologies
- 115.21 Evidence Protocols and Forensic Medical Examinations
- 115.22 Policies to Ensure Investigation of Allegations and Appropriate Agency Oversight
- 115.33 Inmate Training
- 115.34 Specialized Training: Investigations
- 115.41 Assessment for Risk of Victimization and Abusiveness
- 115.42 Use of Assessment Information
- 115.43 Protective Custody
- 115.51 Inmate Reporting
- 115.52 Grievances
- 115.53 Inmate Access to Outside Confidential Support Services
- 115.54 Third Party Reporting
- 115.61 Staff and Agency Reporting Duties
- 115.62 Protective Duties
- 115.63 Reporting to Other Confinement Facilities
- 115.64 Responder Duties
- 115.65 Coordinated Response
- 115.66 Protection of Inmates from Contact with Alleged Abusers
- 115.67 Agency Protection Against Retaliation
- 115.68 Post-Allegation Protective Custody
- 115.71 Criminal and Administrative Investigations

- 115.72 Evidentiary Standard for Administrative Investigations
- 115.73 Reporting to Inmates
- 115.76 Disciplinary Sanctions for Staff
- 115.77 Corrective Action for Contractors and Volunteers
- 115.78 Disciplinary Sanctions for Detainees
- 115.81 Medical and Mental Health Assessments, History of Sexual Abuse
- 115.82 Access to Emergency Medical and Mental Health Services
- 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse
- 115.86 Sexual Abuse Incident Reviews
- 115.87 Data Collection
- 115.88 Data Review for Corrective Action
- 115.89 Data Storage, Publication, and Destruction
- 115.401 Frequency and Scope of Audits
- 115.403 Audit Contents and Findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

The Auditor did provide a preliminary status of the findings and requested further documentation needed to demonstrate compliance on five standards. Standards 115.15, 115.41, 115.53, 115.71, and 115.73 could not be cleared at the end of the on-site audit process. Recommendations and the non-compliant issues were shared with the facility. The facility provided documentation to demonstrate compliance on July 9 and 28, 2020. The documentation included updates to policies, training records/memos, and photos. Documentation of compliance for the outstanding standards were provided to the Auditor through email by facility and the agency Contract Compliance Manager. The facility achieved compliance with the documentation provided. A summary of compliance is provided in this section, further detail is provided under each standard narrative.

115.15(a) Limits to Cross-Gender Viewing and Searches:

Did Not Meet: Staff interviewed stated that transgender searches are completed by females searching the top half of the detainee and male officer the bottom. Refresh training needs to be conducted with staff.

Action Taken: The facility demonstrated compliance through the submittal of Training Attendance Records forms from August 10, 2019 of Cross-Gender and Transgender Pat Searches staff training. The facility provided a refresher for the staff on the proper method for transgender searches. to demonstrate compliance. Compliance achieved.

Did Not Meet: There is accessibility for cross-gender viewing into the showers in the restricted housing units A and B.

Action Taken: The facility demonstrated compliance through photos provided of the showers. The facility attached privacy screens on the shower doors to eliminate the chance of cross-gender viewing. Compliance achieved.

115.41(g) Screening for Risk of Victimization and Abusiveness

Did Not Met: The policy, agency, or facility, does not address reassessments when warranted by referral, request, and incident of sexual abuse.

Action Taken: The facility demonstrated compliance through the submittal of the updated policy 1300.05. The policy states “At any point after the initial intake screening, a detainee may be reassessed for risk of victimization or abusiveness warranted by referral, request, or incident of sexual abuse.” Compliance was achieved.

115.41(h) Screening for Risk of Victimization and Abusiveness

Did Not Meet: The facility policy does not address detainees may not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening assessment of reassessment. Policy states “certain” questions.

Action Taken: The facility demonstrated compliance through the submittal of the updated policy 1300.05 that addresses the standard and matches the facility’s practice. The policy now states, “Disciplining detainees in Rio Grande Processing Center for refusing to answer or not providing complete information in response to certain screening questions is prohibited.” Compliance achieved.

115.53 Inmate Access to Outside Confidential Support Services

Does Not Meet: The facility does not provide access to outside victim advocates for emotional support services by giving detainees mailing addresses and phone numbers, including toll free hotline numbers where available.

Action Taken: The facility demonstrated compliance with the submittal of a memorandum of understanding (MOU) with the BCFS Health and Human Services, Domestic Violence Program. The MOU allows the detainee to reach out directly with the agency or the facility may refer a detainee. The agency will provide to the facility counseling services, accompany the detainee to off-site medical and forensic exams, case management services to support t victim and referrals to legal assistance in civil and criminal cases, education and collaboration with law enforcement and other community agencies and other support services. The mailing address and phone number are available to the detainees. Compliance achieved.

115.71 Criminal and Administrative Agency Investigations

Did Not Meet: The agency’s policy outlines the process, however, is general to address all the types of facilities GEO operates. The facility’s PREA policy does not address the standard provisions (a), (c), (d), (e), (f), (g), (h), (i), and (l).

Action Taken: The facility demonstrated compliance through the submittal of the facility’s policy 1300.06 Investigating Allegations of Sexual Abuse and Assault and Evidence Collection approved December 12, 2019. The facility also submitted Training Attendance Records from July 1-2, 2020 documenting staff training on the policy changes. The policy now addresses each provision of the standard and the facility’s practice. Compliance achieved.

115.73(e) Reporting to Inmates

Did Not Meet: The facility policy does not address that notifications or attempted notifications are documented.

Action Taken: The facility demonstrated compliance through the submittal of the updated policy that also matches the facility's practice. The policy states "At the conclusion of an investigation, the facility investigator shall inform thee individual who made the allegation of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated, or unfounded." Compliance achieved.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator/Compliance Manager

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jail and Community Confinement Facilities and the facility's policy 1300.05 Sexual

Abuse/Assault Prevention and Intervention Program (PREA) mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policies outline the agency's and facility's approach to preventing, detecting, reporting, and responding to sexual abuse and harassment. The policy provides definitions of sexual abuse and general PREA definitions. Through observation of postings on the bulletin boards, posters, educational handouts, review of the GEO Sexual Assault Awareness pamphlet, the Rio Grande Detention Center USMS Detainee Handbook, and interviews with staff and detainees it was apparent that the agency and the facility is committed to zero tolerance of sexual abuse, sexual assault, and sexual harassment. Each staff member also carries a PREA informational card that outlines staff responsibilities, zero tolerance, and the first responder requirements. The zero-tolerance policy is publicly posted on the agency's website.

The facility exceeds the standard with the staff who are responsible to oversee the sexual abuse prevention and intervention policies, procedures, and practices. GEO employs a corporate level PREA Director/PREA Coordinator that oversees the company's PREA compliance throughout all agency facilities. Under the agency's PREA Coordinator supervision are Regional PREA Coordinators for the East, West, and Central regions. Their roles vary from conducting mock audits, assisting facilities with technical assistance, and assisting the agency PREA Coordinator with various other PREA related tasks upon request. The corporate PREA office also contains one PREA Senior Contract Compliance Manager, two PREA Contract Compliance Managers, and one Data Specialist. The Data Specialist is responsible for collecting and analyzing PREA data and preparing required reports.

At the facility level, the PREA Compliance Manager is responsible to oversee that policies and procedures relative to PREA and ensure facility compliance with the PREA standards and agency and facility policies. The position reports directly to the Facility Administrator. The PREA Compliance Manager stated he coordinates the facility's efforts by providing PREA training to staff and detainees, reviewing policies and procedures for compliance, work with investigators, conduct unannounced rounds within the facility to ensure PREA compliance and answer questions, maintain all PREA files, and keep logs for at risk detainees. If an issue is identified with compliance concerns with a PREA standard, he would inform the Facility Administrator and coordinate actions for compliance. Her role is to ensure the facility comes into compliance. During the interview with the PREA Compliance Manager, he was knowledgeable of the facility's PREA policies and procedures and his responsibilities for coordinating the facility's efforts to comply with the PREA standards and agency and facility policies. The PREA Compliance Manager stated he has sufficient time to complete all the PREA responsibilities.

Through observation of bulletin boards, posters, review of detainee and staff handouts, and interviews with staff and detainees it was apparent the agency and facility are committed to zero tolerance of sexual abuse and sexual harassment. PREA informational posters are posted throughout the facility that indicates the zero tolerance of sexual abuse and sexual harassment, as well as, providing the methods to report. The Auditor determined compliance through the interview with the PREA Compliance Manager, review of agency and facility's policies, facility organizational chart indicating the PREA Compliance Manager's position, and the GEO's organizational chart for the corporate PREA Department.

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's

obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

The agency/facility does not contract for the confinement of detainees with private agencies or other entities, including other government agencies. This was confirmed through interviews with the agency's PREA Coordinator. The agency policy does state GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and

determining the need for video monitoring? Yes No

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

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator/Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 13005 outlines the requirement of a staffing plan. The Annual PREA Facility Assessment is conducted annually and the assessment is based on the eleven criteria of this standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or detainees may be isolated); the composition of detainee population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Facility Administrator stated the staffing plan, Annual PREA Facility Assessment, is developed annually with input from the Assistant Facility Administrators, Human Resources, Business Manager, USMS, regional staff, PREA Compliance Manager, and other departments as needed. The Annual PREA Facility Assessment is forwarded to corporate office for review and approval. The Annual PREA Facility Assessment is divided into sections; the first section covers the eleven components of the standard, the second section addresses staff deviations and justifications, section three covers recommendations, section four lists staff participating in the assessment development. The facility's annual assessment must be submitted to the agency's PREA Coordinator for review annually as determined by each division.

The written staffing plan is maintained at the facility with access to all administrative staff; a copy of the approved staffing plan is also maintained by the agency.

The Facility Administrator and the PREA Compliance Manager indicated that standard elements are taken into consideration during the annual staffing assessment. They stated the review included there has been no findings of inadequacy of judicial findings, Federal investigations, and/or internal or external oversight bodies; the housing layout including providing adequate staff coverage; detainee security level and classification; programming activities per shift with adequate staffing coverage; placement of supervisory staff which requires a supervisor on each shift; review of sexual abuse incidents for patterns or trends; findings of the incident reviews and recommendations; and contract requirements. The PREA Compliance Manager stated there is a trend of increased allegations of sexual abuse during the summer and in the female housing.

The last Annual PREA Facility Assessment was completed on August 27, 2018 and approved by the Corporate Divisional Vice President and Corporate PREA Coordinator on September 24, 2018. The staffing plan, the Annual PREA Facility Assessment, was developed by the leadership of the facility including the Facility Administrator, Assistant Facility Administrator, PREA Compliance Manager/Grievance Coordinator, Major, Assistant Case Manager Coordinator, Training Manager, and Fire and Safety Officer. The design facility capacity is 1,900 detainees (1,228 USMS and 672 ICE) and the staffing plan is based on the full facility capacity. The population during the audit was 1,798 detainees and the average population for the last 12 months was 1,800. The Auditor reviewed the facility's 2016, 2017, and 2018 Annual PREA Facility Assessment Reports. The 2018 Annual PREA Facility Assessment noted an additional camera would be helpful in each dorm due to the distance of back side of dorm, which was also noted in 2017. The Assessment also noted there were no deviations from the staffing plan or lapse in supervision. The previous Annual PREA Facility Assessments were completed on October 14, 2016 and September 11, 2017; all were approved through the Corporate PREA Coordinator. In 2016, the facility cut all the detainee restroom doors about 12" from the floor allowing staff to view feet while protecting the detainee's privacy and the holding cells restrooms were equipped with a half curtain to provide privacy to detainees while using the restroom without compromising security.

The Facility Administrator stated the facility has 391 authorized positions approved through the USMS contract. The PAQ and Facility Administrator indicated there was no deviations from the staffing plan. Staff coverage is provided through overtime adhering to the minimum staffing contract coverage requirement. The Facility Administrator stated the staffing plan is reviewed for compliance by the Chief of Security and Business Manager. The Chief of Security reviews the daily staffing rosters and any overtime occurred for justification. Any deviations would be noted by the shift supervisor on the daily shift roster. The Facility Administrator stated positions would be backfilled with overtime to cover any staffing deviations. If there is deviations or non-compliance with the staffing ratios of the staffing plan, Human Resources and/or Chief of Security will report to the Facility Administrator who then reports to corporate and USMS based on the contract.

A review of the PAQ indicated, the facility's staff that may have recurring contact with detainees is 318. The security staff supervisors include the AFA of Security, Chief of Security (2), Intake/Transportation Supervisor, Special Housing Supervisor, Shift Supervisors for each shift, Assistant Shift Supervisor for each shift, Intelligence Officer (2), and Disciplinary Hearing Officer. The facility operates three shifts, each supervised by a Shift Supervisor and Assistant Shift Supervisor. The first shift 5:30 am – 2:00 pm has 53 correctional officers, 2nd shift 1:30 pm – 10:00 pm has 45 officers, and 3rd shift 9:30 pm – 6:00 am has 36 officers. The minimal staffing level is 36 officers on first and second shifts and 28 officers on third shift. 36 officers six correctional officers assigned on each shift for detainee supervision. The control center must have two officers per shift. The Auditor reviewed daily security shift rosters/assignments for all

shifts and determined the facility is ensuring staffing levels are being maintained to ensure sufficient supervision of the detainees through overtime. Based on the review of the staffing plan, staffing rosters, and interviews with the Facility Administrator and PREA Compliance Manager the Auditor found the facility is maintaining sufficient supervision.

