

PREA Facility Audit Report: Final

Name of Facility: Coastal Bend Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/29/2026

Date Final Report Submitted: 09/28/2026

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Bryan Pearson

Date of Signature: 09/28/2026

AUDITOR INFORMATION

Auditor name: Pearson, Bryan

Email: bryan@pearsongroupllc.com

Start Date of On-Site Audit: 05/05/2026

End Date of On-Site Audit: 05/07/2026

FACILITY INFORMATION

Facility name: Coastal Bend Detention Center

Facility physical address: 4909 FM 2826, Robstown, Texas - 78380

Facility mailing address:

Primary Contact

Name:	Stacy Galindio
Email Address:	sgalindo@geogroup.com
Telephone Number:	361-767-3400

Warden/Jail Administrator/Sheriff/Director

Name:	George Head
Email Address:	bhead@geogroup.com
Telephone Number:	8305342166

Facility PREA Compliance Manager

Name:	Stacy Galindo
Email Address:	sgalindo@geogroup.com
Telephone Number:	
Name:	Leslie Dabbs
Email Address:	ldabbs@geogroup.com
Telephone Number:	361-767-3400
Name:	Lucy Carbajal
Email Address:	lcarbajal@geogroup.com
Telephone Number:	361-767-3400
Name:	Maggieanne Sullivan
Email Address:	maggieanne.sullivan@geogroup.com
Telephone Number:	361-767-3400
Name:	Sarah Rickenberg
Email Address:	sarah.rickenberg@geogroup.com
Telephone Number:	361-767-3400

Facility Health Service Administrator On-site

Name:	Leslie Dabbs
Email Address:	dabbs@geogroup.com
Telephone Number:	361-767-3400

Facility Characteristics

Designed facility capacity:	1224
Current population of facility:	861
Average daily population for the past 12 months:	716
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18-78
Facility security levels/inmate custody levels:	Medium Custody
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	215
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	11

AGENCY INFORMATION

Name of agency:	The GEO Group, Inc.
Governing authority	

or parent agency (if applicable):	
Physical Address:	4955 Technology Way, Boca Raton, Florida - 33431
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	George Zoley
Email Address:	gz121481@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information			
Name:	John Hardwick	Email Address:	johardwick@geogroup.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
3	• 115.13 - Supervision and monitoring • 115.31 - Employee training • 115.86 - Sexual abuse incident reviews
Number of standards met:	

42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-05-05
2. End date of the onsite portion of the audit:	2026-05-07

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor called the Purple Door, a victim advocate organization that CBDC has an MOU with for victim services, to interview a victim advocate.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1224
15. Average daily population for the past 12 months:	716
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	999
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	4
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	764
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	211
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	7
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Detainees were randomly selected from all three housing units, male and female populations.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Fifteen Detainees were selected randomly from each housing unit. Most of the Detainee population at CBDC is limited English proficient. The facility was not specifically tracking Limited English Proficiency. As a result, five of the randomly selected detainees were found to be LEP at the interview. This resulted in only ten out of thirty detainees being random interviews.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility was asked for a targeted detainee list prior to the onsite audit. The list did not include detainees with cognitive disabilities.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility was asked for a targeted detainee list prior to the onsite audit. The list did not include detainees with visual disabilities.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1

51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	11
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	8
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility was asked for a targeted detainee list prior to the onsite audit. The list did not include detainees involuntarily placed in segregation for high risk of victimization. None of the inmates interviewed in segregation said they were involuntarily placed there for being high risk of victimization.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The facility was asked for a targeted detainee list prior to the onsite audit. At the beginning of the onsite audit there was no targeted detainee list provided. The staff gathered information on the first day and was able to provide a list of prior victims, detainees that reported sexual abuse and inmates with disabilities. Most of the Detainee population at CBDC is limited English proficient. As a result, the facility was not specifically tracking Limited English Proficiency. Eleven of the thirty detainees interviewed were found to be limited English proficient.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	A meeting was held virtually six weeks prior to the onsite audit to discuss the audit process and the Auditor document request process. The facility was provided with a checklist of documents that would be requested for detainees and staff. Lists for detainees and staff was requested at the meeting and via email after the meeting. Lists were not received resulting in a second request being send to the Warden. The lists were received with less than two weeks to the onsite audit. Selections were made and immediately sent back. Most documents requested were received a few days prior to the onsite audit. HR and training documents were reviewed for new staff and current staff. Risk assessments and PREA education documents were reviewed for detainees selected from the intake list for the 12 months preceding the audit. Investigations were provided during the onsite audit and uploaded afterwards.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	0	3	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	2	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

3

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☐ Yes ☒ No
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Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) The Coastal Bend Detention Center provided a policy 1300.5 Sexually Abuse/ Assault Prevention and Intervention Program (PREA) for review that provides a zero-tolerance policy and outlines the facility's plan for preventing, detecting, and responding to sexual abuse and sexual harassment. The policy states on page 5, "The Coastal Bend Detention Center mandates a zero tolerance towards all forms of Sexual Abuse and Sexual Harassment." The policy provides definitions for sexual abuse and sexual harassment against detainee victims by another detainee, staff, contract staff, and volunteers. b) The CBDC policy 1300.05 states "The GEO Group Inc. shall designate a PREA Coordinator, at the Corporate Level with sufficient time and authority to develop, implement, and oversee the facilities efforts to comply with the PREA standards." A review of the GEO PREA webpage at https://www.geogroup.com/prea found the information for the GEO PREA Coordinator in a Director position. GEO Organization Chart – The GEO organizational chart shows the GEO PREA

	Coordinator reporting directly to a Vice President of Contract Compliance. All facility PREA Compliance Managers report directly to the PREA Coordinator. PREA Coordinator Interview – The PREA Coordinator said he has time to manage his PREA related responsibilities. He said the corporate PREA team consists of four PREA compliance managers (PCMs) and a PREA compliance specialist. Additionally, there are two project management managers on my team that assist with many PREA related functions such as monthly trainings, development of training curricula, and scheduling of mock PREA exercises. He said each GEO site has a designated PREA compliance manager and each PREA compliance manager on my team has investigative oversight for each assigned facility and serve as the main point of contact for all PREA related questions. He said GEO has 76 PREA Compliance Managers. c) GEO policy 5.1.2-A PREA page 3 requires each facility to appoint a local PREA Compliance Manager with the time and authority to coordinate the facility’s efforts to comply with the PREA standards. CBDC Organization Chart – The facility provided the CBDC organization chart that documents the PREA Compliance Manager having direct report and communication with the Facility Director. The PCM duties are assigned to the Compliance Administrator. At the time of pre-audit, the Assistant Facility Director was covering the PREA Compliance Manager duties during the vacancy of the Compliance Administrator. A person with several years of corrections experience was hired for the Compliance Administrator and in this position at the onsite audit. She was shadowing the Assistant Facility Administrator during the onsite audit. PCM Interview – The AFD/PCM said she had the time to complete all the PCM responsibilities. She is also responsible for the contract compliance and ACA standards compliance. Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of the standard.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	GEO CBDC has been contracted to hold detainees for the US Marshall Service. The facility provided the contract for review. The contract has a Prison Rape Elimination Act clause that requires to abide by all relevant PREA regulations. GEO CBDC is not a public agency and does not contract with other entities to house its detainees.

115.13	Supervision and monitoring
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Auditor Overall Determination: Exceeds Standard
Auditor Discussion
a, c) GEO policy 5.1.2-A PREA page 3 states “Each facility shall develop and document a staffing plan that provides adequate staffing levels and, where applicable, video monitoring to protect individuals in a GEO facility against sexual abuse.” CBDC policy 1300.05 states “The Coastal Bend Detention Center shall develop, and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect Individuals in the Facility against Sexual Abuse.” The policy requires an annual assessment of the staffing plan, video monitoring systems and resources available to adhere to the plan. The facility provided a 2025 Annual PREA Facility Assessment that is a review of the staffing plan. The 2024 staffing plan was documented in a Coastal Bend Detention Center Staffing Plan that accounts for all employee and contractor positions with a title broken down by Executive Office, Business, Maintenance, Food Service, Health Care, Programs, Supervisory, and Correctional Officers. The 2025 annual review of staffing and video monitoring considered the eleven factors from provision (a) of the standard, staffing plan deviations, and staffing on each shift. The annual staffing plan assessment was conducted by the HSA, DON, PREA Compliance Manager, Classification Manager, Chief of Security, and Assistant Facility Administrator. The staffing assessment was reviewed and approved by the Facility Director and sent to the Regional Director of Operations and GEO PREA Coordinator for review and approval. Tour Observations – The tour of the facility was completed on the first day of the onsite audit. All areas of the facility were visited on the tour where detainees were allowed entry. This included Building 1, 2 and 3 where the detainees were housed. Each building had four housing units that consisted of two person cells and open dormitory sections. Most of the dorms had cameras. There were cameras in the long hallways of each housing unit. Staff were assigned to each housing unit and were observed completing rounds. The medical unit had offices with windows in the doors that allowed security staff to observe staff and detainees in the room. Four cells in the infirmary were under observation by cameras. The cells had toilets and shower stalls. The showers had a curtain unless it was a suicide watch cell. Suicide watch cells had a portable screen that staff would place by the window next to the toilet and shower to temporarily block the view while the detainee was using them. The view of the cameras in these cells was checked. Two showed the toilet clearly. The facility made adjustments to the camera direction and removed the toilet from the view. The Kitchen was an open space that had cameras that covered all areas. Walk-ins and storage rooms were locked and had windows so staff could see inside. The detainee bathroom was single use with a window in the door that was frosted on the bottom half so the detainee could not be seen on the toilet, but staff could see there was only one detainee using the restroom.

Facility Director Interview – The Facility Director said the staffing plan is reviewed regularly with HR and annually as required by the PREA standard. The staffing plan focuses on mandatory posts for proper supervision of the detainee population in all areas of the facility. The contract with the client guides the staffing plan for the facility. The frequency and type of PREA incidents are taken into consideration to determine if there is a need for a change in staff coverage of an area or if additional staff are needed. Changes to the staffing plan would have to be requested through Nueces County, US Marshals and GEO corporate.

PCM Interview - The PREA Compliance Manager said the staffing levels and vacancies are reviewed on a weekly basis in addition to the required annual staffing plan review. The review is documented on the Annual PREA Facility Assessment form and forwarded to the Facility Director for review and signature. It is then sent to the GEO PREA Coordinator.

b) CBDC policy 1300.05 requires CBDC to document the circumstances where the staffing plan is not complied with. The facility reported on the Pre-Audit Questionnaire there were no deviations from the staffing plan in the last year.

Facility Director Interview – The Facility Director said deviations from the staffing plan are when a mandatory security post is closed due to a staff shortage or some other emergency. He said any deviations from the staffing plan would be documented on the shift report. He and the Security Chief monitor the shift reports daily and would be notified immediately if there was a mandatory post that could not be filled due to a staff shortage.

d) CBDC policy 1300.05 states “The Coastal Bend Detention Center shall ensure the Shift Supervisors or designee is conducting weekly rounds and documenting unannounced rounds. While conducting these rounds the supervisors will be looking at cross-gender viewing, gender announcement, staff-detainee communication, and ensuring PREA signs are posted in housing areas and holding rooms. Employees are prohibited from alerting other Employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the Facility.”

Document Review – The Housing Unit logs were reviewed during the tour of the facility. Supervisor rounds were observed written in red ink. Shift Supervisors document the unannounced rounds in both the Building Control Post log and the Housing Unit logbook at the end of the hall. Copies of the logs were requested for each Building Control Post for two consecutive days in the months of June and November of 2025 and March of 2026. The logs were provided and documented supervisors made unannounced rounds in all housing areas on each shift each day. The Standards in Focus suggests a best practice is supervisor rounds once per week in each unit on every shift. The documentation provided shows CBDC exceeding the standard.

Intermediate Supervisor Interview – A Captain that is a Shift Supervisor said he is required to conduct unannounced rounds daily. He said when conducting unannounced rounds, he meets with the Correctional Officers in the housing units and

	walks down each housing unit hallway. The rounds are documented by signing in a log for unannounced rounds. He prevents staff from alerting other staff about the rounds being conducted by using a different route each time and doing the rounds at different times each day. Staff Interviews – All random staff interviewed said they are required to conduct rounds on their housing unit every 30 minutes. All staff said they see a shift supervisor at least once per shift in their housing unit conducting unannounced rounds every day. Sometimes more than once per shift. Detainee Interviews – Detainees interviewed were asked if they see staff conducting rounds in their unit. Most said they see staff every half hour doing rounds. Most said they see the shift supervisor visiting the unit at least once per day on each shift, sometimes more than once. Based on the information from interviews, policies and documents reviewed, the facility exceeds the standard.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PREA Compliance Manager reported on the Pre-Audit Questionnaire that CBDC does not house youthful detainees. A report of all detainee arrivals with the detainee's age was provided that had no detainees under 18. There were no detainees interviewed that were under 18. This standard is not applicable to CBDC.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) CBDC policy 1300.05 page 18 states "Cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in Exigent Circumstances or when performed by Medical Practitioners." CBDC reported zero cross-gender strip or visual body cavity searches in the past 12 months. Detainee Interviews – twenty-six detainees were interviewed, twelve female and sixteen male. All twelve female detainees said they have never been strip searched

or pat searched by a male staff. All sixteen male detainees said they have never been strip searched or pat searched by a male staff.

Document Review – Search training records were reviewed for twenty-two security staff. All had a record of search training completion. New staff completed the training soon after being hired in the pre-service training and veteran staff had completed the annual search training during this year.

b) CBDC policy 1300.05 page 18 states “The Coastal Bend Detention Center shall not permit cross-gender pat-down searches of female detainees in the Coastal Bend Detention Center, absent Exigent Circumstances. The Coastal Bend Detention Center shall not restrict female individuals in the facility access to regularly available programming or other outside opportunities in order to comply with this provision.”