Detainees are monitored through direct and indirect supervision. Supervision is provided through indirect supervision through the housing unit control center and direct supervision by officers making random security rounds in all the housing units every 30 minutes. The rounds are documented in the Housing Unit Daily Shift Activity Log. In the medical, female segregation unit, and the male restricted housing unit rounds are verified through a rounds pipe system. Each pipe location must be checked by the officer making rounds. The pipe location is on the farthest wall to ensure staff enter and observe the whole housing unit. Detainees that are constant watch are provided constant visual supervision by an officer of the same gender. Shift supervisors are required to make unannounced rounds on each shift to all housing areas which are documented on the Weekly Signature Log. This log also captures the weekly rounds conducted by the Administrative Duty Officer, Staff Duty Officer, executive staff, Major, mailroom, Grievance Officer, Fire Safety Officer, and the PREA Compliance Manager.

The agency's policy 5.1.2-A and facility's policy 1300.05 requires department heads and facility management staff, to conduct weekly unannounced rounds and shift supervisors to conduct daily unannounced rounds. The intermediate and higher-level security staff stated during interviews that they conduct random rounds by no set schedule for rounds, randomly changing the pattern, and times of their rounds in the housing units. The shift Lieutenant and Sergeant are both required to make rounds on each shift. The unannounced rounds are documented on the Weekly Signature Log and the Housing Unit Daily Shift Activity Log. The supervisory staff interviewed stated the rounds are also documented in the Shift Activity Log. The logbooks were reviewed during the tour and unannounced rounds are conducted by supervisors on each shift in each housing area.

The agency's policy 5.1.2-A and facility's policy 1300.05 prohibit staff from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The supervisory staff indicated in their interviews that staff are trained and provided policy reminders that alerting is prohibited through staff briefings. If a staff member was found to be alerting, the staff member would be educated on the importance of unannounced rounds and progressive discipline could be started.

The facility exceeds the standard with the requirement of the numerous facility positions required to make weekly unannounced rounds and the requirement of two shift supervisors to complete unannounced rounds per shift. The agency and facility develop a detailed annual staffing assessment that outlines the eleven components of the standard, staff deviations and justifications, recommendations, and staff participating in the assessment development. The facility has not deviated from the staffing plan.

Standard 115.14: Youthful offenders

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

The facility does not house juvenile/youthful offenders under the age of 18. This was confirmed through interviews with the Facility Administrator and PREA Compliance Manager. A memo to file from the Facility Administrator also noted that the facility does not house youthful offenders under the age of 18.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and the facility's policy 1300.05 address detainee pat-down searches, strip searches, body cavity searches, and the limits to cross-gender viewing and searches. The agency's and facility's policies prohibit cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. A cross-gender visual body cavity search can only be performed by offsite medical practitioners per the agency policy. The PAQ and the facility administration stated there were no cross-gender strip searches, visual body cavity searches, or pat-down searches conducted or logged for exigent situations during this audit period.

The policies also state cross-gender pat-down searches of female detainees are not permitted absent exigent circumstances and female detainees are not restricted access to regular programming or other outside opportunities in order to comply with this provision. The female detainees interviewed indicated they had not been restricted from any programming due to a female staff not available to pat them down. They indicated there is always a female staff available. A staff member of the same gender will conduct the pat-down search. The facility always has male and female staff on each shift as shared by staff during interviews. The random staff interviewed stated there is always a female staff and at least one is available on each shift. The Auditor reviewed the staff rosters and verified female staff on each shift. If a cross-gender pat-down search of a detainee should occur; it must be documented on the Daily Intake Strip Search Log with justification. The form requires the detainee name and gender; the staff member name and gender; the reason/justification for the search; and a comment area. The facility conducts strip searches for detainees leaving the facility for court and other transportation. The Daily Intake Strip Search Logs reviewed by the Auditor documented the strip search is conducted by the same gender staff as the detainee. The procedures were verified through the review of the agency's and facility's policies and interviews with staff and detainees. Although the facility had no cross-gender strip searches, two staff members were interviewed for the non-medical staff involved in cross-gender strip or visual search questions for procedure. Both staff stated cross-gender strip or visual searches are never permitted and if needed medical would conduct the search.

The agency and facility policies states each facility shall implement policies and procedures which allow individuals in a GEO facility to shower, change clothing, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks. The facility has shower curtains and barrier walls which provide privacy for the detainees. Each individual general housing unit has a bathroom area separated from the housing area by a half wall. The area contains showers, toilets, and sinks. The showers and toilets have barriers that provide privacy and eliminate cross-gender viewing. The female segregation unit cells have a toilet and sink in each cell. There is a shower within the unit that provides privacy for the detainees. Each cell in the male RHU has a toilet and sink. A bank of showers is located at the end of each range. During the tour, cross gender viewing of showers was identified in the housing unit.

Did Not Meet: There is accessibility for cross-gender viewing into the showers in the restricted housing units A and B.

Action Taken: The facility demonstrated compliance through photos provided of the showers. The facility attached privacy screens on the shower doors to eliminate the chance of cross-gender viewing. Compliance achieved.

The agency's and facility's policies require employees of the opposite gender to announce their presence when entering housing units or any other areas where detainees are likely to be showering, performing bodily functions, or changing clothes. The housing unit control center also makes an announcement through the intercom. This announcements are documented on the Housing Unit Daily Shift Activity Log. Staff indicated they announce male/female in the housing unit prior to entering in English and Spanish. A sign is posted on each housing unit door as a reminder that states "Announce Before Entering." The detainees interviewed indicated that staff announce when entering the housing area. This was also observed during the audit.

The agency and facility policies also prohibit staff from searching or physically examining transgender and intersex detainees for the purpose of determining genitalia status. Staff are to seek information to identify detainees who are transgender or intersex upon delivery to the facility during the intake processing, based on available information from the detainee and as developed by staff. If the genital status is unknown, it may be determined during private conversations with a detainee, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with staff confirmed these practices, as well as, the review of the policy and training lesson plans reinforcing these policies during the annual training.

The agency's policy 5.1.2-A and facility's policy 1300.05 states that staff shall be trained in conducting pat-down searches, cross-gender pat-down searches, and searches of transgender and intersex detainees in a professional and respectful manner. The agency's policy mandates that transgender and intersex detainee searches shall be performed in one of three manners: searches only be medical staff; searches conducted only by female staff; and asking the detainee to identify the gender of staff with whom they would feel most comfortable conducting the search. If the detainee states a preference, it must be documented on the Statement of Search Preference Sheet. When staff were randomly asked how a transgender pat-down search would be completed, the majority of the staff indicated the transgender/intersex detainee could request the gender of the staff they are most comfortable with to conduct the pat-down search and the pat-down would be conducted using the back or blade of the hand. Some staff interviewed stated that transgender searches are completed by females searching the top half of the detainee and male officer the bottom. Refresh training needed to be conducted with staff. Searches by the requested gender staff would be documented on the Statement of Search Preference Form. Other than annual training, this training is also part of the initial pre-service training and covered in shift briefings. Interviews with staff confirmed these practices, as well as, the review of the training lesson plans reinforcing these policies in the annual training, and review of staff training records. The facility administration indicated that no transgender or intersex detainees housed at the facility during the on-site audit.

Did Not Meet: Staff interviewed stated that transgender searches are completed by females searching the top half of the detainee and male officer the bottom. Refresh training needs to be conducted with staff.

Action Taken: The facility demonstrated compliance through the submittal of Training Attendance Records forms from August 10, 2019 of Cross-Gender and Transgender Pat Searches staff

training. The facility provided a refresher for the staff on the proper method for transgender searches. to demonstrate compliance. Compliance achieved.

The agency's lesson plans, Prison Rape Elimination Act (PREA) and Guidance in Cross-Gender and Transgender Pat Searches cover the conducting of pat-down searches, cross-gender pat-down searches, and searches of transgender and intersex detainees in a professional and respectful manner. Training records reviewed indicated that all staff had completed the training. Staff must sign the Training Acknowledgment Form to document and acknowledge their understanding of the training. Documentation was provided that showed that staff have signed showing they have received and understood the conducting of pat-down searches, cross-gender pat-down searches, searches of transgender and intersex inmates in a professional and respectful manner. The form requires the staff signature, date, and a witness signature for documentation.

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

15.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

The agency and facility take appropriate steps to ensure that detainees with disabilities and detainees that are limited English proficient (LEP), as well as, those detainees who are deaf, hard of hearing, blind,

have low vision, limited reading skills and/or cognitive disabilities have the opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency's policy 5.1.2-A and facility's policy 1300.05 states facilities shall ensure that individuals in a GEO facility or program with disabilities have an equal opportunity to participate in or benefit from the company's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. GEO shall ensure that all its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that may ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The PREA information is communicated orally and in written format in a manner that is clearly understood by the detainee, including those who are limited proficient in English, deaf, visually impaired, or otherwise disabled as well as detainees who have limited reading skills. This is accomplished through the facility's Zero Tolerance Reporting Poster, ICE's Break the Silence Poster, USMS Detainee Handbook, and the ICE Detainee Handbook all in English and Spanish. The facility has eight Spanish staff interpreters (all case managers) which is the one of most common languages of detainees. The facility utilizes a language line through Language Line Solutions for other languages. The GEO Group has a contract with Language Line Services Inc for translation services, effective September 23, 2013. The facility has a Telecommunications Device for the Deaf (TDD) for the hard of hearing or deaf detainees. All the phones also have volume control. Staff indicated detainees hard of hearing or deaf could hear the video and limited reading skills could watch the video.

The Agency Head's interview and the agency's policy stated the agency does not use detainees as interpreters, readers of other types of detainee assistants. The Agency Head indicated the agency/facility would also reach out to community-based resources (i.e. local colleges or organizations) that might be willing to assist. The agency's and facility's policies outline detainees shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-response duties, or the investigation of the detainee's allegations. Any use of these interpreters under these type of circumstances shall be justified and fully documented in writing.

The staff interviews indicated that staff were aware how to provide meaningful access to detainees on all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment through staff interpreters or the use of the language line. Interviews were held with ten detainees that were LEP (nine Spanish and one Angola) and two also were hearing impaired through interpreters. All but two, stated they received information at intake through the handbook, staff reading the forms, case manager interpreting, and posters in intake and housing areas. The detainee from Angelo spoke some English and was able to communicate. He noted the facility tried to use the interpretation line but was unable to obtain an interpreter his language and dialect. He also noted there is a language barrier between the African detainees and staff. The facility administration acknowledged this is the hardest population for them regarding communication. They have not been able to find an interpretation service that has interpreters for the language. They are continuously trying to address this population. The detainees interviewed noted that staff provide assistance and all knew how to report an allegation by requesting to speak to staff, calling the hotline numbers, writing a note, and through the tablet. A memo to file from the Facility Administrator noted the facility has not used inmate interpreters, readers, or assistance to translate PREA incidents during the audit period.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Through review of the agency's policy 5.1.2-A and facility's policy 1300.05, it was determined that the facility has established a system for conducting criminal background checks for new employees, contractors, and volunteers who have contact with detainees to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement settings; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual in such activity. The job application form requires the employee to answer

questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. The agency's employment application was updated in March 2018 with the three questions. These application forms are utilized for new hires and promotions. The Human Resources staff interviewed indicated this information is also checked on all applicants, contractors, and volunteers as part of the hiring process or approval of services during the background stage.

The Human Resources staff interviewed indicated this information is also checked on all applicants in written job applications, Employment Form when offered the position, in the New Hire Package with the Supplemental Human Resources Questionnaire, promotions with the PREA Questionnaire Internal Promotion/Transfer form, part of the hiring process during the background check, and annual during the annual review process. This is the same process for contractors. Ninety-eight (98) new employees were hired during this audit cycle, the Auditor reviewed four new employees' files as part of the employee file review. All files had the administrative adjudication questions asked as part of the employment application and the questionnaire during orientation. A staff promotional file was also reviewed, the PREA Questionnaire Internal Promotion/Transfer and background check was completed. The Auditor reviewed thirteen personnel files, ten employees and three contractors. If any of the administrative adjudication questions are confirmed the applicant would not be hired per the interview with Human Resources. If it was a promotional position, Human Resources would notify the Facility Administrator for the appropriate action to be taken.

The agency's policy 5.1.2-A and facility's policy 1300.05 require a background investigation and criminal background record check for all new hires to ensure the candidate is suitable for hiring. A background and criminal background record check will be repeated for all employees, contractors, and volunteers at least every five years. The Human Resource staff interviewed indicated the facility utilizes a third-party company, Career Builder, for initial background checks and the background checks required every five years. The agency's Human Resources office sends out an email to the employee to request the employee submit information through Career Builder to complete the background checks. The Auditor randomly selected ten employee and three contractor files to review for the criminal background checks prior to hiring. The background checks were completed prior to the hiring date through Career Builders. All staff had background checks completed prior to hire and an annually criminal check of the beginning of each year also through Career Builders within the audit period. A full background check is completed every five years. The employees that were employed for at least five years had the five-year background checks. The USMS also performs NCIC background checks on all employees and contractors plus a Limited Background Investigation (LBI) required by the contract.