Staff Interviews- Random Staff interviewed were asked if they had training in cross-gender searches. All said they received training in cross-gender searches. All staff knew that male staff could only pat search female detainees when there were exigent circumstances. All male security staff said they have not conducted a pat-search of a female resident.

Detainee Interviews – Female detainees said they had not been subjected to any cross-gender pat searches. Some male detainees said they had been pat searched by female staff and thought the search was appropriate and not too intrusive. None of the detainees said that opposite gender staff were present during strip searches.

c) CBDC policy 1300.05 page 18 requires staff to document and justify all cross-gender pat searches of female detainees, cross-gender strip and cross gender visual body cavity searches.

d) CBDC policy 1300.05 page 18 states “The Coastal Bend Detention Center will allow detainees to shower, change clothes, 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 Coastal Bend Detention Center requires Employees of the opposite gender to announce their presence when reporting to duty or when entering a housing unit or any areas where detainees are likely to be showering, performing bodily functions, or changing clothes.”

Staff Interviews – All staff interviewed were aware of the requirement to announce their presence when entering an opposite gender housing unit or if going into a opposite gender detainee bathroom. All staff said they hear opposite gender announcements in both male and female housing units.

Detainee Interviews – All detainees said they can shower and use the toilets without opposite gender staff seeing them in a state of undress. All detainees interviewed said they hear opposite gender staff making announcements coming into the housing units.

Tour Observation – During the tour opposite gender announcements were made when

	entering housing units. There were male and female staff on the tour group requiring the announcements to be made going into all the housing units. Open dorms had individual shower stalls with a shower curtain that provided a modesty screen without preventing monitoring by staff. Toilets had stall walls and a partial wall in front of the toilets. Cells had a toilet and shower in the cell. The solid door had a small vertical window. The shower stalls that had a curtain blocked the view of the detainee except for the head and feet. The detainee bathroom in the kitchen had a window with obscuring film on the bottom half that prevented staff from seeing more than the detainee's head while on the toilet. The intake area had cells with solid doors and a small vertical window. Some toilets positioned at the back of the cell had a stall wall next to the toilet. Toilets next to the door could not be seen unless staff were close to the window. Four cells in the infirmary had cameras. The cells had toilets and shower stalls. The showers had a curtain unless, it was a suicide watch cell. The view of the cameras was checked and found two showed the toilet clearly. All staff have access to these cameras from the main control and in the medical area. The facility made adjustment to the camera direction and removed the toilet from the camera view. Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of the standard.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard Auditor Discussion a) CBDC policy 1300.05 page 11-12 requires the facility to provide a detainee with disabilities (e.g., those who are hard of hearing, blind, have low vision, intellectual, psychiatric, or speech disabilities) an equal opportunity to participate in or benefit from the facility efforts to prevent, detect, and respond to sexual abuse/assault and sexual harassment. Written materials are to be provided to every detainee in formats or through methods that ensure effective communication with detainee with disabilities, including those who have intellectual disabilities, limited reading skills, or who are blind or have limited vision. Tour Observations - Posters with information about reporting sexual abuse, sexual harassment and victim advocate services were observed in detainee housing units, program areas, service areas, the visiting room, and administration areas in both English and Spanish. PREA information is placed on the detainee tablets that can be switched to Spanish. Intake Staff Interview – Staff that conduct intake orientation with newly arriving detainees said she asks detainees if they need accommodation for reading, hearing, visual impairment or language. She described the following accommodations for detainees with disabilities: the information is read and explained to all detainees that

would accommodate detainees that cannot read or are visually impaired. She said mental health staff would assist with detainees that have cognitive disabilities or mental health issues.

b) CBDC policy 1300.05 page 12 states “Detainees in the Coastal Bend Detention Center 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 individual’s allegations. The Coastal Bend Detention Center is equipped with a Language Line that would assist staff in the event that the facility cannot provide a translator.”

Intake Staff Interview – Staff that conduct intake orientation with newly arriving detainees said if a detainee is limited English proficient, the facility has staff that are fluent speaking Spanish to be interpreters. She said there is a contract for telephonic interpreter services through the Language Line that can be used for other languages or when those staff are not available. The facility also had a handheld interpreter device that is kept in the intake area and the Shift Supervisor office.

Random Staff Interviews – All staff interviewed were aware there are staff that can provide Spanish interpretive services and there is a telephonic service the shift supervisor has the information to access when needed. Staff said there are devices that can interpret several languages in the Shift Supervisor’s office or at booking.

Detainee Interview – Ten detainees that were designated as Limited English Proficient were interviewed using a staff interpreter. One detainee was interviewed using the Language Line telephone interpretive service. All detainees said a staff interpreter or a telephone interpreter was used to provide them with the PREA information and asked questions on the assessment.

Document Review – The facility provided a copy of the contract with the Language Line that was signed in February of 2022 and currently in effect. The contract provides qualified and trained interpreters for telephonic interpreting and video interpreting for sign language.

c) CBDC policy 1300.05 page 12 prohibits the use of detainee interpreters, readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an interpreter could compromise the detainee's safety, the performance of first responders or the investigation of the allegation.

Random Staff Interview – All staff said they are not allowed to use another detainee that is bilingual to be an interpreter for a detainee that was LEP to report an incident of sexual abuse.

The policy contains the requirements of the standard. The staff were aware there was a telephonic interpretive service, interpretive devices and bilingual staff available to assist with communication with LEP detainees. The staff providing PREA education provide accommodation to detainees identified as needing assistance understanding the information. Based on the information from the interviews, policies and documents reviewed, and observations during the facility tour, it has been

	determined the facility meets the provisions of this standard.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CBDC policy 1300.05 page 8 states “The Coastal Bend Detention Center is prohibited from hiring or promoting anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.” Document Review - Ten staff hired in the last 12 months were randomly selected for file review. All ten were asked the required questions about prior sexual abuse and sexual harassment on the GEO Employment Questionnaire form prior to their hire and again on the day they start working at the facility. HR Staff Interview – The HR Manager said the GEO Employment Questionnaire form is completed by the applicant along with the application and again on their first day. b) CBDC policy 1300.05 page 8 states “The Coastal Bend Detention Center will consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with detainees in the facility.” HR Interview – The HR Manager said all staff new hires or promotions are asked on the GEO Employment Questionnaire form if a substantiated allegation of sexual harassment has been made against them. She said sexual harassment incidents would be considered on a case-by-case basis. c) CBDC policy 1300.05 page 8 states “The Coastal Bend Detention Center shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees.” HR Staff Interview – HR staff said she has a criminal background check conducted on all staff hired prior to starting work at the facility. A contract company completes a full criminal and employment background check. She said they make three attempts to contact the prior institutional employers and document the results or no answer. Document Review - Criminal background checks and employment background checks are conducted by Accurate, a contracted company that performs background checks. Accurate documents when an answer is received about prior substantiated sexual abuse, resignation during an investigation or that no answer was received from the former employer. Ten staff hired in the last 12 months were randomly selected for file

review. A criminal background check was completed on all ten staff prior to their start date. An employment background check was required for five new staff based on the employee reporting prior institutional employment on the GEO Employment Questionnaire. It was determined one was a promotion and did not require the employment background check. One did not have an employment background check for reported employment at a jail. The HR Manager submitted a new employment background check to that employer for that staff. A copy was provided for verification. Another staff reported prior employment at three different jails. The Accurate report only conducted an employment background check with two of the jails. The process for requesting employment background checks must be reviewed to ensure all prior institutional employment reports have an employment background check. This will be reviewed during the corrective action period.

d) CBDC policy 1300.05 page 17 states "The Coastal Bend Detention Center shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to enlisting the services of any Contractor. Background checks shall be repeated for all Contractors at least every five years."

HR Staff Interview – HR staff said she has a criminal background check conducted on all new contract staff prior to starting work at the facility.

Document Review – Two contract staff that started in the last year had a criminal background check completed prior to their start date. Four veteran contract staff had a criminal background check completed prior to their start date.

e) CBDC policy 1300.05 and GEO policy 5.1.2-A PREA require a criminal background check for staff and contractors every five years.

HR Staff Interview – HR staff said she completes a new criminal background check on current staff and contract staff every 5 years. She completes the checks in the month prior to the month of their start date.

Document Review – Criminal background checks were reviewed for ten veteran staff and one veteran contract staff that had been employed for more than five years. All criminal background checks were less than five years old.

f) CBDC policy 1300.05 page 8 and GEO policy 5.1.2-A PREA page 4 requires CBDC HR staff to ask current employees about previous sexual misconduct during annual performance reviews and imposes a continuing affirmative duty to disclose any sexual misconduct.

HR Staff Interview - HR staff said current employees complete the PREA Disclosure and Authorization form at the annual employee evaluation. She said the form asks the questions again and informs the employee of the duty to disclose.

Document Review - PREA Disclosure and Authorization forms were provided for ten veteran staff that were signed within the last year. The form asked questions

	pertaining to provision (a) and informed the staff of the duty to disclose such conduct. g) CBDC policy 1300.05 page 8 and GEO policy 5.1.2-A PREA page 4 states “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.” h) CBDC policy 1300.05 page 11 requires CBDC to provide information on substantiated investigations of sexual abuse for former staff that have applied for employment with another institutional employer if requested. HR Staff Interview – HR staff said she entered information about substantiated sexual abuse investigations and resignations during an investigation in the system. Inquiries from other institutional employers go to corporate and are answered. Corrective Action Required: Two new staff reported prior institutional employment on the GEO Employment Questionnaire. The Accurate employment background check was not completed for all prior institutional employment. The HR Manager and PREA Compliance Manager must review the process to determine what changes are required to ensure the PREA employment background check is completed. The facility must provide the employment background check for any new hire that reports prior institutional employment. Corrective Action Completed: Four staff with prior corrections employment were hired during the corrective action period. Documentation of the employment background check was provided for review. Accurate faxed the questions to the prior employer for three of the new staff prior to their hire date. Accurate received a response from a prior corrections employer for one applicant that completed the request for information prior to the hire date. The documents reviewed verify the facility is substantially compliant with provision (c) of the standard. Based on the information from interviews, policies and documents reviewed, it has been determined CBDC has demonstrated substantial compliance with all provisions of the standard.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CBDC policy 1300.05 page 7 states “The Coastal Bend Detention Center shall consider the effect any (new or upgrade) design, acquisition, expansion or modification of physical plant or monitoring technology might have on the Facility’s ability to protect Individuals in a GEO Facility or Program from Sexual Abuse.” The facility reported on the Pre-Audit Questionnaire there have been no expansions or

	modifications of the facility since the last PREA audit. Facility Director Interview – The Facility Director said the facility has not experienced any expansion or modification in the last three years. He said the PREA Compliance Manager would be involved in the planning to review PREA standards compliance. b) Facility Director Interview – The Facility Director said the facility upgraded the video monitoring system to allow for a longer recording time and added panoramic HD cameras since the last PREA audit. He said the PREA Compliance Manager was involved in the planning for the video monitoring system upgrade to ensure the upgrade would improve PREA standards compliance. Document Review – The facility provided a list of upgrades to the video monitoring system. New video recording equipment was added in 2023 and panoramic cameras were added in 2024 and 2025. PCM Interview – The PCM said the previous PCM was directly involved in the video monitoring system upgrade. The upgrade improved their ability to monitor detainees and review for investigation in response to allegations. Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of the standard.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) GEO policy 5.1.2-E Investigating Allegations of Sexual Abuse page 5 states “Facilities that are responsible for investigating allegations of sexual abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” CBDC policy 1300.05 page 29 states “Facilities that are responsible for investigating allegations of Sexual Abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” b) GEO policy 5.1.2-E Investigating Allegations of Sexual Abuse page 5 states “The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.”

c) GEO policy 5.1.2-E Investigating Allegations of Sexual Abuse page 6 states “Facilities shall offer detainees who experience sexual abuse, access to forensic medical examinations (whether on-site or at an outside facility) with the victim’s consent and without cost to the individual and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

CBDC policy 1300.05 page 29 states “The Coastal Bend Detention Center will offer all Individuals in a GEO Facility or Program who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim’s consent and without cost to the individual.” “Examinations will be performed by a Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiner (SAFE). A Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available. The Coastal Bend Detention Center will document its efforts to provide a SAFE or SANE.”

PCM Interview – The PCM said detainees would be taken to Corpus Christi Medical Center Doctor’s Regional for a forensic examination. She said CBDC does not have an MOU with Corpus Christi Medical Center Doctor’s Regional. If the detainee is 18 to 20 years old, Doctor’s Regional may send them to the Driscoll Children’s Hospital for the examination. The facility does have an MOU with Driscoll Children’s Hospital.

Document Review – An MOU with Driscoll Children’s Hospital effective August 1, 2025 covers forensic examinations for detainees that are 18 to 20 years old. The examinations can be provided for both the victim and detainee perpetrator. The MOU is effective for five years.

The facility reported zero detainees being provided with a forensic examination during the last 12 months. There were no investigations reviewed that required a forensic examination in the last 12 months.

d) GEO policy 5.1.2-E Investigating Allegations of Sexual Abuse page 6 states “Upon request by the victim and with the victim’s consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.”

e) GEO policy 5.1.2-E Investigating Allegations of Sexual Abuse page 6 requires the facility to offer or make available a victim advocate to accompany the victim through examinations and investigatory interviews. The policy states “Upon request by the victim and with the victim’s consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.”

Three completed investigations of sexual abuse were reviewed for compliance with this provision. No documentation of an offer of a victim advocate to be present during the investigator interview was found in all three cases of sexual abuse.

Detainees are not informed they can have a victim advocate present during the investigative interview in the PREA education provided. The facility has not provided evidence that this provision is being met.

Detainee Interview – A detainee that reported sexual abuse said she was not offered a victim advocate to be present during the investigator interview.

f) CBDC provided an MOU in the Pre-Audit Questionnaire with the Nueces County Sheriff's Office. The MOU did not specifically ask the NCSO to follow the evidence protocols in this standard as required in an FAQ from February of 2015. The CBDC Facility Director was asked to inform the NCSO of the evidence requirements for 115.21 in a revised MOU or in a letter.

Corrective Action Required: The MOU with Nueces County Sheriff's Office did not specifically ask NCSO investigators to follow the evidence protocols in this standard as required in an FAQ from February of 2015. The CBDC Facility Director was asked to inform the NCSO of the evidence requirements for 115.21 in a revised MOU or in a letter.

Corrective Action Completed: The Facility director sent a memorandum via email to the Sheriff of Nueces County Sheriff's Office to notify NCSO investigators of the requirements of standards 115.21, 115.22, 115.71 for conducting criminal investigation of sexual abuse at Coastal Bend Detention Center. The text of the standards was included in the memorandum. This follows the FAQ from February 2015 and fulfills CBDC's requirements when an external agency provides criminal investigations.

h) Document Review – A memorandum of understanding between The Purple Door, a community-based victim advocate organization, and CBDC was provided for review. The MOU establishes a 24-hour 7 day a week hotline for detainees to request support services. The Purple Door agrees to provide follow-up care to detainees that have been a victim of sexual abuse. The MOU was signed by both parties in October of 2024 and will renew in 5 years.

Tour Observations – posters in English and Spanish were observed in the housing units that provided the mailing address, speed dial number and external phone number for the Purple Door. A test call was made to the number by this auditor. A person answered and verified she was with the Purple Door. She said the detainees could call the hotline to report sexual abuse or request victim advocate services.

Information for The Purple Door was also found on page 42 of the detainee handbook.

Corrective Action Required: The facility did not provide evidence of informing the detainee victim of the right to have a victim advocate present during the investigative interview when they report sexual abuse. The facility must either inform the detainee population at the comprehensive PREA education that they may request a victim advocate be present during investigative interviews if they report sexual abuse or the investigator must inform the victim prior to the investigative interview and document the offer in the investigation report. Investigations will be reviewed for

	compliance with this provision of the standard during the corrective action period. Coastal Bend Detention Center had only four investigations of sexual abuse or sexual harassment during the last 12 months. Those investigations were started by the prior PCM but not followed through or completed. This was discovered after the PCM resigned. Another CBDC Facility Investigator finished the investigations as soon as she was made aware they were incomplete months after the reports. The current PCM said CBDC has not received a report of sexual abuse or sexual harassment to investigate during the corrective action period. The PCM said she has instructed the facility investigators to offer a victim advocate to all victims of sexual abuse prior to investigator interviews and document the offer in the investigation report. Given the low number of PREA reports, this corrective action is closed without additional documentation for review.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) GEO policy 5.1.2-E Investigating Allegations of Sexual Abuse page 1 requires all allegations of sexual abuse and sexual harassment to be referred to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior. CBDC policy 1300.05 page 34 section M, states "An administrative or criminal investigation will be completed for all allegations of Sexual Abuse and Sexual Harassment at the Coastal Bend Detention Center, including third-party and anonymous reports." Agency Head Interview - The Executive VP said based on client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only). He said all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior. Facility investigators are required to complete a PREA Specialized Investigation training for them to be qualified. The facility reported receiving four allegations of sexual abuse and sexual harassment that were referred for administrative investigations. The facility provided three completed administrative investigations for review. One was for an allegation of sexual harassment and two were for allegations of sexual abuse. The USMS were notified of all three reports. There was no information provided about the response by the USMS. The NCSO was informed of one sexual abuse report and declined to investigate. It was not documented that the NCSO was notified of the second report

of sexual abuse.

b) GEO policy 5.1.2-E Investigating Allegations of Sexual Abuse page 4 requires allegations of sexual abuse that involve potentially criminal behavior to be referred to outside law enforcement agencies.

Facility Investigator Interview – The Facility Investigator said all reports of alleged sexual abuse are referred to the Nueces County Sheriff’s Office and the USMS for review. She said USMS reviews the allegation for a potential criminal violation and determines if NCSO or the FBI will investigate. She said NCSO investigates all sexual abuse allegations involving detainee perpetrators. She said the USMS may ask the FBI to investigate if there is a potential staff sexual misconduct allegation. She said the NCSO informs her if a criminal investigation will be pursued and if she can begin an administrative investigation.

A review of the GEO PREA webpage at <https://www.geogroup.com/prea> found a link to open GEO policy 5.1.2-E PREA Investigations Policy on the page.

c) GEO policy 5.1.2-E Investigating Allegations of Sexual Abuse page 4 states when an outside agency conducts a criminal investigation, the facility will request that the outside agency follow the evidence protocols in 115.21. The policy provides information about the role of the outside agency and the facility investigator. Most GEO facilities rely on an outside law enforcement agency to conduct criminal investigations.

Document review - CBDC provided an MOU in the Pre-Audit Questionnaire with the Nueces County Sheriff’s Office that requests support/assistance with PREA Incidents. The MOU did not specifically ask the NCSO to conduct criminal investigation of sexual abuse or describe their responsibilities as required in an FAQ from February of 2015. The CBDC Facility Director was asked to inform the NCSO of the requirements for 115.22 in a revised MOU or in a letter.

There were no criminal investigations completed by the NCSO during the last 12 months.

Corrective Action Required: The MOU did not specifically ask the NCSO to conduct criminal investigation of sexual abuse or describe their responsibilities as required in an FAQ from February of 2015. The CBDC Facility Director will be asked to inform the NCSO of their responsibilities for criminal investigations in a revised MOU or in a letter.

Corrective Action Completed: The Facility director sent a memorandum via email to the Sheriff of Nueces County Sheriff’s Office to notify NCSO investigators of the requirements of standards 115.21, 115.22, 115.71 for conducting criminal investigation of sexual abuse at Coastal Bend Detention Center. The text of the standards was included in the memorandum. This follows the FAQ from February 2015 and fulfills CBDC’s requirements when an external agency provides criminal investigations. The email was provided as documentation of completion of the corrective action. The Sheriff acknowledged receipt of the notification and agreed to

	follow the standards while conducting investigations. Based on the information from corrective actions, interviews, policies and documents reviewed, it has been determined the facility meets all provisions of the standard.
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	a) CBDC policy 1300.05 page 13 states “All Employees, Contractors and Volunteers shall receive training from the Training Administrator on the Coastal Bend Detention Center’s Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.” Document Review – the Sexual Abuse and Assault Prevention & Intervention (PREA) training curriculum was reviewed. This auditor found the training to cover the ten required topics in provision (a) that include the zero-tolerance policy, signs of sexual abuse, dynamics of sexual abuse, communication with LGBTI detainees, staff responsibilities, mandatory reporting laws, reactions of victims, avoiding inappropriate relationships, and detainee and staff rights. Training records for ten staff hired during the last twelve months have been requested for review. All ten had completed the PREA training during the pre-service training shortly after being hired. Staff Interview – Twelve randomly selected staff were interviewed. All staff demonstrated knowledge of the zero-tolerance policy, signs of sexual abuse, dynamics of sexual abuse, detainee and staff rights, detainee reporting, staff reporting, their procedures in response to a report of sexual abuse, avoiding relationships, and mandatory reporting laws. b) CBDC policy 1300.05 page 14 states “Employee training shall be tailored to the gender of the detainees assigned to the Coastal Bend Detention Center, and Employees shall receive additional training if transferring between Facilities that house detainees of different genders.” CBDC has both male and female detainee populations. The training curriculum covered information specific to both genders pertaining to searches and announcements. c) CBDC policy 1300.05 page 14 states “PREA refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to Sexual Abuse and Sexual Harassment policies.” Staff Interviews – Staff said they complete the PREA training shortly after starting at CBDC prior to contact with detainees and annually. d) CBDC policy 1300.05 page 14 states “Employees shall document through signature that they understand the training they have received.”

	Document Review – Ten veteran staff were selected for annual PREA training document review. All ten completed the PREA training the last two years prior to the onsite audit. The annual requirement was supported by the documents provided and exceeds the standard requirement of bi-annual Based on the information from interviews, policies and documents reviewed, this auditor finds the facility exceeds the provisions of the standard by requiring staff to complete the training annually.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a-b) CBDC policy 1300.05 page 15-16 requires contract staff and volunteers to complete the GEO's Sexually Abusive Behavior Prevention and Intervention Program before working or volunteering in the facility. The training curriculum is the same used for training the staff. The training covers contract staff and volunteer responsibilities for prevention, detection and response to allegations of sexual abuse and sexual harassment, the agency zero-tolerance policy. The training is required to be completed annually. c) CBDC policy 1300.05 page 15-16 requires Contractors and volunteers to sign the PREA Basic Training Acknowledgement form indicating they received and understand the training. Document Review – Documentation of PREA training completion was requested and reviewed for seven contract staff and six volunteers. All contract staff and volunteers selected for review have completed the required training. Contractor Interview – A commissary contract staff said he completes the training annually. He said the training covered the zero-tolerance policy, requires contract staff to report all knowledge or suspicion of retaliation, sexual abuse or sexual harassment. If he receives a report, he is required to notify the shift supervisor immediately. Separate the detainee from other detainees or staff involved and instruct them not to destroy evidence. Volunteer Interview – A volunteer said he completed the PREA training prior to providing volunteer services at Coastal Bend. He said the training covers the zero-tolerance policy and what he must do in response to a report of sexual abuse or sexual harassment. It is the same training as the staff. He said he is required to report all knowledge or suspicion of an incident of sexual abuse or sexual harassment to the shift supervisor immediately. CBDC requires contractors and volunteers to complete PREA training before working or volunteering in the facility and to acknowledge that they received and understood

	the training. Documentation reviewed showed that all selected contract staff and volunteers completed the required training. Interviews confirmed they understood the zero-tolerance policy, reporting responsibilities, and required response to allegations of sexual abuse or sexual harassment. Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of the standard.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a-b) CBDC policy 1300.05 page 12 states “During the intake process, the Intake Staff shall provide each detainee with written information (i.e., handbooks, pamphlets, etc.) on the facilities zero tolerance policy regarding Sexual Abuse and Sexual Harassment, how to report incidents or suspicions of Sexual Abuse or Sexual Harassment, their right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents.” The policy requires the PREA Orientation to be provided to detainees during the intake process. The education covers detainee rights, zero-tolerance policy, and how to report sexual abuse and sexual harassment. Intake Staff Interview – A Case Manager said she provides the comprehensive PREA orientation/education to detainees at the 30-day reassessment meeting. She explains the brochure information, victim services and the different ways to report an incident of sexual abuse or sexual harassment at CBDC at the 30-day reassessment meeting. Additional comprehensive information is provided through the PREA video that plays on channel 2 in the housing units. The video is closed captioned for hearing impaired. She tries to identify any needs for accommodation. She explains the information and makes sure they understand it if they cannot read, have visual or cognitive disabilities. She said the detainees are provided with the PREA brochure and Detainee Handbook as the initial information about reporting sexual abuse and harassment at intake in the Booking area. Detainee Interview – Thirty detainees were interviewed. Detainees recalled being provided information about reporting sexual abuse or sexual harassment and zero-tolerance policy when they arrived in the booking area at CBDC. Detainees said they see posters about PREA in the housing units and other areas. They all knew there was a phone number on the posters to call for reporting. Detainees knew at least two or more methods of reporting sexual abuse or sexual harassment. Some knew there was an outside organization that is not part of the CBDC they can report to. Detainees said they could tell any staff, write staff, file a grievance, or call the numbers on the poster.

	Document Review – PREA education completion records were reviewed for forty-one detainees randomly selected from the intake list for the last year. All had signed a CBDC PREA Acknowledgement Form when they received the PREA brochure and Detainee Handbook at booking. The form directed them to the pages in the handbook pertaining to PREA definitions, reporting, protection from retaliation, avoiding sexual abuse and harassment, and inappropriate relationships with staff. If the detainee was at CBDC for 30 days, there was a signed PREA Comprehensive Education Acknowledgement form that indicates the detainee received the PREA Comprehensive Education that provided a detainee specific information on how to report sexual abuse and sexual harassment at CBDC on the form. All detainees received initial education on the day of arrival. Onsite Audit Observation – An initial PREA education was observed during the onsite audit. A Security Officer in booking explained the information about zero-tolerance policy, rights of detainees to be free of sexual abuse or retaliation, and the different ways the detainee can report. The Security Officer asked the detainee if he could read and if he could speak English. She then verbally explained the information about reporting sexual abuse and sexual harassment from the handbook. She informed the detainee there were posters in the housing units that had the same information. The detainee was also told the PREA video was playing on channel 2. d) CBDC policy 1300.05 page 11 states “The Coastal Bend Detention Center shall ensure that it provides written materials to every detainee in the facility in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.” e) CBDC policy 1300.05 page 13 states “In the facility, detainees will sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files.” f) CBDC policy 1300.05 page 13 states “Key information shall be provided to detainees on a continuous basis through readily available, handbooks, brochures, or other written materials.” Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of this standard.
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115.34 Specialized training: Investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CBDC policy 1300.05 page 14-15 requires facility investigators to receive the specialized training in addition to the training required in 115.31.