Employees also have a continuing affirmative duty to report. The requirement is to report immediately to the Facility Administrator, AFAs, Chief of Security, and/or Human Resources. The continuing affirmative duty to report is also accomplished annually during the annual performance review of employees. They must complete an acknowledgement form, PREA Disclosure and Authorization Annual Performance Evaluation, containing the questions prior to the completion of the evaluation. The Auditor randomly selected ten employee files to review for the annual administrative adjudication check (the three questions). The employee files were compliant.

The employment application contains a statement indicating the applicant agrees not to falsify or omit information. If the applicant does falsify or omit information, employment can be denied, or the person will be subject to immediate termination. The Human Resource staff interviewed confirmed the wording on the application and that a person would not be hired or terminated for falsifying information. During

the review of the employee personnel files, the wording was verified on the employee application forms. The agency's policy 5.1.2-A and facility's policy 1300.05 also state and supports the practice.

The agency's policy 5.1.2-A and facility's policy 1300.05 states the facility shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, unless prohibited by law. The Human Resource staff interviewed stated all information requests, internal and external, are forward to corporate for response. The information will be provided through the corporate office. If contacted by an outside employer, the staff must sign a release of information prior to the agency disclosing information to the requesting employer. The agency's Human Resources Section will contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation during an investigation prior to hiring. The facility provided examples of prior institutions contacted as part of the hiring process.

The agency and facility exceed the standard for the background process of conducting a criminal background check annually. Also, the facility conducts the same process for contractors and volunteers annually.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1300.05 indicates the facility shall take consider the effect any new or upgrade design, acquisition, expansion, or modification of physical plant or monitoring technology have on the facility's ability to protect detainees from sexual abuse. The facility has not made a substantial expansion or modification to the existing buildings or upgrade in technology. A memo to file from the Facility Administrator stated the facility has not had any facility technology upgrades for this audit period.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of detainees, visitors, and staff inside and out of the building. The facility is monitored by exterior and interior cameras. There are 248 cameras. The cameras are monitored through the control centers. Cameras are located throughout the facility including hallways, intake, kitchen, laundry, and housing areas. The DVR has the ability to store data for up to 30 days. The Annual PREA Facility Assessment has had recommendation the last two years to add an additional camera would be helpful in each dorm due to the distance of back side of dorm.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection and the facility's policy 1300.05 and Healthcare policy B-05 outlines the investigative process and the uniformed evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. The facility only conducts administrative investigations. The facility is to begin an administrative investigation immediately following an allegation. If determined criminal, the Webb County District Attorney's Office Investigative Unit, Laredo Police Department, ICE, and/or USMS will conduct the criminal investigation. The agency utilizes the Department of Justice (DOJ's) National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition for the uniform evidence protocol as indicated by the policy. The protocols are incorporated into the agency's and facility's PREA Coordinated Response Plan. The PREA Coordinated Response Plan provides an extensive guideline for staff to follow for investigations and/or referring an allegation for investigation. Random staff interviewed understood the protocols for obtaining usable physical evidence. They stated the area the allegation occurred would be contained, the detainees would be separated, and the involved detainees would be asked not to destroy evidence including not washing, bathing, brushing teeth, and changing clothes.

The Investigator interview was conducted with a facility investigator who oversees the investigation process and conducts detainee on detainee and staff on detainee administrative investigations. The interview confirmed the practices for PREA investigations, and the Investigator was knowledgeable of the investigation process and the uniformed evidence protocol. Once an allegation is reported and the supervisor is notified; an investigation would be started immediately. The Investigator stated that all investigations of allegations are initially started by the Shift Supervisor and notification is made by the Duty Officer to the Investigator to report to the facility. The investigation would be completed by a specialized trained investigator within the facility.

There were twelve allegations of sexual abuse and sexual harassment reported during the audit period. There were three staff on detainee allegations and nine detainee on detainee allegations. The staff on detainee allegations were three staff on detainee sexual abuse allegations. The administrative findings of the staff on detainee allegations of sexual abuse were two unsubstantiated and one substantiated. The one substantiated case was referred for criminal investigation. The staff was prosecuted and indicated. The nine detainee on detainee allegations were five sexual abuse and four sexual harassment. The administrative findings of the five detainee on detainee allegations of sexual abuse were one unsubstantiated and four unsubstantiated. The administrative findings of the detainee on

detainee sexual harassment allegations were three unsubstantiated and one unfounded. A review of twelve administrative investigations was conducted.

All alleged victims of sexual assault who require a forensic exam are taken to Methodist Specialty and Transplant Hospital in San Antonio for completion of the forensic exam and emergency medical healthcare with no cost to the detainee. The facility has an MOU with the hospital dated April 10, 2017, which has forensic services and emergency treatment available 24 hours a day. An interview was conducted with a representative from the hospital after the on-site audit regarding the SANE services provided at the hospital. The hospital representative confirmed the medical services including forensic exams and treatment would be provided by the hospital. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The MOU states upon completion of the medical forensic examination, the hospital will remain custody of all evidence collected until it is released to the investigating law enforcement agency. The facility also has an agreement with Laredo Medical Center for emergency treatment and inpatient and outpatient services. The agreement was signed in September 2008 and stated the agreement will remain in effect until either party terminates in writing. The medical staff interviewed stated a detainee would be transported to the hospital for forensic exams and emergency medical treatment. There were no sexual abuse allegations that required a forensic exam in the audit period. There were no forensic medical exams during the last twelve (12) months.

The agency policy's 5.1.2-E and facility policy 1300.05 indicates detainees who allege sexual abuse shall be provided access to outside victim advocates and make accessible specific contact information for victim advocacy or rape crisis organizations. The hospital MOU states if the detainee chooses to exercise his/her right to have a victim's advocate present during the examination one will be provided by the rape Crisis Center in San Antonio. The victim advocate will be notified by the Forensic Nurse Examiner upon the detainee's arrival. The facility has an MOU with the BCFS Health and Human Services for a Domestic Violence Program. This program will refer women and their families to BCFS Domestic Violence Program when an individual is housed at the facility are known to suffer family violence, sexual assault, dating violence, and stalking crimes or experiencing family conflict; provide use of facilities which may be private space for the family counseling services and/or community meetings and training; and additional collaboration as jointly agreed upon in the future by both parties. The agreement also states BCFS will accept all referrals from the facility and provide them services including crisis intervention, emergency care, family counseling, and legal assistance in civil and criminal cases, education and collaboration with law enforcement and other community agencies and supportive services. This information is provided to the detainees upon intake to the facility and posted throughout the facility on the reporting posters. Per agency policy 5.1.2-E, when victim advocacy services are provided through the forensic exam and investigatory interviews, the victim's consent is obtained prior in writing or on audio tape for documentation. The interview with the PREA Compliance Manager indicated that advocacy services are provided through BCFS and free of charge to the detainee and access is provided through a request to the case manager. The contact information for victim advocacy services are provided to the detainees on a poster in the housing units. The PREA Compliance Manager and healthcare staff confirmed the practice for forensic exams and victim advocacy services.

All allegations of sexual abuse that include penetration or touching of the genital areas are referred to an outside law enforcement agency per policy 5.1.2-E. The outside law enforcement agencies for criminal investigations for this facility are the Webb County District Attorney's Office Investigative Unit, Laredo Police Department, ICE, and/or USMS. The facility has attempted and in the process of establishing a MOU with the Webb County District Attorney Office Investigative Unit requesting that the agency follow the requirements of paragraphs (a) through (c) of the standard. The facility provided emails documenting this request process.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency's policies 5.1.2-A and 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection and facility's policy 1300.05 outlines the procedures for investigating and documenting incidents of sexual abuse. The facility only conducts administrative investigations. The facility is to begin an administrative investigation immediately following an allegation. If determined criminal, the Webb County District Attorney's Office Investigative Unit, Laredo Police Department, ICE, and/or USMS will conduct the criminal investigation. The Investigator stated that all allegations reported are investigated immediately. Once an allegation is reported and the supervisor is notified; an investigation would be started immediately. A staff member will report the allegation to a supervisor who will make the required notifications which begins the investigation process. The facility begins an administrative investigation immediately following an allegation. The agency policies 5.1.2-A and 5.1.2-E state all allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations. The facility will document all investigation referrals. The facility utilizes the Monthly PREA Incident Tracking Log to track all incidents that occurred in the facility.

There were twelve allegations of sexual abuse and sexual harassment reported during the audit period. There were three staff on detainee allegations and nine detainee on detainee allegations. The staff on detainee allegations were three staff on detainee sexual abuse allegations. The administrative findings of the staff on detainee allegations of sexual abuse were two unsubstantiated and one substantiated. The three staff on detainee allegations was referred to ICE for investigation. There were two allegations referred for criminal investigations. The one administrative investigated substantiated case was referred for prosecution. The staff was prosecuted and indicated. The nine detainee on detainee allegations were five sexual abuse and four sexual harassment. The administrative findings of the five detainee on detainee allegations of sexual abuse were one unsubstantiated and four unsubstantiated. The administrative findings of the detainee on detainee sexual harassment allegations were three unsubstantiated and one unfounded. A review of twelve administrative investigations was conducted.

On the agency's website, www.geogroup.com/PREA, is a page dedicated to PREA under the Social Responsibility tab. The webpage contains the company's policies 5.1.2-A and 5.1.2-E for public information. The page also contains the zero-tolerance policy, how to report sexual abuse or sexual harassment, and how an employee may report sexual abuse or sexual harassment. There is a paragraph that explains the investigation process that states if the allegation potentially involves criminal behavior, GEO will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The policy 5.1.2-E also provides the protocols for sexual abuse investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A, facility's policy 1300.05, and training curriculum Prison Rape Elimination Act (PREA) address all the PREA requirements and outlines the training requirements. Training records, staff interviews, and the training curriculum review indicated the training includes the zero tolerance policy; definitions and examples of prohibited and illegal sexual behavior; right of detainees and staff to be free from sexual abuse and from retaliation for reporting of prohibited and illegal sexual behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees; and requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. The initial training occurs at the academy, each staff member attends the academy pre-service training prior to being assigned to the facility. The training is also provided annually through the annual in-service training. Each employee is required to attend in-service annually. Additional training occurs during staff monthly meetings, emails, and security briefing with different PREA topics refreshers. Staff during interviews acknowledged the numerous methods they received training including pre-service, annual in-service, updates from supervisors, computer updates, and quarterly briefings. The staff understood their responsibilities for preventing, detecting, and responding to allegations of sexual abuse. The Pre-Audit Questionnaire indicated all staff had completed training. After the interview with the PREA Compliance Manager and staff interviews, it was determined all facility staff have received PREA and cross-gender pat searches and searches of transgender and intersex detainees training. A selection of ten staff training records was reviewed; all had completed the pre-service training and annual in-service. Interviews of random staff and general questions asked during the tour clearly indicate staff is knowledgeable on how to perform their responsibilities in detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of PREA policies and procedures by staff confirm the continuous training that occurs through annual and refresher training.

Staff document the completion of training through a signature on the Training Attendance Record Form and the PREA Basic Training Acknowledgement Form which are also signed by a witness. Each staff member is provided and must carry the PREA Staff Responsibility Card; that outlines general PREA information and first responder duties. The employee files reviewed had PREA Basic Training Acknowledgement Forms as documentation of general PREA training and Cross Gender Pat Searches and Searches of Transgender and Intersex form documenting the training of searches.

The facility exceeds the training standard by requiring all staff to complete annual training instead of the standard's two-year requirement, refresher training at staff briefings, and the PREA Staff Responsibility Card carried by staff.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

All contractors and volunteers who have contact with detainees receive PREA training prior to assuming their responsibilities. The agency's policy 5.1.2-A and facility's policy 1300.05 states all volunteers and contractors shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. The same lesson plan utilized for staff, Prison Rape Elimination Act (PREA) is also utilized for contractors and volunteers. The training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed of how to report such incidents. Interviews were conducted with four contractors, there were no volunteers during the on-site audit to interview. The contractors were knowledgeable on PREA, the responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. They indicated if they were informed of an incident, they are to stay with the victim; remove the victim from the area; and report immediately to the Chief of Security or a shift supervisor. Training records of three contractors were reviewed and confirmed the training. The health care staff are contractors through Wellpath, during the interviews with three medical staff they both acknowledged the training and knew to report to the Chief of Security, shift supervisor, and/or PREA Compliance Manager immediately. They were knowledgeable on PREA, their responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. They indicated they would report to the shift sergeant or shift supervisor immediately.

The agency's policy 5.1.2-A and facility's policy 1300.05 states training for volunteers and contractors will be held annually. This was confirmed through the interview with the contractors and review of the training files. The training files contained the policy acknowledgement of Sexual and Workplace Harassment Policy and document completion of training through a signature on the PREA Basic Training Acknowledgement form. Volunteer training is documented on the Acknowledgement of Completion Prison Rape Elimination Act form. Training records reviewed demonstrated the contractors received training and documented they understood the training through a signatures. Two volunteers training records were reviewed that demonstrated compliance. The Pre-Audit Questionnaire indicated that the facility has 23 volunteers and 42 contractors who may have contact with detainees, and all were trained.