	b) CBDC policy 1300.05 page 16 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.” Curriculum Review – The training curriculum used by GEO is the PREA Specialized Training: Investigating Sexual Abuse in the Correctional Setting provided by the PREA resource Center. The curriculum was reviewed and found to provide information covering interview techniques, Miranda and Garrity warnings, evidence collection, and criteria and evidence required to substantiate an administrative case or a criminal case. Investigator Interview – The designated facility investigator said she has completed the specialized investigator training from the PRC training curriculum before she started conducting investigations and a refresher training recently. She said she also completed the annual PREA training for all staff. c. The facility provided completion certificates for the PREA Specialized Training: Investigating Sexual Abuse in the Correctional Setting for the three staff designated to conduct investigations. The PREA training completion documents were also provided for all three staff for 115.31. Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of this standard.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard Auditor Discussion a) CBDC policy 1300.05 page 14 states “The facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in the facility on certain topic areas, including detecting signs of Sexual Abuse and Sexual Harassment, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse and Sexual Harassment, and proper reporting of allegations or suspicions of Sexual Abuse and Sexual Harassment.” Mental Health Staff Interview – The mental health staff said he received specialized medical training annually and has completed the annual PREA training for staff. The medical training has a trauma informed approach. The training covered protection of evidence, signs of sexual abuse, communication with victims, and reporting sexual abuse and sexual harassment. Medical Staff Interview – The medical staff interviewed said she has completed

	specialized medical training. She said all medical staff complete annual PREA training. The specialized medical training covers how to detect and assess signs of sexual abuse and sexual harassment, what medical staff can do to preserve physical evidence, responding to victims, and who to report allegations or suspicions. Training Curriculum Review – The GEO Specialized Medical and Mental Health PREA Training curriculum was provided for review. The training curriculum provides information about what is sexual abuse and sexual harassment; how to detect and assess sexual abuse and sexual harassment; preserving physical evidence; how to respond and communicate with victims; how medical and mental health staff are to report any knowledge or suspicion of sexual abuse and sexual harassment. The training curriculum covers the requirements of this provision of the standard. c-d) Document Review – PREA training completion documents and specialized medical training documents were requested for five medical and mental health GEO staff and one contract medical staff. The facility provided PREA training and specialized medical training for all six. Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of this standard.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a-b) CBDC policy 1300.05 page 9 states “All detainees will be screened within 24-hours of their arrival at the facility for potential vulnerabilities or tendencies of acting out sexually aggressive behavior. (5 ALDF 4D-22-1) Information will be used for housing, bed, work, education, and program assignments.” Screening Staff Interview – The staff that complete the initial risk screening of detainees at arrival to the facility said the screening is completed on the first day the detainees arrive. Detainee Interviews – Most detainees could recall being asked the questions for the risk screening the first day they arrived. Questions were about prior victimization, sexual orientation, gender identity, disabilities, criminal history and their feelings about being vulnerable to sexual abuse. Document Review – Forty-one detainees were randomly selected from the intake list for the last 12 months for review of risk assessments. All Forty-one detainees had a risk assessment completed on the day they arrived at the facility. c-d) CBDC policy 1300.05 page 9 states the victim screening instrument has twelve questions that assesses for mental of physical disabilities, age, physical build,

prior incarceration, violence in priors, prior sex offense convictions against a child or adult, identification as or perceived to be LGBTI or gender non-conforming, prior victim of sexual abuse in the community or institution, first time incarceration, detained solely for immigration, and the detainee's perception of vulnerability. The assessment follows this provision of the standard.

Screening Staff Interview – The staff that conduct initial risk screenings was interviewed. She was asked what factors the risk screening considers for risk of victimization. The factors she described covered all ten required by this provision of the standard and the policy. Some of the information is gathered or verified from review of the detainee records and most is gathered from detainee responses to questions in an interview. She said the detainees record does not have much information, and she must ask the detainee questions about their prior criminal history during the interview.

e) CBDC policy 1300.05 page 9 states “The intake screening will also consider prior acts of Sexual Abuse, prior convictions for violent offenses, and history of prior institutional violence or Sexual Abuse, as known to the Facility, in assessing the risk of being sexually abusive.” The assessment follows this provision of the standard.

Screening Staff Interview – Staff that complete the initial screening said answers from the detainee interview and the detainee record are used to assess for prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. She reviews the criminal history and institutional conduct record in addition to asking the detainee questions about prior criminal history and conduct. Sometimes the detainees record does not have much information, and she must ask the detainee more questions about their prior criminal history during the interview.

f) CBDC policy 1300.05 page 9 states “The Coastal Bend Detention Center shall ensure that within a set time period, not to exceed 30 days from arrival at the Facility, staff shall reassess the Individual's in the Coastal Bend Detention Center for victimization or abusiveness based upon any additional, relevant information received by the Facility since the intake screening.” A PREA Vulnerability Reassessment Questionnaire is used to ask the detainee additional questions to determine if there is any new information that would change the initial assessment. The detainee is asked questions about sexual orientation, gender identity, if the detainee has been a victim of or threatened with violence or sexual abuse, and if the detainee feels vulnerable in general population. The staff are also directed to review the detainee's conduct record, grievances, and information received from external sources for incidents or threats of sexual misconduct or sexual abuse that might make the detainee more vulnerable to victimization or likely to be sexually abusive.

Screening Staff Interview – The staff that completes the risk screening re-assessment said she interviews the detainee again to ask the same questions that are used for the intake screening. The detainee's answers and the detainee record are used to review the intake risk assessment for changes due to new information around 3 weeks after their arrival date.

Detainee Interview – Twenty-three of the detainees interviewed had been at CBDC for over 30 days. They were asked if staff asked them questions about prior victimization, disabilities, identifying as or are perceived to be transgender, gay or bisexual, or if they felt vulnerable to sexual abuse at the facility a second time around 30 days after arrival. Six detainees could not recall being asked again about 30 days later. Seven were not at the facility long enough for the reassessment.

Document Review - Forty-one detainees were randomly selected from the intake list for the last 12 months for review of risk assessments. Sixteen remained at CBDC for more than 30 days, requiring a reassessment review. All sixteen detainees had a reassessment documented within 30 days of their arrival date.

g) CBDC policy 1300.05 page 9 states “At any point after the initial intake screening, a detainee may be reassessed for risk of victimization or abusiveness.”

h) CBDC policy 1300.05 page 9 prohibits disciplining a detainee for refusing to answer questions for the assessment or for not providing complete information to questions.

Screening Staff Interview – A staff that completed reassessment reviews said she completes a reassessment when detainees are a victim or perpetrator in a sexual abuse investigation or if the detainee has a new conviction.

i) CBDC policy 1300.05 page 9 states “The Coastal Bend Detention Center shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that Employees or other Individuals at the Coastal Bend Detention Center do not exploit sensitive information.”

PREA Coordinator Interview – the PREA Coordinator said the information on the risk assessments is confidential and limited to staff that complete them or who are authorized access. The assessments are in an electronic system that is password protected. Staff do not discuss a detainee’s response to the questions. Only the outcome of an assessment is shared with staff in program and housing decisions.

PCM Interview – The PCM said the risk assessment is in an electronic system with limited access. Only staff that complete the assessment, housing or work assignments and programming decisions have authorized access.

Screening Staff Interview – The staff that complete risk assessments said the information that is contained in a risk assessment is confidential and only authorized staff have access.

CBDC screens all detainees for risk of victimization or abusiveness within 24 hours of arrival using a structured assessment and follows up with reassessments within 30 days when required. The screening considers factors such as prior victimization, sexual orientation, gender identity, disabilities, criminal and institutional history, and perceived vulnerability, with reassessments also based on new information. Records reviewed showed timely completion of both initial assessments and required

	reassessments, and staff stated that the information is kept confidential and shared only with authorized personnel for housing, work, and program decisions. Based on the information from interviews, policies, and documents reviewed, the finding is the facility meets the provisions of the standard.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CBDC policy 1300.05 page 11 states “Screening information shall be used to determine housing, bed, work assignments within the Facility in order to keep potential victims away from potential abusers.” The policy reflects the requirements of this provision. PCM Interview – The PCM said the risk assessment results are utilized as a factor in detainee housing assignments. Alerts are generated for detainees at risk of being a victim or an abuser. A detainee that is at risk of being a victim cannot be housed with an detainee that is at risk of being an abuser/perpetrator. Risk Screening Staff Interview – The staff that complete the risk assessments said the results can be either a risk for victimization, risk for abuser/perpetrator or no risk. The results create alerts in the detainee information system. The risk assessment alerts are reviewed when making housing assignments. Document Review – a copy of the At-Risk Log was provided. This is the document staff reference for determining where a detainee can be placed based on the risk assessment outcomes. b) CBDC policy 1300.05 page 11 states “Detainees identified as being a risk for sexual victimization are monitored and counseled, and placed in the least restrictive housing that is available and appropriate.” The policy requires housing and program placement to be determined on an individual basis. Risk Screening Staff Interview – The staff that complete the risk assessments said the results can be either a risk for victimization, risk for abuser/perpetrator or no risk. The results create alerts in the detainee information system. The risk assessment alerts are reviewed when making housing and program assignments. The facility uses PREA screening information to guide housing, bed, work, and program assignments so that detainees at risk of victimization are separated from those at risk of abusiveness. Staff explained that risk assessment results generate alerts in the detainee information system, which are reviewed when making placement decisions. Documentation, including the At-Risk Log, supports that these assignments are made individually and with the goal of placing vulnerable detainees

	in the least restrictive appropriate housing. Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the provisions of the standard.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) GEO policy 5.1.2-A page 13 states “Involuntary segregated housing may be used only after assessing of all available housing alternatives has shown there are no other means of protecting the individual in a GEO facility.” “If the facility cannot conduct such an assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment.” b) GEO policy 5.1.2-A page 13 states “If segregated housing is used, the individual shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify on the form any restrictions imposed. Justification must include the services restricted, reason for restriction, and duration of the restriction.” c) GEO policy 5.1.2-A page 13 states “Involuntary segregated housing shall not ordinarily exceed 30 days.” e) GEO policy 5.1.2-A page 13 states “In cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is necessary.” The facility reported on the PAQ that no detainees were involuntarily held in restrictive housing due to high risk for victimization from the assessment during the review period. None of the detainees interviewed in segregation reported being involuntarily segregated due to being a high risk for sexual abuse. Facility Director Interview – The Facility Director said aa detainee has not been involuntarily placed in restrictive housing based on a high risk of victimization assessment in the last year. Staff will look at all alternatives in housing prior to placing a detainee involuntarily in restrictive housing. The goal is to keep the detainee in general population. Staff that Supervise Segregated Housing – Staff that supervise segregation said detainees involuntarily placed in restrictive housing for high risk of victimization would still have some access to education or other program materials through workbooks or their tablets. Restrictions on privileges and programs would be

	documented. A review of placement in restrictive housing is conducted every 7 days after placement and then every 30 days. The goal is to get them removed from segregation as soon as it is safe to do so. She said there has not been a detainee involuntarily placed in segregation for high risk of victimization in the last year. Based on the information from interviews and policies reviewed, this auditor finds the facility meets the provisions of this standard.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CBDC policy 1300.05 page 19 states “The Coastal Bend Detention Center has multiple ways for detainees in the facility to privately report Sexual Abuse and Sexual Harassment, retaliation by other detainees or Employees for reporting Sexual Abuse and Sexual Harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility has a Detainee Hotline that allows for detainees to report to the facility or Office Of The Inspector General anonymously. This information is posted in the housing units.” Random Staff Interview – All staff said that a detainee could make a verbal report to staff in private, call on the phone to the numbers posted in the housing units, write a report and put it in the mailbox. They said anonymous reports can be written without a name on it and dropped in the detainee mailbox or by not giving their name on the phone. Detainee Interviews – Detainees said they could make a report of retaliation, staff failure to report, or sexual abuse and sexual harassment through the PREA hotline on the offender phone system or the tablet, write to their case manager on paper or through the kite on the tablet, tell their family to report for them, or just tell any staff. Every detainee interviewed knew several methods of reporting. Tour Observations – PREA reporting posters in English and Spanish were observed in all housing units, hallways outside of housing units, recreation areas, medical waiting area, visiting area, library and administration area. The posters were in bright colors that stood out and in a location that could easily be read. A test call was made to the facility PREA hotline from the detainee phone system in the housing unit. The voicemail left was received by the PCM on her email to her cell phone while she was on the tour. Detainee mailboxes were just outside of the housing units in the core hall of each building. There was a general mailbox, Medical mailbox and a grievance box. A detainee could put a written report in any of the mailboxes and other detainees would not know it was a PREA report. b) CBDC policy 1300.05 page 19 states “The facility provides contact information on how to report abuse or harassment to a public or private entity or office that is not

part of GEO (i.e. contracting agency ICE, USMS, BOP, etc.). This information is posted in the housing unit and is in the Detainee Handbook that is issued to each detainee.”

“The Coastal Bend Detention Center will provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security. This information is posted in every housing unit and available to all detainees.”

PCM Interview – The PCM said detainees can report to the DHS Inspector General as the agency outside of CBDC. The detainees can mail a written report to the DHS Inspector General at the address provided or they can call the number on posters. The detainee does not have to provide their name if they want to remain anonymous.

Detainee Interviews – Most detainees knew there was someone they could report to outside of the facility. If they wanted to remain anonymous, they would just leave their name off of the report or not provide it in the call. They also said they can just write a written note without their name on it and drop it in the detainee mailbox.

When asked if the information was in the detainee handbook, most could recall that they saw it in there. Detainees said they can see reporting information on posters in the housing units.

Facility Tour – This auditor made a test call to the DHS Inspector General number from the detainee phones in a housing unit. After processing through menu options, an investigator answered the call live. The investigator was told this was a test call from an auditor at CBDC during a PREA audit. The investigator said he would get the information and immediately forward it to CBDC and USMS.

c) CBDC policy 1300.05 page 19 states “Employees will accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.”

Random Staff Interview – Staff said the detainees could report to them verbally, in writing, anonymously in writing or have family make a report. Staff said they are required to do an incident report for all reports of sexual abuse or sexual harassment to include verbal reports. The report must be turned in before the end of their shift on the same day.

Detainee Interviews – Most detainees said they could make a report of retaliation, sexual abuse and sexual harassment through the offender phone system or the tablet, write to their case manager, tell their family to report for them, or just tell any staff. Every detainee interviewed knew several methods of reporting.

d) CBDC policy 1300.05 page 21 states “Employees reporting Sexual Abuse or Sexual Harassment shall be afforded the opportunity to report such information to the PREA Manager, Major or Facility Administrator privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week at www.reportlineweb.com/geogroup or at the toll free phone number 1-866-568 5425. Employees may also contact the Corporate PREA Office directly at

	https://www.geogroup.com/prea or telephone 1-561-999-5827. Employees may also notify the Office of Inspector General at www.oig.dhs.gov or telephone 1-800 323-8603.” Random Staff Interviews – When asked how staff can make a private report, all staff said they could use the GEO employee hotline. They could also ask to talk to their supervisor in private to make the report. Staff said another private way to report is to email the PCM, investigator or shift supervisor directly. Investigation File Review – Three completed investigations were provided for review. All three investigations were initiated by a verbal report from a detainee to staff. Staff immediately contacted the shift supervisor and the PREA Compliance Manager/ Investigator. CBDC provides detainees and staff with multiple ways to report sexual abuse, sexual harassment, retaliation, and staff neglect, including private verbal reports, written reports, hotlines, tablets, mailboxes, and third-party reporting. Reporting options are posted throughout the facility and included in the detainee handbook, with outside reporting available through the DHS Office of Inspector General. Staff are required to accept all reports, including anonymous and third-party reports, and document and forward them promptly, while employees also have private reporting options through hotlines and supervisory channels. Based on the information from interviews, policies, and documents reviewed, the facility meets the provisions of the standard.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) The facility reported having administrative procedures for detainees to report sexual abuse through grievances, making this standard applicable to CBDC. b) CBDC policy 1300.05 page 19 states “No time limit will be set when a detainee may submit a grievance regarding an allegation of Sexual Abuse. Detainees are not required to use any informal grievance process or attempt to resolve with Employees an alleged incident of Sexual Abuse.” GEO policy 5.1.2-A states “There is no time limit for when an individual in a GEO facility may submit a grievance regarding an allegation of sexual abuse or sexual harassment. Facilities may apply otherwise-applicable time limits to any portion of the grievance that does not allege an incident of sexual abuse.” c) CBDC policy 1300.05 page 19 states “Detainees have the right to submit grievances alleging Sexual Abuse to someone other than the alleged abuser. Such

grievance is not referred to the staff member who is subject of the complaint.”

d) CBDC policy 1300.05 page 19 states “A final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance. The Coastal Bend Detention Center may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing.”

GEO policy 5.1.2-A states “Computation of the 90 days shall not include time consumed by individuals in a GEO facility in preparing any administrative appeal.”

“At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for a reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level.”

The facility reported on the pre-audit questionnaire no grievances were filed reporting sexual abuse in the last 12 months.

e) CBDC policy 1300.05 page 19 states “Third parties (e.g. fellow detainees, Employees, family members, attorneys and outside advocates) may assist Individuals detainees in filing requests for administrative remedies relating to allegations of Sexual Abuse, and may file such requests on behalf of the alleged victim. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the detainee declines to have the request processed on his or her behalf, the agency shall document the detainee’s decision.”

f) CBDC policy 1300.05 page 19-20 states “Detainees may file an emergency grievance if he/she is subject to a substantial risk of imminent Sexual Abuse. After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five (5) calendar days.”

The facility reported on the pre-audit questionnaire no emergency grievances were filed reporting an imminent threat of sexual abuse in the last 12 months.

g) CBDC policy 1300.05 page 20 states “Detainees may receive a disciplinary report for filing a grievance relating to alleged Sexual Abuse in bad faith.”

Detainee Interview - Detainees said the intake staff told them they could file a grievance to report sexual abuse or sexual harassment.

None of the detainees interviewed reported filing a grievance to report sexual abuse. There were no sexual abuse reports through a grievance in the investigations reviewed.

Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets the provisions of the standard.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard Auditor Discussion a) CBDC policy 1300.05 page 28 states “The Coastal Bend Detention Center will provide detainees who allege Sexual Abuse while in GEO custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. (This may be done by providing mailing addresses, telephone numbers, toll-free hotline numbers, etc.).” Tour Observations – Posters in English and Spanish were observed in the housing units that provided the mailing address and phone number for The Purple Door victim advocate organization. A speed dial number on the detainee phone system was provided for the Purple Door. A test call was made to the number by this auditor. A person answered and verified she was with the Purple Door. She said the detainees could call the hotline to report sexual abuse or request victim advocate services. Information for The Purple Door was also found on page 42 of the USMS Detainee Handbook and page 7 of the ICE Detainee Handbook. Detainee Interview – Most detainees recalled being told about services for victims of sexual abuse during orientation. Most detainees said they see information about victim services on the PREA poster. Some said they didn’t need the service and did not pay attention to the posters or if staff told them about it. b) CBDC policy 1300.05 page 28 states “The Coastal Bend Detention Center will enable reasonable communication between detainees and these organizations as well as inform detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.” c) CBDC policy 1300.05 page 28 states “The Coastal Bend Detention Center will maintain or attempt to enter into agreements with community service providers to provide detainees with confidential emotional support services related to the Sexual Abuse while in custody.” Document Review – A memorandum of understanding between The Purple Door and CBDC was provided for review. The MOU establishes a hotline for detainees to request emotional support services. The Purple Door agrees to provide follow-up care to detainees that have been victims of abuse. The MOU was signed by both parties in October 2024 and will renew every 5 years with the consent of both parties. Victim Advocate Interview – A victim advocate with the Purple Door said if inmates call the hotline they can request emotional support services, referrals and a trained victim advocate can come to the facility to talk to them if arranged through the facility. Based on the information from tour observations, policies and documents reviewed, it

	has been determined the facility meets provisions of the standard.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	CBDC policy 1300.05 page 21 states “GEO shall post publicly, third-party reporting procedures on its public website to show its method of receiving third-party reports of Sexual Abuse and Sexual Harassment on behalf of detainees.” GEO policy 5.1.2-A PREA page 15 states “GEO shall post third-party reporting procedures on its public website showing its method of receiving third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility. In all facilities, third-party reporting posters shall be posted in all public areas in English and Spanish to include the lobby, visitation areas, and staff break areas within the facility.” Third party reporting information was found at https://www.geogroup.com/prea under How to Report Allegations of Sexual Abuse/Sexual Harassment of Someone in a GEO Facility or Program. The PREA Director (PREA Coordinator) contact information is listed on the page. Tour Observation – The GEO third party reporting English and Spanish poster was observed on the wall in the entrance to the facility and in the no-contact visiting area. These are areas where family and other visitors would be likely to observe the information. These posters were also seen in other areas of the facility to include housing units, barbershop, library, and intake area. Two investigations were reported via third-party by a detainee on behalf of another detainee. A test email was sent to the GEO PREA email, and a test phone call was made to the GEO third party reporting hotline on the GEO PREA webpage. The email was immediately returned as received and the call was answered by the PREA Coordinator. Based on the information from tour observations, policies and documents reviewed, it has been determined the facility meets the standard.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

a) CBDC policy 1300.05 page 21 requires staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment whether it occurred at CBDC or another institution. Staff are also required to report retaliation against a detainee or staff and neglect or violation of responsibilities by staff to report knowledge of sexual abuse, sexual harassment or retaliation.

Random Staff Interviews – All staff interviewed said they are required to immediately report all knowledge, information, or suspicion of an incident of sexual abuse or sexual harassment; retaliation against staff or detainees that report an incident; and staff neglect to report an incident of sexual abuse/sexual harassment or retaliation.

b) CBDC policy 1300.05 page 21 states “Apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone.”

Random Staff Interviews – All staff said they are not allowed to share information reported to them about an incident of sexual abuse or sexual harassment with staff that are not involved in the response or investigation.

c) GEO policy 5.1.2-A PREA page 15 states “Unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse and sexual harassment and to inform individuals of the practitioner’s duty to report, and the limitation of confidentiality, at the initiation of services.”

Medical Staff Interview – The medical staff interviewed said she is required to report information provided by a patient about incidents of sexual abuse that occurred in a correctional institution to the Shift Supervisor. She said detainees are notified of this duty to report during the medical transfer screening process at arrival to the facility.

Mental Health Staff Interview - The mental health staff interviewed stated he informs detainees at the beginning of services that he must report any incident of sexual abuse and sexual harassment that occurred in a corrections setting the detainee may tell him. He has not had a detainee report to him in the last year.

Document review – the facility provided six examples of the Consent for Mental Health Services form that informs the detainee of mental health staff’s duty to provide information about sexual abuse incidents to facility investigators.

Investigation Review – A detainee reported sexual abuse to a medical staff. The medical staff immediately notified to the Shift Supervisor of the report.

d) CBDC policy 1300.05 page 26 states “Unless precluded by Federal, State or local law, Medical and Mental Health Practitioners are required to report allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult to designated state or local services Agencies under applicable mandatory reporting laws.”

	PCM Interview – If a detainee that would meet the definition of a vulnerable adult reported an incident of sexual abuse, the PCM said the facility would contact the Texas Department of Family and Protective Services as required. She said CBDC does not have detainees under 18. Facility Director Interview – The Facility Director said if a detainee that fits the definition of a vulnerable adult alleged being a victim of sexual abuse, the facility would be required to contact the Texas Department of Family and Protective Services to report the abuse. He didn't recall having to make a report on behalf of a vulnerable adult during the review period. He said the facility does not house detainees under 18 years of age. e) CBDC policy 1300.05 page 26 requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators or outside agencies responsible for investigating these types of incidents. Facility Director Interview – The Facility Director said all reports of sexual abuse and sexual harassment, including third party and anonymous reports, are given to the facility investigator for review. If the allegation is sexual abuse, the facility investigator will contact the US Marshals. If the allegation is sexual harassment, the facility investigator will initiate an investigation. Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the provisions of the standard.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion CBDC policy 1300.05 page 22 states "When the Coastal Bend Detention Center learns that a detainee is subject to substantial risk of imminent Sexual Abuse, it shall take immediate action to protect the alleged victim." Agency Head Interview – If a detainee reported being in imminent risk of sexual abuse, the Executive Vice President said the staff will take immediate action to protect the detainee by separating them from the alleged perpetrator. An investigation would be initiated to determine if there are other actions needed in response. Facility Director Interview – The Facility Director said staff would take immediate action to separate the victim and perpetrator if there was an imminent risk of sexual abuse. The detainee perpetrator could be placed in segregation, or staff would be placed on a post away from the victim or suspended temporarily if needed.

	Random Staff Interviews – All staff interviewed said if a detainee were in imminent risk of sexual abuse, they would take immediate action to protect the detainee by separating them from other detainees and keeping the detainee with them while they notify the shift supervisor. The facility reported on the PAQ no instances of imminent risk of sexual abuse requiring immediate action during the review period. CBDC policy requires staff to take immediate action when a detainee is at substantial risk of imminent sexual abuse. Interviews with agency leadership, facility management, and staff confirmed that the response includes separating the detainee from the alleged perpetrator, maintaining protection, notifying supervisors, and taking any additional steps needed to ensure safety. The facility reported no incidents of imminent risk requiring such action during the review period. Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the provisions of the standard.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a-b) CBDC policy 1300.05 page 27 states “In the event that a detainee alleges that Sexual Abuse occurred while confined at another Facility, the Facility shall document those allegations and the Facility Administrator or Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.” The facility reported on the Pre-Audit Questionnaire no allegations of sexual abuse reported by detainees at CBDC that occurred at another facility during the review period. Agency Head Interview – The Executive Vice President said an allegation of sexual abuse should be reported to the Facility Administrator of the facility where the incident is alleged to have occurred. If the PREA Coordinator receives the allegation the information is forwarded to the facility administrator and the investigator. Facility Director Interview – The Facility Director said when he receives a report of sexual abuse that occurred at another facility from a detainee at CBDC, he will call the head of the facility where the abuse occurred to provide the information and then email the information to document when it was sent. He said they have 72 hours to provide the information to the other facility head. He said he has not received such report in the last year.

	PCM Interview - If a detainee at CBDC reports an incident of sexual abuse that occurred at another facility, the Facility investigator will get the report from the alleged victim and send it to the Facility Director to be forwarded to the facility where the incident took place. c) CBDC policy 1300.05 page 31 states “The facility shall maintain documentation that it has provided such notification in writing and all actions taken regarding the incident.” d) GEO policy 5.1.2-A PREA page 20 states “Any facility that receives the notification of alleged abuse or harassment is required to ensure the allegation is investigated in accordance with PREA standards.” Facility Director Interview – The Facility Director said if he receives a report of an incident of sexual abuse that occurred at CBDC from another facility head from a detainee that used to be housed at CBDC, he will have it investigated the same as any report received from detainees at CBDC. There were no completed investigations reviewed that were a response to an allegation of sexual abuse received by CBDC from another facility during the review period. CBDC policy requires staff to document and promptly notify the head of another facility within 72 hours when a detainee reports sexual abuse that occurred there, and to maintain written records of that notification and any related actions. Interviews with agency and facility leadership confirmed this reporting and follow-up process, and any allegation received from another facility would be investigated in the same manner as allegations made directly at CBDC. The facility reported no such allegations or related completed investigations during the review period. Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets the provisions of the standard.
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115.64 Staff first responder duties	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CBDC policy 1300.05 page 23 requires security staff first responders to: separate the victim from the alleged abuser, preserve and protect evidence at the scene and/or on the victim and the alleged detainee abuser, take the victim to medical, and immediately notify the highest supervisory authority on site. The policy states “Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.”