The facility exceeds the standard by providing annual training and refresher training as needed to all volunteers and contractors.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

The facility provides PREA education to the detainees beginning at intake into the facility. The agency's policy 5.1.2-A and facility's policy 1300.05 address the PREA education requirements for detainees at intake and comprehensive education. The facility's policy states each detainee will receive PREA orientation by staff on sexual abuse and sexual harassment within 24 hours of arrival. The information is communicated orally and in writing in a language clearly understood by the detainee. The information will include zero tolerance of sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and the policies and procedures for the facility for responding to such incidents. At intake into the facility, the intake officer provides detainees information through the USMS Detainee Handbook and facility handouts. Information is also provided through posters ICE Break the Silence and the facility's Zero Tolerance poster. The detainees are provided headphones to listen to the PREA video "What You Need

to Know” in the holding cells. The PREA video plays on a loop in the holding cells. All the information is available in English and Spanish. The Detainee Handbook covers zero tolerance, detainee protection, PREA definitions, PREA grievances, reporting procedures, reporting contact numbers, avoiding sexual abuse, inappropriate relationships, protecting evidence, investigations, and healthcare/mental health services. The intake officers interviewed stated the educational information is provided through a handbook, video, posters, and facility handout as soon as the detainee arrives at the facility. The intake officers stated the orientation process is the same for all current and transferred detainees and occurs normally within a few hours and always within 12 hours.

The Auditor observed intakes of two Spanish speaking detainees. The auditor observed the education provided to the detainees during the intake process. The case manager was Spanish speaking and conducted the orientation PREA education to the detainees with the detainee signing acknowledging receiving the handbook and watching the PREA video on the Detainee Orientation Acknowledgement Form. Which is maintained in the individual detainee’s file. The detainees were provided the USMS Detainee Handbook, the facility’s zero tolerance handout, the ICE National Detainee Handbook, and the ICE Sexual Abuse and Assault Awareness pamphlet. The detainees were provided headsets to listen to the PREA video while in the holding cells.

Interviews were conducted with 26 random detainees, the majority of the detainees interviewed acknowledged receiving PREA information upon arrival at the facility through handouts, handbook, posters on the wall, and/or staff explaining the information. Four detainees stated they had not received PREA orientation. The Auditor reviewed twelve random detainee files; all of the files documented PREA information the same day as intake. The Auditor also reviewed the four detainees’ files who stated during the interviews they did not receive information at intake. The four detainees’ files had documentation of receiving information at intake. The facility admitted 22,495 detainees during this audit period.

A case manager is responsible for conducting the comprehensive PREA education within 30 days of intake. The facility reported 4,579 detainees’ length of stay was over thirty days, 20% of the intakes. When interviewed, she stated the PREA education is provided by playing the PREA video “What You Need to Know” (available in English and Spanish) in the housing unit and housing unit town hall meetings. The town hall meetings are conducted weekly due to the turnover of detainees in the facility. In the meetings, information is provided on how to contact staff, zero tolerance, free from retaliation, facility’s policies and procedures, how to report an allegation, cover the PREA section of the handbook, and answer any concerns or questions the detainees may have. The use of the tablets for reporting is also covered. The detainees sign acknowledging participating in the town hall meeting and video presentation. The detainees acknowledged seeing the video in the housing unit and staff explaining PREA.

Education is provided through PREA posters, facility handouts, PREA video “What You Need to Know,” and the handbook in English and Spanish. The PREA information is communicated orally and in written format in a manner that is clearly understood by the detainee, including those who are LEP, deaf, visually impaired, or otherwise disabled, as well as, detainees who have limited reading skills. The facility has eight Spanish staff interpreters (all case managers) which is the one of most common languages of detainees that provide information to the LEP detainees. The facility also utilizes a language line through Language Line Solutions for other languages. The facility has a Telecommunications Device for the Deaf (TDD) for the hard of hearing or deaf detainees. Staff indicated detainees hard of hearing or deaf could hear the video and limited reading skills could watch the video.

The detainees have continuous and readily available PREA education through posters and the handbook. The PREA informational posters are posted in English and Spanish throughout the facility. Detainees interviewed and during discussion with detainees on the facility tour, they acknowledged they have

received PREA information upon arrival at the facility and through the PREA orientation video. They were able to explain how to report an incident and were aware of the zero-tolerance policy.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

The agency policies 5.1.2-A and 5.1.2-E and facility's policy 1300.05 states investigators shall be trained in conducting investigations of sexual abuse in confinement settings. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The agency's policy and lesson plan PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The training is a four-hour webinar consisting of seven modules with a test. The modules include update and investigative standards overview: guidance in the field; trauma and victim responses: considerations for the investigative process; the forensic exam and the role of victim advocates; first response and evidence collection: the foundation for successful investigations; legal issues and the agency liability guidance for the field; interviewing adult sexual abuse victims; and report writing. The specialized training lesson plan including sections on identifying how trauma can affect a victim's cooperation in an investigation; forensic medical exam process; role of the victim advocates; best practice and policy requirements on evidence collection in confinement settings; understanding of Miranda and Garrity; techniques for interviewing and interrogating during investigations of sexual abuse; criteria required for administrative action and prosecutorial referral; and what a final investigative report should contain.

The facility has six trained investigators on staff; Gang Intelligence Officer, Shift Supervisor, Transportation Supervisor, Training Administrator, Compliance/Grievance Clerk, and Assistant Case Manager Coordinator. The agency has 111 trained investigators that can be utilized at facilities. The Investigator interviewed acknowledged receiving the training through a webinar through the corporate office that covered the components within the standard. The specialty training was verified through the interview with the investigator and review of the training certificates and training attendance records for the investigators. The investigators also completed the annual PREA training for all staff.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1300.05 states all full-time medical and mental health practitioners who work regularly in the facility shall receive specialized training in addition to the general training mandated for employees. The healthcare staff will receive specialized training for sexual abuse and sexual assault, through the lesson plan GEO Specialized Medical and Mental Health PREA Training. The lesson plan Specialized Medical and Mental Health PREA Training outlines that training will include detecting signs of sexual abuse and assault; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse; and proper reporting of allegations or suspicions of sexual abuse and assault. The specialized training is an on-line course. The facility training is documented through the PREA Basic Training Acknowledgment form and sign-in roster. The healthcare department staff (31) are contract employees through Wellpath. The Wellpath company also provides annual

refresher training which includes PREA for all their staff. This training is documented through a signature log sheet.

The healthcare staff do not conduct forensic exams, per interviews with healthcare staff, policy, and the PAQ. Through the healthcare staff interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the hospital emergency department for completion of the exam. All forensic exams are contacted at a local hospital supported through a MOU.

The Auditor selected three medical staff training records for review. The files demonstrated that the staff had completed the initial PREA training that all facility staff complete, PREA training annually, and the specialized PREA training for medical and mental through GEO and annually through Wellpath. The medical staff interviewed acknowledged receiving specialized training, as well as, basic PREA training annually. Interviews with the healthcare 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; and how and who to report allegations or suspicions of sexual abuse and sexual harassment.

The facility exceeds the standard with annual training for the healthcare staff including general PREA through the facility and specialty training through Wellpath.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

The screening process for the risk of victimization and abusiveness at intake is outlined in the agency's policy 5.1.2-A and facility's policy 1300.05. This screening occurs at intake into the facility with the use of the PREA Risk Assessment Tool. The risk screening is to be conducted within twelve hours of arrival by the USMS contract. The policies require risk assessments be completed within 24 hours unless mandated by the client contract. The intake officers and case managers are trained to complete the risk screenings. The intake officers complete the initial risk assessment at arrival at the facility and the case managers complete the 30-day re-assessments. The intake staff interviewed indicated that the risk screening will occur within two hours and always within twelve hours of the detainee's arrival. The facility had 20,415 detainee intakes during the audit period, the PAQ indicated that risk screening was completed on all detainees. During the 26 random detainees, 18 detainees indicated they remember being asked the risk assessment questions on the day of their arrival; the other 8 detainees could not remember. The detainees shared the intake screening usually occurred within an hour of arrival. The Auditor reviewed the PREA Risk Assessment Tools in 22 detainee files and found all files compliant and risk assessments completed within the appropriate timeframes. The files of the eight detainees that could not remember the risk screening were compliant with risk screening within 12 hours.

At the arrival to the facility, the intake officers review information provided by USMS (at the time of arrival or previous provided), medical files, and any other available records and then completes the PREA Risk Assessment Tool as part of the intake paperwork process. The PREA Risk Assessment Tool conforms to the PREA standard requirements. The screening forms includes questions regarding mental, physical, and developmental disabilities; age of the detainee; physical build of the detainee; whether the detainee has been previously incarcerated; whether the detainee's criminal history is exclusively nonviolent; whether the detainee has prior convictions against an adult or child; whether or not the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the detainee has previously experienced sexual victimization; and the detainee's own perception of vulnerability. The intake screening also considers prior acts of sexual abuse, prior convictions of sexual abuse, and history of prior institutional violence or sexual abuse. The risk screening tool is scored based on the number of "yes" responses. In section one for At Risk of Victimization, if a detainee has three or more "yes" responses or "yes" to predetermined questions; the detainee is identified for risk of victimization. In section two for At Risk of Abusiveness, if a detainee has three or more "yes" responses or "yes" to predetermined questions; the detainee is identified for risk of abusiveness. The detainee signs the risk assessment form acknowledging the answers are correct. A detainee that scores at risk for victimization or risk for abusiveness are referred to the Classification Supervisor and/or shift supervisor. Detainees who are identified as being potential victims are tracked on a PREA At-Risk Victimized log and detainees who are identified from screening to be a potential abuser are tracked on a PREA At-Risk Abuser log. During the on-site audit, there were 6 detainees listed on the At-Risk of Being an Abuser Log, 25 on the At-Risk of Being Victimized Log, and 9 detainees on the LGBTI Log.

The Auditor observed the risk screening process during intake of two Spanish speaking detainees. The Case Manager was Spanish speaking and conducted the risk screening and provided PREA orientation education to the detainees with the detainee signing acknowledging receiving the handbook and watching the PREA video on the Detainee Orientation Acknowledgement Form. One of the detainees was identified as a potential victim based on first time incarceration, age, and build. A referral was made to mental health, PREA Compliance Manager, and the Intake Supervisor. The referral is noted on the bottom of the PREA Risk Assessment Tool. The referral was made through email. The other detainee's risk screening observed had no risk factors for victimization or abusiveness.

The two Case Managers interviewed stated case managers reassess the detainee's risks of victimization and abusiveness within 30 days from the date of the initial assessment. This is supported by agency

policy 5.1.2-A and facility policy 1300.05 that states a reassessment is to be conducted by a staff member within 30 days. The reassessment is conducted using the GEO PREA Vulnerability Reassessment Questionnaire. The average length of stay in custody is 42 days for detainees. Of the 26 detainees' files reviewed, all detainees except one had a reassessment completed within 30 days. The one detainee without a reassessment had not been at the facility long enough to warrant a reassessment. The PAQ indicated that 4,579 detainees had reassessments which was 22% of the intakes for the audit period. The case managers stated they meet with each detainee every 30 days and a formal file review every 90 days is conducted. The case managers interviewed stated that reassessments are conducted at any time when warranted based on any additional, relevant information and/or following an incident of abuse or victimization. Reassessments were completed on detainees that reported allegations. The agency or facility policies did not address reassessments when warranted by referral, request, and incident of sexual abuse.

Did Not Met: The policy, agency, or facility, does not address reassessments when warranted by referral, request, and incident of sexual abuse.

Action Taken: The facility demonstrated compliance through the submittal of the updated policy 1300.05. The policy states "At any point after the initial intake screening, a detainee may be reassessed for risk of victimization or abusiveness warranted by referral, request, or incident of sexual abuse." Compliance was achieved.

Through review of the agency's policy 5.1.2-A, facility's policy 1300.05, and confirmed through staff interviews, disciplining detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The case managers interviewed stated the detainee does not have to answer questions and can refuse. The information will try to be obtained through other means and they will encourage the detainee to answer by explaining it assists in the determination of housing placement to protect them. The medical staff asks the same questions as well as the intake officer during the intake and orientation process. The facility's policy did not address detainees may not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening assessment of reassessment. The policy states "certain" questions which did not allow all the questions not to answered.

Did Not Met: The policy, agency, or facility, does not address reassessments when warranted by referral, request, and incident of sexual abuse.

Action Taken: The facility demonstrated compliance through the submittal of the updated policy 1300.05 that addresses the standard and matches the facility practice. The policy states "At any point after the initial intake screening, a detainee may be reassessed for risk of victimization or abusiveness warranted by referral, request, or incident of sexual abuse." Compliance achieved.

The agency's policy 5.1.2-A and facility's policy 13300.05 states facilities shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employees or other individuals in a GEO facility or program. The facility's policy expands that sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing, and security and management decisions. The Case Managers interviewed stated the risk assessments are maintained by the records department in locked file cabinets in a locked office. The only staff that have accessibility are the classification staff, Facility Administrator, intake officers, grievance officer, and records office staff. The PREA Coordinator stated the access to the information is only to those who need to know in making

housing, work, and programming decisions, which also includes the PREA Compliance Manager. The Case Managers stated to obtain a file it must be approved and officially signed out.