	The facility said two allegations of sexual abuse occurred in the last 12 months where the victim and abuser were separated. None were within a time frame to allow for the collection of physical evidence. b) CBDC policy 1300.05 page 23 states “If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.” Random Staff Interviews – Security staff were selected at random from shift rosters for interview. All staff were asked to describe their responsibilities and steps they are required to complete when a detainee makes a report of sexual abuse/sexual assault to them. All staff said they were required to separate the victim from the perpetrator, protect evidence on the victim and at the scene, notify the shift supervisor and wait for other custody staff to take the detainee to medical or take the detainee to medical if asked. Non-security contract staff said they are required to keep the detainee with them and notify the shift supervisor so security staff could take them to medical. Non-security contract staff would be notifying security staff when they notify the shift supervisor (a captain or lieutenant) of the report of sexual abuse. Investigation File Review – There were two completed investigations of sexual abuse provided for review. In one incident of sexual abuse, the detainee reported to a medical staff. The medical staff immediately contacted the Shift Supervisor. The other sexual abuse report was directly to the Shift Supervisor responding to a physical altercation. CBDC policy requires first responders to immediately separate the alleged victim and abuser, protect and preserve evidence, arrange medical attention, and notify the Shift Supervisor. Interviews with security and non-security staff confirmed they understand these duties, including steps to prevent destruction of evidence and ensure prompt notification of security staff. File reviews also showed that, in the sexual abuse cases reviewed, staff responded appropriately by notifying Shift Supervisors and initiating the required response. Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets the provisions of the standard.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility provided the CBDC PREA Coordinated Response Plan as the institutional plan to coordinate the response of staff to an incident of sexual abuse. The plan is specific to CBDC and delineates the responsibilities for the PREA Compliance Manager, first responder staff, Shift Supervisors, medical staff, mental health staff,

	and the Facility Investigator. The plan informs staff who must be notified of a sexual abuse report or incident. The plan also provides information for evidence protection, medical and mental health services, arranging forensic examinations and contacting victim advocates. Facility Director Interview – The Facility Director said the facility has a coordinated response plan for allegations of sexual assault and sexual abuse. The plan is specific to CBDC and informs staff of their responsibilities in response to allegations of sexual abuse. The plan gives directions to first responders, shift supervisors, medical, mental health, investigators, and the PREA Compliance Manager. CBDC has a facility-specific coordinated response plan that outlines how staff must respond to allegations of sexual abuse or assault. The plan clearly defines the roles of key personnel, including first responders, supervisors, medical and mental health staff, investigators, and the PREA Compliance Manager, and covers notification procedures, evidence protection, victim services, and forensic exam coordination. The Facility Director confirmed that the plan guides staff responsibilities and response actions in sexual abuse incidents. Based on the information from review of the facility coordinated plan and the Facility Director interview, this auditor finds the facility meets the standard.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency Head Interview – The Agency Head designee said none of GEO’s collective bargaining agreements prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment Document Review – The facility provided the collective bargaining agreement for review. It does not prevent GEO from assigning staff away from a detainee that has alleged the staff committed sexual abuse or sexual harassment. Page 18, section 14.1 states officers may be placed on administrative leave during an OPR investigation, law enforcement, or client investigation for up to 120 days. If additional time is needed GEO may request an extension from the Union, which will not be unreasonably withheld. Based on the information from the interview and collective bargaining agreement reviewed, the facility meets this standard.

115.67	Agency protection against retaliation
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	Auditor Overall Determination: Meets Standard Auditor Discussion a) CBDC policy 1300.05 page 30 states “The Coastal Bend Detention Center will implement procedures 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 policy designates Mental Health or the PREA Compliance Manager as the person responsible for monitoring retaliation of detainees. b) CBDC policy 1300.05 page 33 requires the facility to employ multiple protection measures, such as housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for detainees and employees who fear retaliation for reporting sexual abuse or for cooperating with investigations. Staff Interview – The PCM said she is designated to monitor detainees for retaliation. She meets privately with the detainee weekly to ask if there has been any retaliation. She also monitors discipline, housing changes or program changes. If there is retaliation suspected or identified, she will investigate. If a detainee is suspected of retaliation, she can move the detainee to another unit or place them in segregation. If staff are suspected of retaliating, they can be placed on a no contact post or placed on a temporary suspension pending an investigation. The response to remedy retaliation would be immediate. Facility Director Interview – If retaliation is suspected or there is evidence of retaliation, the Facility Director said he would immediately have the Facility Investigator investigate the alleged retaliation. If a detainee is found retaliating against another detainee or staff, he or she can be disciplined and/or transferred if needed. If staff are retaliating against a detainee or staff, the staff can be disciplined up to termination. He would consult with HR to follow progressive discipline. Agency Head Interview – The facilities have staff designated to monitor retaliation. Retaliation against a person that reported sexual abuse by staff or detainees is prohibited. All suspected retaliation is investigated and acted upon accordingly. c) CBDC policy 1300.05 page 30-31 and GEO policy 5.1.2-A PREA page 21-22 requires monitoring for 90 days of any person, staff or detainee, that reports sexual abuse. The monitoring should include detainee disciplinary reports, housing or program changes, or staff negative reviews or reassignments. The monitoring can be terminated prior to 90 days when the outcome is unfounded, or the detainee leaves the facility. Monitoring Staff Interview – The PCM said she monitors discipline, housing changes or program changes. She meets with detainees weekly for 90 days. She said she can monitor for more than 90 days if there are circumstances that require it. She tells staff to contact her if they suspect or are experiencing retaliation. d) GEO policy 5.1.2-A PREA page 22 requires monitoring staff to meet with the
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detainee weekly in private.

Staff Interview – The PCM said she meets privately with the detainee weekly to ask if there has been any retaliation.

e) GEO policy 5.1.2-A PREA page 22 requires the facility shall take appropriate measures to protect any other individual who expresses a fear of retaliation.

Monitoring Staff interview – The PCM said if a detainee is suspected of retaliation, she can move the detainee to another unit or place them in segregation. A transfer of the detainee to another US Marshals facility can be considered as well. If staff are suspected of retaliating, they can be placed on a no contact post or suspended pending an investigation.

f) CBDC policy 1300.05 page 26 requires the monitoring to be terminated prior to 90 days when the outcome is unfounded.

Document Review – A Protection from Retaliation Log was provided for one investigation of sexual abuse completed during the review period. The documented monitoring for retaliation was for one weekly meeting because the monitoring was started after it was discovered the investigation was not continued and monitoring was not started. There was no monitoring for retaliation in two cases because the victims were released prior to monitoring being conducted. The investigations were not continued, and the monitoring was not started at the time of the incidents being reported. The standard is not being met based on the documentation provided.

CBDC has policies and procedures in place to protect detainees and staff from retaliation after reporting sexual abuse or sexual harassment or cooperating in investigations. The PREA Compliance Manager monitors detainees for retaliation through weekly private meetings, reviews of discipline, housing, and program changes, and can take immediate protective actions such as housing moves, segregation, staff reassignment, or suspension. Monitoring is required for 90 days unless the allegation is unfounded or the person leaves the facility. However, documentation reviewed showed that retaliation monitoring was not consistently started or maintained in all applicable cases, so the standard was found not met based on current records.

Corrective Action Required: The documentation of retaliation monitoring does not meet the standard requirements. Additional monitoring will be reviewed for compliance as it occurs during the corrective action period.

Coastal Bend Detention Center had only four investigations of sexual abuse or sexual harassment during the last 12 months. CBDC has not received a report of sexual abuse or sexual harassment during the corrective action period. During an interview, the PCM said she will initiate retaliation monitoring when a report of sexual abuse is received and meet with the detainee periodically for up to 90 days. The facility did provide documentation of retaliation monitoring that was initiated when the report was received and discontinued when the detainee was released for one report of sexual abuse during the review period. Given the low number of sexual abuse reports CBDC has received in the last year, this corrective action is closed without additional

	documentation for review.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) GEO policy 5.1.2-A PREA page 20 states “Any use of segregated housing to protect an individual in a GEO facility who is alleged to have suffered sexual abuse or sexual harassment shall be subject to the requirements of Protective Custody. This requirement is not limited to involuntary segregation and includes individuals who request protective custody because of an allegation of sexual abuse or sexual harassment.” The GEO policy requires the facility to follow the requirements for protective custody that mirror standard 115.43 requirements. The facility reported on the PAQ that no detainees were involuntarily held in restrictive housing due to high risk for victimization from reporting sexual abuse at CBDC during the review period. None of the detainees interviewed in segregation reported being involuntarily segregated from reporting sexual abuse. Facility Director Interview – The Facility Director said a detainee has not been involuntarily placed in restrictive housing from reporting sexual abuse or sexual harassment in the last year. Staff will look at all alternatives in housing prior to placing a detainee involuntarily in restrictive housing. The goal is to keep the detainee in general population. Staff that Supervise Segregated Housing – Staff that supervises segregation said detainees involuntarily placed in restrictive housing for safety after reporting sexual abuse would still have some access to education or other program materials through workbooks or their tablets. Restrictions on privileges and programs would be documented. A review of placement in restrictive housing is conducted every 7 days after placement and then every 30 days. The goal is to get them removed from RHU as soon as it is safe to do so. She said there has not been an detainee involuntarily placed in segregation for reporting sexual abuse in the last year. Based on the information from interviews and policies reviewed, this auditor finds the facility meets the provisions of this standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

a) GEO policy 5.1.2-E states “When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.”

CBDC policy 1300.05 page 34 states “An administrative or criminal investigation will be completed for all allegations of Sexual Abuse and Sexual Harassment at the Coastal Bend Detention Center, including third-party and anonymous reports.”

Facility Investigator Interview – The Facility Investigator said she only conducts administrative investigations. She receives information from a report of sexual abuse or sexual harassment the same day or next day depending on the type of incident.

She responds immediately to reports and notifies the USMS of all reports. If it is third-party or anonymous report, the investigation process is the same as other types of reports. She will follow up with a third-party reporter if she needs more information. She will investigate an anonymous report the best she can based on the information provided in the report. She said she just took over administrative investigations a few months ago when the staff that did them resigned. She discovered unfinished investigations and finished them based on the information she could find. She said some of the detainees involved had left CBDC.

Investigation File Review – Three investigations were completed in the last 12 months. All three investigations were completed in April of 2026, several months after the report was received. The current Facility Investigator said she took over investigations in April when the staff designated as the Facility Investigator resigned.

b) GEO policy 5.1.2-E page 3 states “GEO shall use investigators who have received specialized training in sexual abuse investigations.”

Investigator Interview – The Facility Investigator said she has completed the specialized investigator training from the PRC training curriculum and there are two other staff that have completed the training.

Documentation of investigations training for three Facility Investigators was verified in 115.34 and the curriculum meets the standard.

c) GEO policy 5.1.2-E page 4 states “Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”

Facility Investigator Interview – The Facility Investigator said in conducting administrative investigations, she reviews video monitoring evidence, physical evidence, conducts interviews with the alleged victim, witnesses, and the alleged perpetrator. She will review the conduct and PREA history for the alleged victim, detainee perpetrator and staff perpetrator.

Investigation File Review – DNA and physical evidence was not present in the three

completed investigations reviewed. One was an allegation of sexual harassment and two were a report of sexual abuse. Video evidence and interviews were the evidence relied upon in all the investigations. The Facility Investigator addressed the presence or absence of witnesses, video evidence and physical evidence in reports.

d) GEO policy 5.1.2-E page 4 states "When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

Facility Investigator Interview – The Facility Investigator said all information from reports of sexual abuse and sexual harassment are provided to the USMS for review. If there is a report of inmate sexual abuse, she contacts the Nueces County Sheriff's Office to conduct the criminal investigation. The NCSO conducts compelled interviews and consults with the prosecutor if needed. If there is a report of staff sexual abuse, the USMS may have the FBI conduct the criminal investigation.

e) GEO policy 5.1.2-E page 4 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 detainee/detainee or staff." "No agency shall require an individual in a GEO facility or program who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

Facility Investigator Interview – The Facility Investigator said she would never require a detainee victim to complete a polygraph examination as a condition to proceed in an investigation and she is not trained in that exam. She determines the credibility of victim, witness and suspect on an individual basis and a review of their conduct history, prior PREA investigations or staff discipline record.

f) GEO policy 5.1.2-E page 5 states "Administrative investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

Facility Investigator Interview – The Facility Investigator said she documents the review of staff actions or failure to act in the investigation report. She said interviews with victims, witnesses and suspects are documented in the investigation report.

Investigation File Review – Staff actions or failure to act was reviewed in all three completed investigations. Investigation Reports were well written and addressed interviews with the victim, suspect and witnesses; video evidence; physical evidence; staff actions; credibility of suspect; background for victim and suspect; and a description of the evidence standard relied upon for the outcome.

g) GEO policy 5.1.2-E page 3 states when an outside agency conducts investigations of sexual abuse and sexual harassment, the facility is required to protect evidence at the scene and on the victim and alleged abuser. The outside

investigative agency is responsible for all aspects of the investigation including evidence collection.

Facility Investigator Interview – The Facility Investigator said the Nueces County Sheriff’s Office conducts all criminal investigations. They are notified of all reports of sexual abuse.

Document review - CBDC provided an MOU in the Pre-Audit Questionnaire with the Nueces County Sheriff’s Office that requests support/assistance with PREA Incidents. The MOU did not specifically ask the NCSO to conduct a criminal investigation of sexual abuse or describe their responsibilities as required in an FAQ from February of 2015. The CBDC Facility Director was asked to inform the NCSO of the requirements for 115.22 in a revised MOU or in a letter.

h) GEO policy 5.1.2-E page 4 states “Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.”

Facility Investigator Interview – the facility investigator said if the NCSO determines an allegation of sexual abuse is substantiated and there appears to be a criminal violation, the NCSO will provide the investigation and evidence to the USMS. The USMS will refer the case to the federal prosecutor.

i) GEO policy 5.1.2-E page 5 states “GEO shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.”

j) GEO policy 5.1.2-E page 4 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.”

Facility Investigator Interview – The Facility Investigator said if the perpetrator leaves employment or is released, the investigation is continued. If an interview has not been done prior to them leaving, she will attempt to contact the alleged perpetrator by phone for interview. If there is a criminal investigation the NCSO will continue the investigation.

l) GEO policy 5.1.2-E page 3 states “When outside agencies investigate sexual abuse and sexual harassment, GEO facility staff shall endeavor to remain informed about the progress of the investigation at least once monthly by contacting the law enforcement individuals assigned to investigate the incident using the Investigation Follow-up Email template (Attachment A). GEO facility staff shall request an update on the status of the investigation and confirm law enforcement has received all the information they have requested from the GEO facility.”

Document review - CBDC provided an MOU in the Pre-Audit Questionnaire with the Nueces County Sheriff’s Office that requests support/assistance with PREA Incidents. The MOU did not specifically ask the NCSO to conduct criminal investigation of sexual abuse or describe their responsibilities as required in an FAQ from February of 2015.

	The CBDC Facility Director was asked to inform the NCSO of the requirements for 115.22 in a revised MOU or in a letter. Corrective Action Required: The MOU did not specifically ask the NCSO to conduct criminal investigation of sexual abuse or describe their responsibilities as required in an FAQ from February of 2015. The CBDC Facility Director will be asked to inform the NCSO and the USMS of their responsibilities for criminal investigations in a revised MOU or in a letter. Corrective Action Completed: The Facility director sent a memorandum via email to the Sheriff of Nueces County Sheriff's Office to notify NCSO investigators of the requirements of standards 115.21, 115.22, 115.71 for conducting criminal investigation of sexual abuse at Coastal Bend Detention Center. The text of the standards was included in the memorandum. This follows the FAQ from February 2015 and fulfills CBDC's requirements when an external agency provides criminal investigations. Facility Investigator Interview – The Facility Investigator said the NCSO detective is very good at keeping her informed of what the progress is for criminal investigations. She is told when the NCSO will not pursue a criminal investigation and when an administrative investigation can be conducted. She said she has good communication with the NCSO and the FBI investigator for the facility. Facility Director Interview – The Facility Director said the NCSO investigator has very good communication with the Facility Investigator. NCSO keeps the Facility Investigator up to date on progress with the criminal investigation and informs the Facility Investigator if criminal charges are being pursued or provides the outcome of the criminal investigation. Corrective Action Required: All investigations completed in the last 12 months were not completed in a prompt or timely manner. Investigations will be reviewed during the corrective action period. Coastal Bend Detention Center had only four investigations of sexual abuse or sexual harassment during the last 12 months. Those investigations were started by the prior PCM but not followed through or completed. This was discovered after the PCM resigned. Another CBDC Facility Investigator finished the investigations as soon as she was made aware they were incomplete months after the detainee reports. The current PCM said CBDC has not received a report of sexual abuse or sexual harassment to investigate during the corrective action period. The PCM said reports of sexual abuse or sexual harassment will be provided to the facility investigators immediately after they are received to initiate an investigation. Given the low number of PREA reports, this corrective action is closed without additional documentation for review.
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115.72	Evidentiary standard for administrative investigations
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	GEO policy 5.1.2-E Investigating Allegations of Sexual Abuse, Assault and Evidence Collection page 4 requires an evidence standard no higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. CBDC policy 1300.05 page 35 states “The Coastal Bend Detention Center will impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Harassment are substantiated.” Facility Investigator Interview – The Facility Investigator was asked what standard of evidence she used to substantiate a sexual abuse or sexual harassment investigation. She said she used the preponderance of evidence, which is more likely than not or more than 50% of the evidence shows either the incident did happen as reported or did not happen as reported (unfounded). Investigation File Review – There were three completed investigations during the review period. Two sexual abuse investigations had an unsubstantiated finding due to there being no preponderance of evidence. The sexual harassment investigation was unsubstantiated as there was no preponderance of evidence. Both GEO policy and CBDC policy require that sexual abuse and sexual harassment allegations be decided using a preponderance of the evidence standard, meaning the evidence must show it is more likely than not that the allegation occurred. The Facility Investigator confirmed this is the standard used in practice. Review of three completed investigations showed that all were found unsubstantiated because the evidence did not meet that threshold. Based on the information from interviews, policies and documents reviewed, the facility meets the standard.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) GEO policy 5.1.2-E Investigating Allegations of Sexual Abuse page 9 states “At the conclusion of an investigation, the facility investigator or staff member designated by the facility administrator shall inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded or deemed not-PREA. CBDC policy 1300.05 page 32 requires the Facility Investigator to inform the victim

that alleged sexual abuse if the outcome was substantiated, unsubstantiated or unfounded.

Facility Director Interview – The Facility Director said all detainees are notified of the outcome for both sexual abuse and sexual harassment investigations by the Facility Investigator for administrative investigations. He said when an outside agency completes a criminal investigation, the Facility Investigator will inform the victim whether the agency chose not to investigate further or the finding.

Facility Investigator Interview – The Investigator said she notifies the alleged victims of the investigation outcome for administrative sexual abuse and sexual harassment involving staff and detainee perpetrators. The Notification of Outcome of Allegation form is signed and filed in the detainee record.

b) GEO policy 5.1.2-E page 10 requires the facility to request the relevant information from the outside agency that may conduct the criminal investigation.

Facility Investigator Interview – CBDC conducts all administrative investigations, however criminal investigations are completed by the Nueces County Sheriff's Office or the FBI. If there is a criminal investigation, she said she is notified of that investigation outcome by the outside agency and informs the detainee.

c) GEO policy 5.1.2-E page 10 requires the facility to notify the detainee victim in cases involving staff of: a. The employee is no longer posted within the detainee/detainee's unit; b. The employee is no longer employed at the facility; c. The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.

The Notification of Outcome of Allegation form was reviewed and found to contain a-d from this provision of the standard and reflects the policy.

d) GEO policy 5.1.2-E page 10 requires the facility to notify the detainee victim in cases involving other detainees of: a. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Notification of Outcome of Allegation form was reviewed and found to contain a & b from this provision of the standard and reflects the policy.

e) GEO policy 5.1.2-E page 10 requires the detainee to be informed of the investigation outcome in writing on the Notification of Outcome of Allegation form. If there was a criminal investigation by an outside agency, the detainee would be provided with an updated form with the criminal investigation outcome.

Document Review – Four completed sexual abuse investigations were provided for review. Three investigations of an allegation of sexual abuse and one investigation of an allegation of sexual harassment. One outcome was provided on a form that said the outcome was not sustained for a sexual abuse investigation. The Facility

	Investigator was made aware of the use of the wrong form. She completed a new notification and had the detainee sign the form. Two detainees were released prior to the investigation conclusion and were not notified of the outcome. There were no criminal investigations that required notifications. Corrective Action Required: One investigation was concluded while the detainee victim was still at the facility. The form used to notify the detainee of the outcome did not tell the victim if the investigation was unfounded, unsubstantiated or substantiated. The form used informed the victim it was not sustained. Though the Facility Investigator provided the notice of outcome to the detainee victim with the correct form, the facility will be asked to provide the Notification of Outcome of Allegation forms for any investigations that are completed during the corrective action period. Coastal Bend Detention Center had only four investigations of sexual abuse or sexual harassment during the last 12 months. Those investigations were started by the prior PCM but not followed through or completed. This was discovered after the PCM resigned. Another CBDC Facility Investigator finished the investigations as soon as she was made aware they were incomplete months after the detainee reports. One detainee was provided with a written notification of outcome. The current PCM said CBDC has not received a report of sexual abuse or sexual harassment to investigate during the corrective action period. The PCM said a notice of outcome will be provided to the detainee victim at the conclusion of an investigation of sexual abuse. Given the low number of PREA reports at CBDC, no additional documentation was available for review. The facility is substantially compliant with the standard based on the interview, policies and documents reviewed.
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115.76 Disciplinary sanctions for staff	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a-b) CBDC policy 1300.05 page 33 states “Employees may be subject to significant disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse.” The policy reflects the requirements of this provision. The facility reported zero staff were terminated for violating facility sexual abuse and sexual harassment policy during the last 12 months. There were no substantiated staff sexual abuse or sexual harassment investigations reviewed that were completed in the last 12 months. c) CBDC policy 1300.05 page 33 states “Sanctions shall be commensurate with the nature and circumstances of the act committed, the staff’s disciplinary history,

	and the sanctions imposed for comparable offenses by other staff with similar histories.” The policy reflects the requirements of this provision. The facility reported no staff being disciplined short of termination for violating the sexual abuse and sexual harassment policy during the last 12 months. There were no substantiated staff sexual abuse or sexual harassment investigations reviewed that were completed in the last 12 months. d) CBDC policy 1300.05 page 33 states “All terminations for violations of facility policies related to sexual abuse or sexual harassment and resignations for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.” CBDC policy provides for significant disciplinary sanctions for staff who violate sexual abuse or sexual harassment policies, including termination when warranted, and requires sanctions to be based on the seriousness of the conduct and the employee’s disciplinary history. The policy also requires reporting terminations or resignations related to such misconduct to law enforcement and licensing agencies when applicable. During the review period, the facility reported no staff terminations, lesser discipline, or substantiated staff sexual abuse or sexual harassment cases. Based on the information from policies and documents reviewed, the facility meets the provisions of the standard.
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115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) GEO policy 5.1.2-A PREA page 12 states “Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal. GEO is committed to investigating and referring any contractor or volunteer that engages in such behavior for prosecution.” The facility reported there were no contract staff or volunteers reported to law enforcement for engaging in sexual abuse of detainees. b) GEO policy 5.1.2-A PREA page 12 states “In the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take appropriate remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility.” Facility Director Interview – The Facility Director said contract staff or volunteer

	access to the facility would be removed if they are the subject of an administrative investigation of sexual abuse. If the outcome was substantiated, the contract staff or volunteer removal from the facility would become permanent. These cases would also be referred to Citrus County Sheriff's Office for criminal investigation and possible referral for prosecution and contact with licensing agencies. He said the USMS would be notified as well. Investigation File Review – There were no investigations where contract staff were the subject of an allegation of sexual abuse or sexual harassment during the review period. GEO policy prohibits contractors and volunteers who engage in sexual abuse or sexual harassment from having further contact with detainees and requires referral to law enforcement and licensing bodies when appropriate. The Facility Director stated that any contractor or volunteer under investigation would be removed from access, with permanent removal if the allegation is substantiated, and additional notifications made to relevant authorities. The facility reported no such incidents or investigations involving contractors or volunteers during the review period. Based on the information from interviews and policies reviewed, this auditor finds the facility meets the provisions of this standard.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a-b) CBDC policy 1300.05 page 33 requires detainees at CBDC who are found guilty of engaging in sexual abuse involving other detainees in a GEO facility (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. The review of all investigations completed during the review period found there were no substantiated cases of sexual abuse by a detainee during the review period. c) CBDC policy 1300.05 page 33 states "The 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." d) CBDC policy 1300.05 page 34 states "The Facility will offer therapy, counseling or other interventions designed to address the reasons or motivations for the abuse, the Facility shall consider requiring the offending individual to participate." e) CBDC policy 1300.05 page 34 states "Disciplining a detainee for sexual contact with an Employee is prohibited unless it is found that the Employee did not consent to the contact."

	f) CBDC policy 1300.05 page 34 states “The facility prohibits disciplinary action on a report of Sexual Abuse made in good faith by a detainee, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.” g) CBDC policy 1300.05 page 34 states “The facility may not deem that Sexual Activity between detainees is Sexual Abuse unless it is determined that the activity was coerced. The facility prohibits all sexual activity between detainees and will discipline detainees for engaging in sexual activity.” Facility Director Interview – The Facility Director said detainees may be subject to disciplinary sanctions if there is a substantiated finding in an incident of sexual abuse involving a detainee perpetrator. The sanctions would be progressive based on the detainee’s discipline history and consider any mitigating circumstances, such as mental illness or disabilities. He said detainees would only be disciplined for committing sexual offenses against staff that did not consent to the activity. Based on the information from interviews, policies and documents reviewed, it has been determined the facility meets the provisions of the standard.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion c) GEO policy 5.1.2-A page 6 states “Any individual who is identified (pursuant to §115.41) to have previously experienced sexual victimization or has perpetrated sexual abuse in an institutional setting or the community shall be referred, immediately, using the Medical-Mental Health Referral form (see Attachment L), to a medical or mental health practitioner for a follow-up meeting within 14-days of the initial risk assessment.” CBDC policy 1300.05 page 10 states “Any detainee in the Coastal Bend Detention Center who is identified or who has 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 detainee refuse to attend the meeting.” Risk Screening Staff – The staff that conduct the initial assessment and re-assessment risk screening said they offer mental health services to detainees that report being a prior victim of sexual abuse either in the community or in an institution. Referrals are made at the time of the intake assessment on the day of arrival. Detainee Interview – Eight detainees that reported being prior victims of sexual abuse during the initial screening were interviewed. All eight reported being offered mental

health services after they said they reported being a prior victim of sexual abuse.

Document Review – Mental health case notes documenting the detainee being seen for reporting prior sexual abuse victimization were provided for eight detainees that reported being a prior victim at the intake risk assessment. The facility provided documentation of the offer for mental health services that is documented on the PREA Medical/Mental Health Referral form and mental health case notes. The forms documented the detainee reported being a prior victim of sexual abuse at the risk screening assessment and offered the detainee mental health services on the day of arrival. The detainees accepted the referral and were seen within 14 days by mental health as documented in the case notes.

d) GEO policy 5.1.2-A page 6 states “Information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security, and management decisions or as otherwise required by federal, state, or local law.”

CBDC policy 1300.05 page 10 states “Information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security, and management decisions or otherwise required by federal, state, or local law.”

Tour Observation – medical files were in an office that was in an area restricted to detainees. The files were in locked cabinets and a locked office. The PREA Compliance Manager’s office was in the administration area and had a locked filing cabinet for PREA documentation.

Risk Screening Staff Interviews – Staff that complete risk assessments said the information obtained during the screening is confidential and access is limited to authorized staff.

e) GEO policy 5.1.2-A page 6 states “Medical and mental health practitioners must obtain informed consent from individuals in a GEO facility before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the individual is under the age of 18).”

CBDC policy 1300.05 page 10-11 requires medical and mental health practitioners to obtain informed consent from detainees at CBDC before reporting information about prior sexual victimization that did not occur in an institutional setting.

Mental Health Staff Interview – The mental health staff interviewed said if a detainee reported prior sexual abuse that occurred outside of a correctional institution, he would have to be given consent to share that information with facility investigators.

Medical Staff Interview – The medical staff interviewed said if a detainee reported prior sexual abuse that occurred outside of a correctional institution, she would have to be given consent to share that information with facility investigators.