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1300.05 address the assessment process and the use of the screening information to determine housing, recreation, voluntary work, and other activities to ensure the safety of the detainee. Detainees who are identified as being potential victims are tracked on a PREA At-Risk Victimized log and detainees who are identified from screening to be a potential abuser are tracked on a PREA At-Risk Abuser log. The logs are maintained by the PREA Compliance Manager. The PREA Compliance Manager stated the logs will include current housing locations and will be used to assist in making housing placements. During the on-site audit, there were 6 detainees listed on the At-Risk of Being an Abuser Log, 25 on the At-Risk of Being Victimized Log, and 9 detainees on the LGBTI Log. If the detainee is identified at high risk of sexual victimization, a potential sexual abuser, and/or transgender; the detainee is referred to the Classification Supervisor, Intake Supervisor, and PREA Compliance Manager verbally and through email for determination of housing placement.

The interviews with the Case Managers and PREA Compliance Manager indicated that housing placements are made on a case by case basis with consideration of the PREA risk factors. In review of completed risk assessments in the detainee files, the Auditor determined the facility is utilizing collected data, such as the detainee's physical characteristics (build and appearance), age, whether the detainee

has mental, physical or development disability, previous assignment in specialized housing, alleged offense and criminal history, whether the detainee is perceived to be LGBTI or is gender non-conforming to determine housing, recreation, and other activity decisions. Through staff interviews and review of detainee files, it was determined that the facility addresses the needs of the detainee consistent with the security and safety of the individual detainee. The detainees interviewed stated they felt safe in the housing environment of the facility.

The agency's policy 5.1.2-A and facility's policy 1300.05 states the PREA Compliance Manager or designee will also maintain a tracking log of those individuals who self-identify as LGBTQI with their housing placement. In making housing and programming assignments for transgender or intersex detainees, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. The agency and facility's policy state a transgender may be held in medical up to 72 hours until the appropriate housing determination is made by the Transgender Care Committee (TCC). The TCC members are the Facility Administrator or Assistant Facility Administrator; Security Chief; Classification or Case Management Supervisor; Medical and/or Mental Health staff; and the PREA Compliance Manager. A transgender or intersex detainees views are considered. The transgender or intersex detainees complete the Statement of Search/Shower/Pronoun Preference Form with the intake and/or classification staff. The form covers the detainee's gender identification, name preference, pronoun preference, staff gender preferred for searches, and shower preference. The Committee may consult with the PREA Coordinator at GEO Corporate, if needed. At the time of the on-site audit, there were no transgender or intersex detainees housed.

The agency's policy 5.1.2-A and facility's policy 1300.05 outlines housing assignments for each transgender and intersex detainee shall be reassessed every six months to determine any threats to safety experienced by the detainee and serious consideration shall be given to the detainee's own views of his/her safety with respect to his/her own safety. The Case Managers indicated the TCC committee will meet with and reassess the transgender detainee every 60 days utilizing the PREA Vulnerability Reassessment Questionnaire. The Case Managers stated a transgender or intersex detainee would be met with every 30 days like any other detainee.

Transgender and intersex detainees have the opportunity to shower separate from other detainees. Interviews with the Case Managers and PREA Compliance Manager noted that transgender/intersex detainees may shower in the single showers in the medical department or shower in the dorms with privacy barriers. The detainees will be explained the choices at the TCC meeting, and the detainee completes the Statement of Search/Shower/Pronoun Preference Form noting their preference.

The agency's policy 5.1.2-A and facility's policy 1300.05 indicates that lesbian, gay, bisexual, transgender, or intersex (LGBTI) detainees shall not be placed in housing units solely based on their identification as LGBTI; unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such detainees. The facility has not created a sole housing unit for LGBTI detainees. The Auditor reviewed the housing assignments of the LGBTI detainees, who are housed throughout the facility. The gay, lesbian, and bisexual detainees interviewed stated they had not been housed in a housing unit solely based on their identification.

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and the facility's policy 1300.05 states involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no means of protecting the detainee. If the facility cannot conduct such assessment immediately, the detainee may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. The assessment is to be documented on the Sexual Assault/Sexual Abuse Available Alternatives Assessment. The form asks: can the detainee be assigned to another housing unit; was another alternative to involuntary segregated housing used; can the detainee be transferred to another facility; if allegations were made and staff is alleged perpetrator, was he/she placed on administrative leave or reassigned to another post; and was detainee or alleged victim (if allegation) reassigned to administrative detention for protective custody. The form must be reviewed and signed by the Facility Administrator or Assistant Facility Administrator. The Lieutenant interviewed stated other housing options would be considered and it would usually be another housing unit for the safety of the detainee. The Facility Administrator stated the detainee would be housed for the least amount of time; no more than 24 hours until a review would be completed, and an alternative housing placement is determined. The Facility Administrator stated the facility may work with USMS to transfer to another facility, this occurs with the female detainees since there is only one female dorm. The Facility Administrator and Lieutenant stated the facility has not used protective custody as a way to separate detainees for safety from likely abusers during the audit period.

The agency's policy 5.1.2-A and the facility's policy 1300.5 states if segregated housing is used, the detainee shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify any restrictions imposed. The Sexual Assault/Sexual Abuse Available Alternatives Assessment has a section to be completed that addresses if access to programs, privileges, education, or work opportunities are restricted which also requires a narrative justification to be included if they are restricted. The Lieutenant interviewed stated the detainee would have access to the religious services, recreation, telephone daily, commissary weekly, visitation, and other activities per schedule. The Lieutenant stated any denial of services would be through the disciplinary process and documented in the detainee's file.

The policies state involuntary segregated housing shall not ordinarily exceed a period of 30 days. In cases, where involuntary housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary restricted housing is needed. The Lieutenant interviewed stated reviews would be conducted weekly as long as the detainee is housed.

There were no detainees placed in involuntary protective custody during this audit period.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

The facility has established procedures allowing for multiple internal and external ways for detainees to report sexual abuse, retaliation, staff neglect, and violations of responsibilities that may have contributed to such incidents. PREA allegation reporting methods are shared with detainees at intake through the USMS Detainee Handbook, reporting handout, and the ICE Sexual Assault Awareness pamphlet. Reporting information is also available on the facility's and ICE's PREA Zero Tolerance posters in English and Spanish throughout the facility viewed by the Auditor during the tour. During orientation, the PREA video, What You Need to Know, is played on continuously loop for the detainees also addresses reporting. Detainees can report verbally and in writing to facility staff; report to DHS OIG, PREA Compliance Manager, report through the grievance process; utilize third party reporting; submittal through the tablet, the Detainee Tip Hotline *77, OIG Hotline *88, write to USMS or OIG using the legal mail procedures, and contacting the BCFS Health and Human Services through phone call. The detainee may report outside the facility by calling the Detainee Tip Hotline *77, OIG Hotline *88, write to USMS or OIG using the legal mail procedures, and contacting the BCFS Health and Human Services through phone call as the external reporting methods. Calling any of the toll-free numbers allows detainees to remain anonymous upon request. During the formal detainee interviews, the detainees acknowledged receiving information on how to report at intake, through the USMS Detainee Handbook, and on posters. The detainees were able to identify reporting methods including telling a staff member, call the hotlines, writing a grievance, through the tablet, and/or telling family or friend. Also, during the informal interviews with detainees while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to a staff member. The majority of the detainees know they could report an allegation anonymously. The information is provided to the detainees in the handbook and on the PREA reporting posters. The detainees have accessibility to phones within the housing unit dayrooms. The Auditor tested all the hotline numbers, all were successfully connected and went to voice mails to leave a message. There is a reporting poster by the phones or on the bulletin boards that states the calls can be made at no cost and will not be monitored. Eleven of the allegations were reported verbally to staff; two to case managers, eight to officers, and one to a laundry tech. The other allegation was reported through a grievance.

The random staff interviewed indicated they were aware of the methods available to detainees to report sexual abuse and sexual harassment and their responsibility in the process. They indicated they would report immediately to a supervisor. After verbal reporting, a written report would be completed and forwarded to the supervisor. Staff can privately report by calling the employee GEO hotline, through the internet to www.reportonline.com/geogroup; or contacting the agency PREA Coordinator. Staff were aware of the methods to privately report sexual abuse. This information is posted on the agency website. The reporting requirements and process is provided to staff through training, handouts, policy 5.1.2-A, facility policy 1300.05, and the PREA Staff Responsibility Card.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A, facility's policy 1300.05, and USMS Detainee Handbook outlines the administrative procedure for detainee grievances regarding sexual abuse. The facility provides the detainee information of the grievance procedures at intake with the issuance of the USMS Detainee Handbook. The facility does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse. The USMS Detainee Handbook states there is no time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. The policies and handbook state the detainees have a right to submit grievances to someone other than the staff member who is the subject of the complaint and such grievance is also not referred to a staff member who is subject of the complaint.

The Grievance Officer stated all grievances related to sexual abuse and sexual harassment is forwarded to the Facility Administrator to review and evaluate if it raises to the level of an emergency. If emergency, the allegation is forwarded to the Assistant Facility Administrator or Major to begin the investigation process and take immediate action to protect the potential victim. Policies state the facility shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance and the computation of the 90-day time period shall not include time consumed by detainees in preparing any administrative appeal. The facility may claim an extension of time to respond, of up to 70 days, if the normal time-period for response is insufficient to make an appropriate decision; the facility shall notify the detainee in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the detainee does not receive a response within the time allotted for reply, including any properly noticed extension, the detainee may consider the absence of a response to be a denial at that level. Third parties on behalf of a detainee may also submit grievances. There were no third-party reports or emergency grievances noted by memo to file by the Facility Administrator and interviews with the Grievance Officer. The facility had one grievance filed for sexual abuse or sexual harassment this audit period. The grievance was investigated and found unsubstantiated. All timeframes were met. A copy of all grievances related to sexual harassment, sexual abuse, and/or sexual activity are forwarded to the PREA Compliance Manager for monitoring purposes.

The agency's and facility's policies provide written procedures and timeframes for handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. If the grievance is a substantial risk of imminent sexual abuse to the detainee, it is handled as an emergency grievance. The grievance is forwarded to the Facility Administrator or designee (PREA Compliance Manager) for immediate corrective action to protect the potential victim. Emergency grievances will be given top priority and will be investigated, and an initial response provided within 48

hours of the date of receipt. A final decision will be provided within five calendar days. The USMS Detainee Handbook notes all grievances deemed an emergency by the Facility Administrator or designee shall be answered within 24 hours. The facility handbook was expanded to include information about emergency grievances. faith.

The agency and facility policies and the USMS Detainee Handbook states detainees may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. The facility had no disciplinary actions against a detainee for having filed a grievance in bad faith.

During the random interview process, detainees indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They know the options available to them for reporting including filing a grievance.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The agency policy's 5.1.2-E and facility's policy 1300.05 indicates detainees who allege sexual abuse shall be provided access to outside victim advocates and make accessible specific contact information for victim advocacy or rape crisis organizations. The facility has accomplished this with partnerships with Methodist Healthcare System of San Antonio, Laredo Medical Center, and BCFS Health and Human Services. The hospital MOU states if the detainee chooses to exercise his/her right to have a victim's advocate present during the examination one will be provided by the Rape Crisis Center in San Antonio. The facility has an MOU with the BCFS Health and Human Services for a Domestic Violence Program. This program will refer women and their families to BCFS Domestic Violence Program when an individual is housed at the facility are known to suffer family violence, sexual assault, dating violence, and stalking crimes or experiencing family conflict; provide use of facilities which may be private space for the family counseling services and/or community meetings and training; and additional collaboration as jointly agreed upon in the future by both parties. The agreement also states BCFS will accept all referrals from the facility and provide them services including crisis intervention, emergency care, family counseling, and legal assistance in civil and criminal cases, education and collaboration with law enforcement and other community agencies and supportive services.

The emotional support information is provided to the detainees upon intake to the facility and posted throughout the facility on the reporting posters. The interview with the PREA Compliance Manager indicated that advocacy services are provided through BCFS and are free of charge to the detainee and access is provided through a request to the case manager. The information for victim advocacy services are provided to the detainees on a poster in the housing units. The reporting poster informs the detainees these calls are confidential.

Does Not Meet: The facility does not provide access to outside victim advocates for emotional support services by giving detainees mailing addresses and phone numbers, including toll free hotline numbers where available.

Action Taken: The facility demonstrated compliance with the submittal of a memorandum of understanding (MOU) with the BCFS Health and Human Services, Domestic Violence Program. The MOU allows the detainee to reach out directly with the agency or the facility may refer a detainee. The agency will provide to the facility counseling services, accompany the detainee to off-site medical and forensic exams, case management services to support the victim and referrals to legal assistance in civil and criminal cases, education and collaboration with law enforcement and other community agencies and other support services. The mailing address and phone number are available to the detainees. Compliance achieved.

Most detainees (22) interviewed were not aware of outside support services available to them. Four of the detainees were knowledgeable of the services and how to contact the community agency for support services. The facility provides the emotional support information to the detainees. Three detainees were interviewed that reported sexual abuse, all acknowledged the facility offered them a referral for emotional support services. Two of the detainees stated they refused the services; the other detainee accepted the referral and is still receiving services.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A states that third-party reporting information will be posted publicly on the agency's website. The website provides information regarding reporting sexual abuse. The website states "to report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program or if you were previously housed in a GEO facility or program and need to report an allegation of sexual abuse/harassment, you may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our Locations page for each facility's contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator." A phone number and address are provided. The information is displayed on the Prison Rape Elimination Act of 2003 posters in the lobby and visitation area. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect a detainee has been sexually abused, sexually harassed, or requires protection. Outside parties can report verbally or in writing to the facility or to the agency's PREA Coordinator. Detainees interviewed were aware of this method of reporting. The information poster is posted in the lobby and visiting areas for public viewing. There were no third-party reports this audit period.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1300.05 outlines the reporting requirements of staff which states all employees are required to report immediately in accordance with facility and agency policy any knowledge, suspicion, or information regarding sexual abuse that occurred in the facility; retaliation

against detainees or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Employees are required to report to designated supervisors or officials. Reporting requirements are covered in the annual in-service training, pre-service training, and staff meetings for all staff. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Random staff interviewed indicated they would report immediately to their supervisor and to the PREA Compliance Manager and then write an incident report. This reporting information is provided on the staff's PREA Staff Responsibility Card also. Staff can report privately outside the chain of command by utilizing the agency's employee hotline, calling the corporate PREA Coordinator, and reporting to the Facility Administrator, facility management, or Major. During the interviews, staff indicated they would report privately through the hotline or call the corporate PREA Coordinator. The reporting requirement is the same for volunteers and contractors.

The agency's policy 5.1.2-A and facility's policy 1300.05 states that staff are not to reveal any information related to a sexual abuse report to anyone other than to supervisors or officials. Reporting requirements including confidentiality are covered in the annual in-service training, pre-service training, and staff meetings. Staff interviewed indicated information would only be shared with the supervisor and other staff on a need-to-know basis.

The facility's healthcare staff are contractors of Wellpath. The medical and mental health practitioners are required to inform individuals in a GEO facility or program of the practitioner's duty to report and the limitations of confidentiality, at the initiation of services per policy. The healthcare staff interviewed stated they disclose the limitations of confidentiality and duty to report to the detainee; indicating confidential will be maintained as much as possible. They stated they would report any allegations or information to a shift supervisor and Health Care Supervisor immediately.

The policies state unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the victim is under the age of 18 or considered a vulnerable adult to designated state or local services and agencies under applicable mandatory reporting laws. The Facility Administrator stated the facility will follow all reporting state mandates, notify USMS to proceed with the required notifications. There were no allegations from vulnerable adult reported per interview with the Facility Administrator. The facility does not house juveniles/youthful detainees.

The agency's policy 5.1.2-A and facility's policy 1300.05 states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymously reports to the designated investigators or outside agency responsible for investigating incidents. The Facility Administrator, PREA Compliance Manager, and the Investigator indicated that all allegations no matter how they are reported are investigated.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1300.05 states when the facility learns that a detainee is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged abuser. The staff would then report the incident to a supervisor for further action and write an incident report. These responsibilities are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The Facility Administrator stated the staff would respond immediately to remove the detainee from the situation and if possible, determine the alleged threat in order to remove the threat. An investigation would be assigned, a change in housing may occur, and immediate medical and mental health referrals would be made. The Facility Administrator stated the same process would be followed as any allegation reported. All staff interviewed knew the steps to take to protect a detainee at risk for sexual abuse; to immediately separate the detainee from the area to keep the detainee safe and separate from other detainees; notify the supervisor; and write an incident report.

During the audit period, no detainee reported feeling at imminent risk of sexual abuse, or any staff reported that a detainee was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1300.05 requires upon receiving an allegation that a detainee was sexually abused while confined at another facility, the Facility Administrator or AFA will notify the Facility Administrator or designee of the facility where the alleged abuse occurred. The notifications should take place as soon as possible, but no later than 72 hours after receiving notification. The Facility Administrator indicated that the notifications would be made immediately by the PREA Compliance Manager to the other facility and an investigation would be initiated. The notification will be documented and forwarded to the agency PREA Coordinator, facility PREA Compliance Manager, and the ICE Assistant Field Office Director or designee if the incident involves an ICE detainee. The Facility Administrator also indicated there were no instances this audit period, as noted on the PAQ and memo to file. The facility received no notifications of alleged abuse from another facility. If a notification was received, the Facility Administrator stated an investigation would be initiated.

During the audit period, there were no allegations received that a detainee was abused while confined at another facility or any notification of an allegation of sexual abuse reported at another facility.

Standard 115.64: Staff first responder duties

115.64 (a)

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

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1300.05 outlines the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The supervisory staff responding to the incident is required to separate the alleged victim and abuser; immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence until evidence can be collected. The supervisor is also to notify the Facility Administrator or on call supervisor. In the event an ICE detainee is alleging an incident, the supervisor is to notify the ICE Assistant Field Office Director or designee. Through random interviews with staff it was demonstrated that staff was knowledgeable in the steps as a first responder: to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence and contact a supervisor. First responder responsibilities are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The first responder responsibilities are also outlined on the PREA Staff's Responsibility Card carried by all staff.

Policies outline that if the first responder is not a security staff member, the staff shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify a security staff member. The random non-security first responder staff member interviewed indicated she contacted a shift supervisor immediately and requested the detainee not to destroy any evidence. She also stated staff are to remain with the alleged victim until a security staff member arrived. The other first responder interviewed knew to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence and contact a supervisor.

Eight of the allegations were reported to security officers who responded as first reporters. Three other allegations were reported to non-security staff (case managers, laundry tech). Upon review of the investigation files, all first responders followed policy and procedures for the allegations. The Facility Administrator noted that no allegations required implementing all four first responder duties during the audit period.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

The facility has created a written institutional plan, Rio Grande PREA Coordinated Response Plan, to coordinate actions taken by the multidisciplinary team including first responders, medical and mental health care, services by outside agencies, investigators, and facility leadership in response to an incident of sexual abuse. The Coordinated Response Plan provides written guidelines to staff responding to allegations and occurrences of sexual abuse, sexual harassment, and sexual activity within the facility. The Coordinated Response Plan includes the actions to take after report of sexual abuse, the initial response, facility crime scene, notifications required when sexual abuse is alleged, evidence protocol, medical responsibilities, mental health responsibilities, responsibilities when sexual harassment is alleged, and responsibilities when sexual activity is alleged. This is supported through policy 5.1.2-A which also states the PREA Compliance Manager as a required participant and the Corporate PREA Coordinator may be consulted as part of the coordinated response. The Coordinated Response Plan is covered at pre-service and annual in-service for staff. The Facility Administrator stated the Coordinated Response Plan is a step by step checklist for staff to follow during an incident. The plan is reviewed and updated annually as needed. The Facility Administrator shared all supervisors have the Coordinated Response Plan. During staff interviews, staff detailed their responsibilities in their coordinated efforts during an incident. The review of the investigation files included completed Coordinated Response Plan checklists.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency policy 5.1.2-A and facility policy 1300.05 states employees, contractor, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any “no contact” orders shall be documented by facility management via email or memorandum within 24 hours of reported allegation and a GEO OPR referral shall be completed in which staff is the alleged abuser. The policies also state that GEO and Rio Grande Detention Center shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility’s ability to remove alleged employee sexual abusers from contact with any detainee pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The Agency Head stated that GEO has a small number of facilities that have collective bargaining agreements and none of our collective bargaining agreements prohibit us from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.

The facility has a collective bargaining agreement between The GEO Group, Inc. and International Association of Machinists and Aerospace Workers, District Lodge 776, Local Lodge 2340 with effective dates of August 4, 2016 through August 3, 2019. The agreement notes sexual and other forms of harassment in conjunction with the Company’s general orders and regulations are violations that constitute Just Cause for immediate dismissal.

There were three staff on detainee allegations of sexual abuse. All three employees (two facility staff and one contractor) was placed on administrative leave during the investigations. Two investigations involving facility staff were found unsubstantiated. The other investigation was found substantiated and the contractor was removed from the facility, indicated, and convicted.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1300.05 states procedures will be implemented to protect detainees and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other individuals in a GEO facility or program or employees. The policies also state that that no employees, contractors, volunteers, and detainees shall retaliate against any person, including a detainee who reports, complains about or participates in an investigation into an allegation of sexual abuse. The Agency Head's interview stated that designated staff at each facility are assigned to monitor the detainee who reported the allegation for possible retaliation. They meet with the detainee in private and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct the issue. The facility policy states the PREA Compliance Manager or mental health personnel shall be responsible for monitoring retaliation of individuals. The PREA Compliance Manager indicated he is the person responsible for monitoring retaliation of detainees and human resources monitor staff. Staff is informed of protection from retaliation through training in pre-service and annual in-service.

Policies outline the monitoring timeframes. For detainees, the PREA Compliance Manager shall meet weekly with the detainee beginning the week following the incident. The meetings will be documented on the Protection from Retaliation Log with any notes or issues discussed. The detainee/alleged victim must sign the form acknowledging the monitoring contact. The PREA Compliance Manager stated he would monitor discipline and housing changes for retaliation. Human Resource Specialist stated staff are monitored every 30 days and documented on the Employee Protection from Retaliation Log. For staff, monitoring would be evaluations, disciplinary issued, and work assignments. The employees would also be referred to the Employee Assistance Program. If retaliation was to occur, the incident would be referred for internal or outside investigation. Once completed, the log will be retained in the investigation file of the corresponding PREA incident. The retaliation monitoring will be for at least 90 days; however,

the time frame can be extended if warranted. Monitoring shall terminate if the allegation is determined unfounded. The PREA Compliance Manager noted retaliation monitoring on one case was for five months until the completion of the investigation and the staff was terminated.

The policies identify protective measures that can be taken including housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for detainees and staff who fear retaliation. The PREA Compliance Manager indicated a review of the situation would occur including interviewing detainees, reviewing cameras, review program changes, and housing changes. If retaliation is suspected or determined, protective measures would be taken immediately; and an investigation would be started. The protective measures that would be taken for detainees include change in housing assignment, transfer to another facility, separations, and offer of emotional support. Protective measures for staff would be change of work assignment, transfer, and referral to emotional support services. The Facility Administrator stated the facility has zero tolerance for retaliation and an investigation would be initiated. The Facility Administrator also stated protective measures would include no contact orders; discipline, removed from posts or housing area; and the monitoring of logs for retaliation. Any allegation involving a staff member, the staff member would be moved to a non-contact post during the investigation for retaliation.

All the allegations had retaliation monitoring instituted as documented in the investigation files. Monitoring was documented on the Protection Form Retaliation Log and Employee Protection from Retaliation Logs including the dates checked, any issues or concerns, any corrective actions taken, the alleged victim signature, and the monitoring staff signature. The PREA Compliance Manager completed thorough notes on the form including detainee movement and reason for the move, any notes on restrictions, or noted nothing to report. There were no instances of retaliation during this audit period.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and the facility's policy 1300.05 states any use of segregated housing to protect a detainee who is alleged to have suffered sexual abuse shall be subject to the requirements of protective custody. If the incident involves an ICE detainee, the ICE AFOD or designee will be notified. Policies state involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no means of protecting the detainee. If the facility cannot

conduct such assessment immediately, the detainee may be placed involuntary segregated housing for no more than 24 hours while completing the assessment. The assessment is to be documented on the Sexual Assault/Sexual Abuse Available Alternatives Assessment. The form asks: can the detainee be assigned to another housing unit; was another alternative to involuntary segregated housing used; can the detainee be transferred to another facility; if allegations was made and staff is alleged perpetrator, was he/she placed on administrative leave or reassigned to another post; and was detainee or alleged victim (if allegation) reassigned to administrative detention for protective custody. The form must be reviewed and signed by the Facility Administrator. The Lieutenant interviewed stated other housing options would be considered; it would usually be another housing unit/dorm for the safety of the detainee. The Facility Administrator stated the detainee would be housed for the least amount of time; no more than 24 hours until a review would be completed, and an alternative housing placement is determined. The Facility Administrator stated the facility may work with USMS to transfer to another facility, this occurs with the female detainees since there is only one female dorm. The Facility Administrator and Lieutenant stated the facility has not used post-allegation protective custody as a way to separate detainees for safety from likely abusers during the audit period. There was a memo to file from the Facility Administrator that stated the facility has not placed a detainee in segregated housing an allegation of sexual abuse during the audit period.

The agency's policy 5.1.2-A and the facility's policy 1300.5 states if segregated housing is used, the detainee shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify any restrictions imposed. The Sexual Assault/Sexual Abuse Available Alternatives Assessment has a section to be completed that addresses if access to programs, privileges, education, or work opportunities are restricted which also requires a narrative justification to be included if they are restricted. The Lieutenant interviewed stated the detainee would have access to the religious services, recreation, telephone daily, commissary weekly, visitation, and other activities per schedule. The Lieutenant stated any denial of services would be through the disciplinary process and documented in the detainee's file.

The policies state involuntary segregated housing shall not ordinarily exceed a period of 30 days. In cases, where involuntary housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary restricted housing is needed. The Lieutenant interviewed stated reviews would be conducted weekly as long as the detainee is housed.

There were no detainees placed in post allegation protective custody during this audit period.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

The agency's policies 5.1.2-A and 5.1.2-E outline the investigation process for allegations of sexual abuse. The policies state all allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of sexual abuse and sexual harassment. The Facility Administrator is responsible for immediately referring all sexual abuse and sexual harassment allegations for investigation. The facility only conducts administrative investigations. The facility is to begin an administrative investigation

immediately following an allegation. If determined criminal, the Webb County District Attorney's Office Investigative Unit, Laredo Police Department, ICE, and/or USMS will conduct the criminal investigation. All allegations that allege penetration or touching of the genital areas are referred to outside law enforcement. The PREA Coordinated Response Plan provides an extensive guideline for staff to follow for investigations and/or referring an allegation for investigation. The policy also states investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. The Investigator stated that investigations are started immediately as soon as reported and are objective based on evidence.

The Investigator interview was conducted with a facility investigator who oversees the investigation process and conducts detainee on detainee and staff on detainee administrative investigations. The interview confirmed the practices for PREA investigations, and the Investigator was knowledgeable of the investigation process and the uniformed evidence protocol. Once an allegation is reported and the supervisor is notified; an investigation would be started immediately. The Investigator stated that all investigations of allegations are initially started by the Shift Supervisor and notification is made by the Duty Officer to the Investigator to report to the facility. The investigation would be completed by a specialized trained investigator within the facility. Upon initiating the investigation, the investigator will separate and removal detainees from area (if have not occurred), speak to the victim to have a clear understanding of the allegation; conduct witness interviews; interview the alleged abuser; review video footage; review logbooks for officer rounds; photograph the area; gather physical evidence; review medical and mental health notes, and review detainee files involved in the allegation including prior complaints and reports of the sexual abuse involving the alleged abuser.

The agency policies 5.1.2-A and 5.1.2-E and facility's policy 1300.05 states investigators shall be trained in conducting investigations of sexual abuse in confinement settings. The agency's policy and lesson plan PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The facility has six trained investigators on staff, the Gang Intelligence Officer, Shift Supervisor, Transportation Supervisor, Training Administrator, Compliance/Grievance Clerk, and Assistant Case Manager Coordinator. The agency has 111 trained investigators that can be utilized at facilities. The Investigator interviewed acknowledged receiving the training through a webinar through the corporate office that covered the components within the standard. The specialty training was verified through the interview with the investigator and review of the training certificates and training attendance records for the investigators.

The agency's policy 5.1.2-E states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a detainee or staff. The Investigator stated all statements are weighted the same and credibility will be determined based on evidence. The agency shall not require a detainee who alleges sexual abuse to submit a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation per policies. The Investigator indicated that a detainee would not be required to submit to a polygraph examination.

Policy 5.1.2-E contains a section titled Investigative Reports that outline all the items required for investigations as listed in the standard. The policy outlines that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in a written report that includes at a minimum a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigator stated throughout the investigation consideration is given to whether staff actions or failures

contributed to the sexual abuse by reviewing interviews, checking logbooks for appropriate rounds, did staff follow policy and procedures, and other evidence collection. The Investigator stated the investigative report would include a summary of the incident, statements, list of witnesses, video surveillance used, description of evidence collected, summary of the findings, and an outcome of the investigation. The written report must be submitted to the agency's PREA Coordinator within 60 days after the allegation occurred. The final determination of the investigation is determined at the agency level. The facility must wait for the agency final determination to close the case. With the length of time to receive the final determination from the agency, the process for incident review, detainee notifications, and closing the case is not timely.

All allegations that are potentially criminal are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, which are the Webb County District Attorney's Office Investigative Unit, Laredo Police Department, ICE, and/or USMS. The outside investigating units would complete the investigation and document in a written report with an outcome of the investigation. The Investigator indicated the report should be shared with the facility. The investigator stated it would be the responsibility of the outside investigating agencies to refer cases for prosecution.

The agency policy's 5.1.2-E states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The Investigator shared that the investigation would continue until completion with an outcome. There were three staff on detainee sexual abuse allegations during the audit period. All were placed on administrative leave pending the outcome of the investigation. One staff member resigned, and the investigation was completed to an outcome of substantiated. The one substantiated case was referred for criminal investigation and found substantiated. The staff member was prosecuted and indicated.

The agency policy's 5.1.2-E states the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The facility shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the agency's PREA Coordinator for review and closure. The Investigator explained his position is the liaison to the outside investigating agencies including providing information, witness statements, coordinating accessibility of detainees and staff for interviews. The Facility Administrator stated the Investigator or other facility administration would follow-up on investigations to obtain information of the progress of the case. The Investigator indicated most follow-up contacts are made over the phone or in person. Documentation in some investigation files demonstrated the follow-up on investigations through emails.

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, which was supported through policy and the investigator's interview. All written reports are retained 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 10 years, per policy 5.1.2-E.

There were twelve allegations of sexual abuse and sexual harassment reported during the audit period. There were three staff on detainee allegations and nine detainee on detainee allegations. The staff on detainee allegations were three staff on detainee sexual abuse allegations. The administrative findings of the staff on detainee allegations of sexual abuse were two unsubstantiated and one substantiated. The one substantiated case was referred for criminal investigation. The staff was prosecuted and indicated. The nine detainee on detainee allegations were five sexual abuse and four sexual harassment. The administrative findings of the five detainee on detainee allegations of sexual abuse were one unsubstantiated and four unsubstantiated. The administrative findings of the detainee on

detainee sexual harassment allegations were three unsubstantiated and one unfounded. A review of twelve administrative investigations was conducted.

Recommendation: The agency needs to review the investigation review process. The completion of reports does not appear to be prompt due to the timeline review with corporate. The facility should maintain documentation in the investigation file of when the report is forwarded to the corporate office. This would document the timely completion of the investigation by the facility. The agency should complete the final determination review of the investigation files in a timely manner for the facility to close the case and complete an incident review timely.

Did Not Meet: The agency's policy outlines the process, however, is general to address all the types of facilities GEO operates. The facility's PREA policy does not address the standard provisions (a), (c), (d), (e), (f), (g), (h), (i), and (l).

Action Taken: The facility demonstrated compliance through the submittal of the facility's policy 1300.06 Investigating Allegations of Sexual Abuse and Assault and Evidence Collection approved December 12, 2019. The facility also submitted Training Attendance Records from July 1-2, 2020 documenting staff training on the policy changes. The policy now addresses each provision of the standard and the facility's practice. Compliance achieved.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

The agency and facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, which was supported through policies and the Investigator's interview. The Investigator stated the standard of proof for administrative investigations is a preponderance of evidence, 51%. The agency's policy 5.1.2-E and facility's policy 1300.05 confirms that no standard higher than a preponderance of evidence will be imposed in determining allegations of sexual abuse as substantiated.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-E and facility's policy 1300.05 outlines the reporting of investigation outcomes to detainees. The facility policy states at the conclusion of an investigation, the facility investigator shall inform the individual who made the allegation of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated, or unfounded. The agency policy outlines the detainee is to be notified whether the allegation was determined substantiated, unsubstantiated, or unfounded through a written notification by the facility administrator or designated staff member on the Notification of Outcome of Allegation Form. The Investigator stated it is the responsibility of the PREA Compliance Manager to inform detainees of the outcome of the investigation. The review of the notification forms documented the PREA Compliance Manager is making the notifications. The detainee is met with privately and informed of the investigative outcome with explanation of the outcome findings. The Notification of Outcome of Allegation is completed with the detainee signing acknowledging receiving the outcome and the staff issuing the notice would also sign the form with the date of notification. The detainee receives the original and a copy is maintained as part of the investigative file. The Investigator and PREA Compliance Manager stated detainees are notified of the investigation outcome if the detainee is still housed at the facility.

Did Not Meet: The facility policy does not address that notifications or attempted notifications are documented.

Action Taken: The facility demonstrated compliance through the submittal of the updated policy that also matches the facility's practice. The policy states "At the conclusion of an investigation, the facility investigator shall inform the individual who made the allegation of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated, or unfounded." Compliance achieved.

If the alleged abuser was an employee, the policy requires the victim to be informed of the status of the staff member to include whether the staff member is no longer posted within the detainee's housing unit, the staff member is no longer employed at the facility, the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. This notification is also documented on the Notification of Outcome of Allegation. If the allegation was sexual abuse by another

detainee, the policy requires the victim to be informed whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. This notification is also documented on the Notification of Outcome of Allegation.

The facility will request the outcome of a criminal investigation conducted by an outside law enforcement entity. The detainee will be informed of the outcome of the case. An updated notification may be needed at the conclusion of a criminal proceeding if the detainee is still housed at the facility.

There were twelve allegations of sexual abuse and sexual harassment reported during the audit period. There were six cases officially closed where notifications could be made to the detainee. Of those six, only one notification was made, the other five detainees were released prior to the case closed. The other six cases were completed at the facility level and waiting on the agency's final determinations. Two investigations were completed by an outside entity who provided the outcomes to the facility for detainee notifications. One detainee was notified, the other detainee had been released. One case also had notification to the detainee of the staff member being terminated.

Recommendation: The facility should update their policy to match the practice of the PREA Compliance Manager making the notifications to the detainees, instead of the policy citing the Investigator is responsible for notifications.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-E, facility's policy 1300.05, and the Employee Handbook cover that staff shall be subject to disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Facility Administrator stated in the interview that a staff member suspected of sexual abuse would be moved to a non-contact detainee post or placed on administrative leave until the investigation is completed. If the case was substantiated, the staff member would be terminated. The policies state the 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. The policies also direct that the facility shall report all terminations and resignations for such conduct will be reported to law enforcement and licensing bodies unless the activity was clearly not criminal.

There were three staff on detainee sexual abuse allegations during the audit period. All were placed on administrative leave pending the outcome of the investigation. One staff member resigned, and the investigation was completed. The administrative findings of the staff on detainee allegations of sexual abuse were two unsubstantiated and one substantiated. The one substantiated case was referred for criminal investigation and found substantiated. The staff member was prosecuted and indicated.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

The agency's policies 5.1.2-A and 5.1.2-E and facility's policy 1300.05 details the corrective action for contractors and volunteers who have engaged in sexual abuse. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and reported to law enforcement, unless the activity was clearly not criminal. Substantiated allegations would be reported to local law enforcement, unless the activity was clearly not criminal. All reasonable efforts would be made to report to any relevant licensing bodies. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by a contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with detainees in a GEO facility or program. The Facility Administrator noted the volunteer or contractor would be handled the same as staff, the contractor or volunteers would have no contact with the alleged victim until an investigation was completed. If substantiated, the volunteer or contractor shall be removed from all duties and clearance revoked permanently and would be removed from the volunteer approval list. If a contractor; the contracting agency would be informed of the allegations and the outcome of the investigation also. The contractors interviewed confirmed knowledge of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of a detainee.

The Facility Administrator and a memo to file stated the facility had no contractors or volunteers engage in sexual abuse or sexual harassment during the audit period.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-E, facility's policy 1300.05, and USMS Detainee Handbook outlines the detainee disciplinary sanctions. It states a detainee who is found guilty of engaging in sexual abuse involving other individuals in a GEO facility or program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. The Facility Administrator stated the detainee would be referred to disciplinary process with a major case. The policies also note that all steps in the disciplinary process and sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations

in the future. The Facility Administrator stated that structured disciplinary sanctions based on the disciplinary code level would be imposed which could include prosecution if warranted. The Facility Administrator also indicated sanctions are commensurate within the disciplinary process for the level of prohibited act. The PREA Compliance Manager receives all copies of disciplinary reports for monitoring purposes.

The agency's policy 5.1.2-E and facility's policy 1300.05 state the internal disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. The Facility Administrator stated mental health staff would screen the detainee to determine if mental health issues may have contributed to the behavior. The screening occurs prior to the detainee being placed in segregation housing. If so, the disciplinary team would take this information into consideration through the disciplinary process. Policies state if the facility offers counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending individual to participate. The healthcare staff stated the detainee assessed, a treatment plan developed, and would be given the opportunity for mental health counseling. It would be explained to the detainee the process is for their own well-being. The detainee has a right to refuse.

The policies also outline a detainee shall not be disciplined for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying. The facility may not deem that sexual activity between detainees is sexual abuse unless it is determined that the activity was coerced, per policy.

A memo to file from the Facility Administrator stated the facility has not implemented disciplinary sanctions on a detainee(s) for PREA incidents.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1300.05 states if during the intake assessment, persons tasked with screening determine that a detainee is at risk for either sexual victimization or abusiveness, the detainee will be referred to mental health for further evaluation and reported to the PREA Compliance Manager. If the detainee is identified through screening as previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the initial intake screening unless the detainee refuses to attend the meeting. The case managers interviewed indicated that at intake risk screening, if the detainee has disclosed prior sexual victimization and/or previously perpetrated sexual abuse, the staff make a referral to medical/mental health. The referral is noted on the bottom of the PREA Risk Assessment. The form is emailed to medical/mental health and notification made to the shift supervisor by the end of the shift. The staff note on the form that a detainee requires a referral and the date of the referral. The case managers stated the detainee is seen by medical or mental usually the following day and always within 14 days. The Auditor reviewed 22 detainee files for risk referral, none of the detainees scored for risk for either sexual victimization or abusiveness. There was not a list of detainees that reported sexual victimization. Upon interviews with detainees, four detainees acknowledged reporting prior sexual victimization. The Auditor requested those files for review from the mental health department. In all four cases, the detainee was referred to mental health and seen by mental health staff within fourteen days for assessment. Three of the four detainees

interviewed that disclosed prior sexual victimization during intake stated they were referred and seen by medical or mental health the same day

The agency's policy 5.1.2-A and facility policy's 1300.05 states information related to sexual victimization or abusiveness in an institutional setting is limited to medical and mental health practitioners and other employees as necessary to inform treatment plans, security, and management decisions or otherwise required by Federal, State, or local law. Healthcare staff interviewed indicated information is securely maintained in the healthcare area and information is only shared with staff that have a legitimate reason for the information for security and management decisions. Healthcare staff interviewed that training covers the mandatory PREA reporting procedures. The healthcare staff acknowledged they obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting. The Auditor observed the healthcare files securely stored within the medical area and electronically.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The agency's policy 5.1.2-A and facility's policy 1300.05 state victims of sexual abuse in custody shall receive, timely, unimpeded access to emergency medical treatment and crisis intervention services. The services would include offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis where medically appropriate. The policies also state all services shall be provided without financial cost to the victim. The agency policy states services shall be provided regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical is on-site at the facility 24-hours a day, 7 days a week.

The facility's policy 1300.05 states no attempt will be made by the facility medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing and placed in the victim's medical record. Medical staff interviewed stated the scope of services provided is through procedural guidelines and nursing protocols. All alleged victims of sexual assault who require a forensic exam are taken to Methodist Specialty and Transplant Hospital in San Antonio for completion of the forensic exam and emergency medical healthcare with no cost to the detainee. The facility has an MOU with the hospital dated April 10, 2017, which has forensic services and emergency treatment available 24 hours a day. An interview was conducted with a representative from the hospital after the on-site audit regarding the SANE services provided at the hospital. The hospital representative confirmed the medical services including forensic exams and treatment would be provided by the hospital. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The MOU states upon completion of the medical forensic examination, the hospital will remain custody of all evidence collected until it is released to the investigating law enforcement agency. The facility also has an agreement with Laredo Medical Center for emergency treatment and inpatient and outpatient services. The agreement was signed in September 2008 and stated the agreement will remain in effect until either party terminates in writing. The medical staff interviewed stated a detainee would be transported to the hospital for forensic exams and emergency medical treatment. There were no sexual abuse allegations that required a forensic exam in the audit period.

The healthcare staff interviewed stated a detainee that alleged sexual abuse would be escorted to medical for the general assessment, check for visual marks, obtain vital signs, and other medical treatment to stabilize the detainee. The detainee would be transported to the local hospital for forensic exams and emergency medical treatment. The healthcare staff stated the hospital would complete bloodwork for a baseline and start prophylaxis. The facility would continue any treatment as part of the discharge papers, complete further testing as appropriate, and offer emotional support services. The detainee would be scheduled for an appointment with the physician.

The healthcare staff and memo to file states there were no instances at the facility requiring emergency medical and mental health services for sexual abuse. No detainees were transported for forensic exams.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The agency policy 5.1.2-A and facility policy 1300.05 state the facility shall offer medical and mental health evaluations to all victims of sexual abuse that occurs in any prison, jail, lock-up or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services shall be provided in a manner consistent with the community level of care an individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable. The healthcare staff indicated that the healthcare services provided are better than the community level of care, especially with the immediate response of medical and mental health. The healthcare staff stated the department has a good working relationship with the health department and community agencies. The Auditor reviewed medical files for detainees that reported sexual abuse, the files demonstrated the detainees were seen immediately by medical and mental health for treatment. The detainees that reported sexual abuse all acknowledged being seen by medical immediately. None of the detainees required outside medical care.

Healthcare services include pregnancy tests and all lawful pregnancy-related medical services where applicable. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. The medical staff interviewed stated a detainee would be transported to the local hospital for forensic exams and emergency medical treatment. The healthcare staff stated the hospital would complete bloodwork for a baseline, conduct pregnancy tests, and start prophylaxis. The facility would continue any treatment as part of the discharge papers, complete further testing as appropriate, and offer emotional support services. If a detainee is pregnant, the detainee would be provided information and access to all lawful pregnancy related services stated healthcare staff. A consent would need to be completed by the detainee and a mental health referral would be made. The detainee would be scheduled for an appointment with the physician. All services shall be provided without financial costs to the alleged victim per policy. All refusals for medical and mental health services shall be documented.

The agency's policy 5.1.2-A and facility's policy 1300.05 states the facility shall attempt to coordinate a mental health evaluation of all known detainee-on-detainee abusers who remain in the facility within 60 days of learning of such abuse history and connect abusers with treatment when deemed appropriate by mental health practitioners. Mental health staff stated a referral would be made immediately and the detainee would be seen the within 24 hours, if mental health is present at the facility or at the next working hours. Mental health staff stated they have up to 14 days to see the detainee for an assessment. The first priorities are PREA referrals from intake and detainees that disclosed sexual victimization.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

The agency's policy 5.1.2-A and facility's policy 1300.05 outlines the requirement, procedures, and timeframes for sexual abuse incident reviews. Designated staff are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including unfounded. The Facility Administrator stated the team consists of the Facility Administrator, AFAs, Major, PREA Compliance Manager, Mental Health, Health Care Administrator, and other staff as deemed necessary. The agency's PREA Coordinator may be consulted as part of the review. The review is completed within thirty days of the conclusion of the investigation. The review team utilizes the PREA After Action Review Report to complete and document the review. The form captures the allegation findings; a short summary of allegation/incident; involved detainees; the items reviewed; name of the participants in the after action review by name and title; any recommendations including a change in policy or practice that could better assist in the prevention, detection, and response to sexual abuse; consider 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 facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff in the area where the incident allegedly occurred; and whether the actions taken by staff in regards to this incident were reasonable and appropriate based on policy. The form contains a section to make recommendations as a result of the after-action review. The review is forwarded to the agency's PREA Coordinator within ten days after the review. The facility's PREA Compliance Manager is responsible for implementing any recommendation for improvement or document its reasons for not doing so. The After-Action Review Report is maintained in the investigative file.

The Incident Review Team members interviewed identified all the components reviewed in an After-Action Review. They indicated they review the incident in detail. Under motivation they review the at-risk detainee log, gangs, correct classification, sexual orientation, and know predator. In reviewing the location of the incident, they consider if the area has blind spots, any physical barriers, if an incident occurred there prior, where lights covered, were towels hanging on the bunks, did it occur in a difficult area to view (back of dorms), and whether changes to the area need to be made. When assessing staffing, was staffing acceptable at the time and date of the incident, were rounds completed, was staff involved, staff failure, staff paying attention/observing, was staff following policy, and was staffing adequate. Under monitoring technology, the team reviews camera location, adequate mirrors, sufficient cameras, was lighting adequate, and camera views. The team members interviewed stated that has been no trends identified. The PREA Compliance Manager noted the back of the dorms as a trend.

There were twelve allegations of sexual abuse and sexual harassment reported during the audit period. There were six cases officially closed where incident reviews could be completed. The PAQ noted only one incident review was completed, however, during the review of the investigation files, After Action Reviews were conducted on six cases. Those reviews were completed prior to the agency's final determination was provided.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1300.05 outlines the procedures for data collection. The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The Facility Administrator and facility policy state the PREA Compliance Manager is responsible for compiling data collected on sexual activity and sexual abuse

incidents. The statistical report and the Monthly PREA Incident Tracking Log are forwarded monthly to the agency's PREA Coordinator. The PREA Compliance Manager will create and update the PREA Survey in the PREA Portal for every allegation of sexual abuse and sexual activity. The data is secured in a locked file cabinet in the PREA Compliance Manager's office, as observed by the Auditor. The established retention schedule is 10 years for these files. The facility's policy states the data will be aggregated annually and findings will be presented to the ICE HQ and the Field Office Director. The policy also states, upon request, GEO shall provide such data from previous calendar year to the Department of Justice no later than June 30.

The agency does not contract for the confinement of detainees/offenders.

Policy 5.1.2-A outlines the procedures for conducting an annual review of all sexual abuse investigations and resulting incident reviews. The 2018 Annual Review of Sexual Abuse Investigations and Corrective Action Plan was completed on May 23, 2019. The document is divided into three sections; comparisons of data from 2018 and 2017, findings, and corrective action plan. The Corporate GEO PREA office compiles an annual PREA report for the company which includes breakdowns by facility. This report is available on the GEO website www.geogroup.com/PREA.

The 2015, 2016, 2017, and 2018 Annual PREA Reports are available for review on the agency's website. The reports were reviewed as part of the audit process.

Standard 115.88: Data review for corrective action

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

The agency policy 5.1.2-A outlines the procedures for data collection. The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The agency's PREA Division reviews all data collected in order to access and improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, practices, and training including; identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its finding and corrective actions for the facility, as well as, the agency as a whole, per policy 5.1.2-A. The agency's PREA Coordinator stated all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the agency's PREA Coordinator to review. Annually each facility prepares a report of their findings and recommendations from their incident reviews and these reports are reviewed by the agency's PREA Coordinator and the appropriate division head for US Corrections, Reentry (community confinement), and Youth services. Data collected from these reports plus the data from all of the allegations reported each year are contained in the secure PREA database is aggregated and analyzed to improve the PREA program.

The agency's PREA Coordinator indicated the agency has prepared an Annual Report since 2013. The reports include the total number of allegations received from all our facilities and the outcome of each allegation. Policy 5.1.2-A outlines the procedures for conducting an annual review of all sexual abuse investigations and resulting incident reviews. The 2018 Annual Review of Sexual Abuse Investigations and Corrective Action Plan was completed on May 23, 2019. The document is divided into three sections, comparisons of data from 2018 and 2017, findings, and corrective action plan. The agency's PREA office compiles an annual PREA report for the company which includes breakdowns by facility. The Annual Report is approved and signed by the Senior Vice President of U.S. Corrections and Detention and International Operations and Senior Vice President of GEO Care. The Annual Reports are available on the GEO website www.geogroup.com/PREA. Agency policy notes that GEO may redact specific material from the reports when publications would present a clear and specific threat to the safety and security of a facility; but must indicate the nature of the material redacted. The agency's PREA Coordinator stated

the agency only reports numbers and incident types; victims, perps, staff names, and any type of personal identifiable information is omitted for confidentiality purposes.

The 2015, 2016, 2017, and 2018 Annual PREA Reports are available for review on the agency's website. The reports were reviewed as part of the audit process.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

The PREA Compliance Manager secures all facility data in locked file cabinets in his office as observed by the Auditor and data is secured through the PREA Portal for every allegation of sexual abuse and sexual activity. The facility's policy 1300.05 states all case records associated with claims of sexual abuse are maintained and filed in a secure file cabinet in the PREA Compliance Manager's office. The agency's PREA Coordinator indicated that all data collected from facility reports plus the agency's data from all of the allegations reported each year are contained in the agency's secure PREA database. The data is aggregated and analyzed to improve the agency's PREA program. The data is made readily available

through the Annual Report which is posted on the agency's website www.geogroup.com/PREA. Agency policy notes that the agency may redact specific material from the reports when publications would present a clear and specific threat to the safety and security of a facility; but must indicate the nature of the material redacted. The agency's PREA Coordinator stated the agency only reports numbers and incident types; victims, perps, staff names, and any type of personal identifiable information is omitted for confidentiality purposes. The established retention schedule is 10 years for data collected or longer if required by state statute per facility policy.

The 2015, 2016, 2017, and 2018 Annual PREA Reports are available for review on the agency's website. The reports were reviewed as part of the audit process.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

The agency policy 5.1.2-A states that during the three-year period starting on August 2013, and each three-year period thereafter, GEO Contract Compliance Department shall ensure that each facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice. The review of the agency's website confirms that PREA audits are being conducted on the agency's facilities with audit dates over the last three years. According to agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. This is the second PREA audit for this facility. The first audit was July 26-28, 2016.

During the audit, the facility and agency provided the Auditor full access to all areas of the facility and the Auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the Auditor requested documents. Private interview space was provided to the auditor for conducting staff and detainee interviews. Detainee interviews were conducted in a private office within the secure area of the facility. Staff interviews were held in an administrative conference room located in the administrative building. Posted signs advised detainees they could send confidential information or correspondence to the Auditor. The auditor did not receive any correspondence from detainees or staff.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

A review of the agency's website www.geogroup.com under the Social Responsibilities - PREA Page confirms that the agency publishes PREA final reports and makes them available through the website to the public. The auditor observed on the agency's website final reports of the agency's other facilities. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings. This is the second PREA audit for this facility.

AUDITOR CERTIFICATION

I certify that:

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

Barbara King

August 24, 2020

Auditor Signature

Date