CBDC policy and GEO policy require detainees who report prior sexual victimization or prior sexual abusiveness to be referred for medical or mental health follow-up within

	14 days of intake screening. Staff interviews, detainee interviews, and document review showed that referrals were offered on the day of arrival, accepted by the reviewed detainees, and completed within the required timeframe. Policies also limit access to sensitive information to authorized staff for treatment, security, or management purposes, and medical and mental health staff confirmed that informed consent is required before sharing information about prior sexual victimization that did not occur in an institutional setting. Based on the information from interviews, policies and documents reviewed, the facility is found to meet the provisions of the standard.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CBDC policy 1300.05 page 27 states “Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners.” Medical Staff interview – The Medical Staff said a victim of sexual abuse or sexual assault would be evaluated for emergent injuries, stabilized and sent the local hospital for emergency medical services or a forensic examination based on the time since the incident is said to have occurred. Mental Health Staff Interview – Mental Health staff said they would provide immediate crisis intervention services and ensure the detainee victim is stable. b) Staff Interviews – All randomly selected staff were asked about first responder duties. All staff said the facility has 24-hour nursing and would not have a situation where medical staff are not on duty. All staff said they would protect the victim, notify the shift supervisor and wait for other custody staff and medical staff to respond. Some said they could take the detainee to medical if needed. c) CBDC policy 1300.05 page 27 states “This access includes offering timely information about and timely access to pregnancy tests to female victims, emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.” Medical Staff Interview – Medical staff said victims of sexual assault/sexual abuse can be offered STI testing and treatment at the emergency room or at the facility. Female detainee victims of vaginal penetration would be provided a pregnancy test at the facility and referred to an OB for emergency contraception or pregnancy care as appropriate. d) CBDC policy 1300.05 page 27 states “All services shall be provided without

	financial cost to the victim.” Investigation File Review - There were two investigations of sexual abuse completed during the review period. Both detainee victims received immediate medical evaluation and treatment. Both detainee victims were seen by mental health on the day the incident was reported. Based on the information from interviews, policies and documents reviewed, the finding is the facility exceeds the provisions of the standard.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) GEO policy 5.1.2-A page 21 states “Each facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse that occurs in any prison, jail, lockup, or juvenile facility.” CBDC policy 1300.05 page 30 states CBDC shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse while in detention. Medical Staff Interview – The medical staff interviewed said that a detainee victim would be offered a mental health referral, medical monitoring and treatment of wounds or injuries, and access to medications for STI. Mental Health Staff Interview – The mental health staff interviewed said mental health follow up services and treatment would be offered and provided to the detainee victim of sexual abuse. Referral could be made to outside services upon release. b) GEO policy 5.1.2-A page 21 states “The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.” CBDC policy 1300.05 page 30 requires the evaluation and treatment to include follow-up services, treatment plans and (when necessary) referrals for continued care following their transfer or their release from custody. c, d, e) GEO policy 5.1.2-A page 21 states “These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.” CBDC policy 1300.05 page 30 states “These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community

	and include pregnancy tests and all lawful pregnancy-related medical services where applicable.” Medical and Mental Health Staff Interview – The medical and mental health staff said the level of care they can provide is consistent with the community level of care Medical Staff Interview – Medical staff said female detainees would be provided pregnancy testing as medically necessary and information about pregnancy medical services. f) GEO policy 5.1.2-A page 21 states “Victims shall also be offered tests for sexually transmitted infections as medically appropriate.” CBDC policy 1300.05 page 30 requires victims to be offered tests for sexually transmitted infections as medically appropriate. Medical Staff Interview – Medical staff said detainees would be provided with STI testing either at the hospital at the time of a forensic examination or at the facility if there is no forensic examination. g) GEO policy 5.1.2-A page 21 states “All services shall be provided without financial cost to the victim regardless of whether the victim names their abuser or cooperates with any investigation arising from the incident.” CBDC policy 1300.05 page 30 states all services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were two investigations of alleged sexual abuse completed during the review period. The detainee victims were evaluated by medical and mental health. Medical and mental health documentation was provided in the investigation case file for both investigations. Based on the information from interviews, policies and documents reviewed, the facility meets the provisions of the standard.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	a-b) GEO policy 5.1.2-A page 23 states “Facilities are required to conduct a sexual abuse incident review after every sexual abuse and sexual harassment investigation in which the allegation has been determined substantiated or unsubstantiated. Such review shall occur within 30 days of the conclusion of the investigation.”

CBDC policy 1300.05 page 31 states CBDC will conduct a sexual abuse incident review after every sexual abuse and sexual harassment investigation in which the allegation has been determined substantiated or unsubstantiated. The review is to be completed within 30 days of the investigation's conclusion.

c) GEO policy 5.1.2-A page 23 states "The review team shall consist of upper-level management officials and the local PREA compliance manager, with input from line supervisors, investigators, and medical or mental health practitioners. The corporate PREA coordinator may also be consulted as part of this review."

CBDC policy 1300.05 page 31 requires the review team to consist of the Facility Administrator, Assistant Facility Administrator, Chief of Security, PREA Compliance Manager, medical and mental health practitioners, and investigator.

Facility Director Interview – The Facility Director said he is part of the incident review team. He said the team consists of the PCM, Investigator, medical staff, mental health staff, classification, Assistant Facility Administrator and sometimes the GEO PREA Coordinator. The team reviews the investigation report, video evidence and all related documents. The team reviews staff actions and response to the report in addition to the investigation case file. If a local policy or procedure needs corrected, he can approve it. If it is a corporate issue it is sent to the PREA Coordinator.

d) GEO policy 5.1.2-A page 23 states "The facility PREA compliance manager shall maintain copies of all completed PREA After Action Review Reports, and a copy shall also be maintained in the corresponding investigative file."

CBDC policy 1300.05 page 35 requires the PREA Compliance Manager maintains copies of all completed PREA After Action Review Reports, and a copy shall also be maintained in the corresponding investigative file.

Document Review – Three PREA After -Action Review Report forms were provided for review. Two unsubstantiated incidents of sexual abuse were reviewed as required and documented in the PREA After -Action Review Report form. One sexual harassment investigation was reviewed and documented on the PREA After -Action Review Report. All three were completed within 30 days of the investigation's conclusion. Reviews were conducted by a team that was comprised of the facility investigator/PCM/ Assistant Facility Director, HSA, mental health staff, Chief of Security, Classification Manager, and Facility Director. The reviews covered the five topics in provision (d) and documented the results of the review and any recommendations the team may have.

Facility Director Interview – The Facility Director said he is part of the incident review team. He said the team consists of the PCM, Investigator, medical staff, mental health staff, classification, Assistant Facility Director and sometimes the GEO PREA Coordinator. The team reviews the investigation report, video evidence and all related documents. The team reviews staff actions and response to the report in addition to the investigation case file. If a local policy or procedure needs corrected,

	he can approve it. If it is a corporate issue it is sent to the PREA Coordinator. Incident Review Team Interview – The PCM is a member of the incident review team and was interviewed. He said the team consists of the PCM, Investigator, medical staff, mental health staff, classification, Assistant Facility Director and sometimes the PREA Coordinator. They review all evidence for the case. This may include the review of video in addition to the review of the investigation report and accompanying documents. They look at the mental health referral, offer or use of victim advocate and the retaliation monitoring that may be ongoing. Corrections can be approved locally or must go to corporate for approval. CBDC and GEO policy require a sexual abuse incident review for all substantiated and unsubstantiated sexual abuse or sexual harassment investigations, to be completed within 30 days of the investigation’s conclusion. The review team includes facility leadership, the PREA Compliance Manager, investigators, and medical and mental health staff, with the PREA Coordinator consulted when needed. Document review showed that three required after-action reviews were completed on time, properly documented, and maintained in both PREA records and investigative files. Based on the Interviews, policies and documents reviewed, the facility has demonstrated substantial compliance with all provisions of this standard. By completing incident reviews of sexual abuse and sexual harassment incidents, the facility exceeds this standard.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) CBDC policy 1300.05 page 35 states “The Coastal Bend Detention Center will collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator.” b-c) CBDC policy 1300.05 page 35 states “This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).” Document Review – The 2023 and 2024 GEO PREA Annual Reports were reviewed. The annual PREA reports from 2018 to 2024 are found on the GEO PREA webpage at https://www.geogroup.com/PREA. The reports provided a summary of PREA reports received during each year. The reports of sexual abuse and sexual harassment for CBDC were provided individually along with all other GEO facilities. The incident data was separated by sexual abuse and sexual harassment with numbers for each outcome type.

	d) CBDC policy 1300.05 page 35 states “The findings will be presented to the Field Office Director and ICE/ERO HQ for use in determining whether changes are needed to existing policies and practices to further the goal of eliminating sexual abuse.” e) CBDC policy 1300.05 page 35 states “Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment and Sexual Abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis. (“Monthly PREA Incident Tracking Log”, see Attachment D). If any incidents involve an ICE detainee, a copy of the monthly report will be forwarded to the ICE COTR.” f) CBDC policy 1300.05 page 35 states “Upon request, the Coastal Bend Detention Center will provide such data from the previous calendar year to the Department of Justice no later than June 30.” The PREA Coordinator said there was no request by the DOJ for a SSV report since the last PREA audit. Based on the information from interviews, policies and documents reviewed, the facility is found to meet the provisions of the standard.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) GEO policy 5.1.2-A PREA page 23 states “GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency.” PREA Coordinator Interview – The PC said all facilities conduct sexual abuse incident reviews. He said problem areas, recommendations for improvement and corrective actions needed are documented and sent to corporate. All data for sexual abuse incidents is entered into a secure portal by the facility PCM. The information is compiled in an annual report that is publicly available on the GEO PREA webpage. Agency Head Interview – The Executive VP for Secure Services said each facility conducts sexual abuse incident reviews that document recommended improvements, problems identified or corrective actions. He said the information is gathered in a secure PREA portal. The information is entered by the facility PCM. He said the information is part of an annual report that is reviewed and approved by the applicable division authority and the CEO.

	PCM Interview - The PREA Compliance Manager said the PREA incident data is entered into the PREA portal. All incident reviews are sent to the GEO PREA Coordinator for review. Information for the PREA annual report can be gathered from the PREA portal and incident reviews. The facility annual report is sent to the GEO PREA Coordinator. Document Review – The 2023 and 2024 GEO PREA Annual Reports were reviewed. The annual PREA reports from 2018 to 2024 are found on the GEO PREA webpage at https://www.geogroup.com/PREA. The reports provided a summary of PREA reports received during each year. The reports of sexual abuse and sexual harassment for CBDC were provided individually along with all other GEO facilities. The incident data was separated by sexual abuse and sexual harassment with numbers for each outcome type. b) GEO policy 5.1.2-A PREA page 23 states “Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of GEO’s progress in addressing sexual abuse.” c) GEO policy 5.1.2-A PREA page 24 states “The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO’s website or the client’s website as required by contract.” The reports from 2017 to 2023 were found on the GEO PREA webpage at https://www.geogroup.com/prea. d) GEO policy 5.1.2-A PREA page 24 states “GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.” There was no personal identifying information pertaining to any report of sexual abuse at a facility provided in the reports. Based on the information from interviews, policies and documents reviewed, the facility is found to meet the provisions of the standard.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	GEO policy 5.1.2-A PREA page 24 states “Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed.” A review of the GEO PREA webpage at https://www.geogroup.com/prea found PREA

	annual reports from 2017 to 2023. PREA Coordinator Interview – The PREA Coordinator said GEO does collect and aggregate data annually for its facilities through the secure PREA Portal and incident reviews submitted by facilities to him. GEO reviews that data and aggregates it in an annual report. These reports can be found on the GEO website from 2018 to 2024. Personal identifiable information is not included in the annual report. PCM Interview – The PCM said she provides information about PREA incidents in a secure PREA Portal. The portal information is limited to authorized users and requires a login to access it. Based on the information from interviews, policies and documents reviewed, the facility is found to meet the provisions of the standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) The Coastal Bend Detention Center has had a PREA audit in 2017, 2020 and 2023. All three audit reports can be found searching the internet. The 2023 audit report is posted on the GEO Group PREA webpage at https://www.geogroup.com/-prea-certification-information/. b) GEO has been receiving audits in its facilities every year since 2013. The PREA Coordinator said GEO attempts to have one-third of its facilities audited each year, however the clients may change their audit schedule that prevents GEO from meeting that goal. A state DOC could move the GEO facility audit to correct the state’s one-third goal. This is out of GEO’s control. h) This auditor was allowed access to all areas of the facility during the facility tour. i) This auditor was provided with all documents requested, either electronically or hard copy. m) This auditor was allowed to interview detainees in a private area during the onsite audit. n) Detainees were allowed to send confidential correspondence to this auditor. No correspondence was received.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

	Auditor Discussion GEO policy 5.1.2-A PREA page 24 states “During the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO’s Contract Compliance Department shall ensure that each facility is audited at least once every three years by a PREA Auditor who has been certified through the Department of Justice.” “The final report from each audit shall be published on the GEO website.” The final PREA audit reports are posted at https://www.geogroup.com/prea-certification-information/ for every GEO facility including Coastal Bend Detention Center. The report for Coastal Bend Detention Center was found on the GEO PREA webpage at https://www.geogroup.com/media/z3bjycdz/coastal-bend-detention-center-final-report.pdf. Based on the documents reviewed and policy, it has been determined the facility meets this standard.
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Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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

	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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
	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	yes

	consent or refuse?	
	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 two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	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
115.17 (f) Hiring and promotion decisions		
	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
	Does the agency ask all applicants and employees who may have	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	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.)	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.34 (c)	Specialized training: Investigations	

	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
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	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
	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
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	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

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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
115.42 (a)	Use of screening information	
	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
	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
	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
	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	yes

	being sexually abusive, to inform: Education Assignments?	
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	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
	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	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	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
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b)	Inmate reporting	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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,	yes

	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.)	
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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

	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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
	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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	

	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	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.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	yes

	115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	Data collection	
	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.)	na
115.87 (f)	Data collection	
	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.)	na
115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted	yes

	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?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

	the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes